1. The nurse knows that a patient on long term anticoagulant therapy must be carefully monitored for potential hemorrhage complications that most commonly affect the:
   A. GI Tract
   B. Genitourinary tract
   C. Respiratory tract
   D. Capillary vasculature

2. A patient complains of a sudden headache one minute after a drug is administered. Which of the following drugs would MOST LIKELY cause this symptom?
   A. Lidocaine
   B. Quinidine
   C. Nitrates
   D. Digoxin

3. Which of the following assessment parameters may be used by the emergency department nurse to evaluate the toxicity of an acetaminophen poisoning?
   A. Liver Function Test
   B. Serial arterial blood gases
   C. Coagulation studies
   D. Electrolytes

4. Which of these medications in a patient's history would be associated with hematemesis?
   A. Hydromorphone hydrochloride (Dilaudid)
   B. Acetaminophen (Tylenol)
   C. Meperidine hydrochloride (Demerol)
   D. Ketorolac tromethamine (Toradol)

5. A patient is receiving intravenous potassium chloride for the treatment of hypokalemia. Which of these rhythm strip changes should the nurse expect to observe if the patient develops hyperkalemia?
   A. Shortened PR interval
   B. Peaked T waves
   C. Prominent U wave
   D. Elevated ST segment

6. A patient with a history of hypertension comes to the Emergency Room with double vision and a blood pressure of 260/120 mm Hg. In addition to other drugs, the physician orders a Sodium Nitroprusside infusion. The nurse recognized that this drug decreases blood pressure by:
   A. Increasing cardiac output
   B. Decreasing the heart rate
   C. Increasing peripheral resistance
   D. Relaxing venous and arterial muscles

7. The physician orders a heparin infusion. He orders 25,000 units of heparin in 500 ml of dextrose 5% in water (D5W) to infuse at the rate of 1,000 units/hr. The flow rate in milliliters per hours is:
   A. 12 mls per hour
   B. 24 mls per hour
   C. 20 mls per hour
   D. 6 mls per hour
8. A patient brought to the Emergency Room develops premature ventricular Beats (PVBs) after arrival. The nurse should anticipate that the patient would receive:

A. Epinephrine  
B. Atropine Sulfate  
C. Sodium Bicarbonate  
D. Lidocaine Hydrochloride

9. The order reads: Bumex 5 mg IV. Bumex is available in 0.25 mg/ml vials. How many ml's would you give?

A. 12.5 ml  
B. 2 ml  
C. 125 ml  
D. 20 ml

10. The order reads: Haldol 1 mg IV. Haldol is available in a 5mg/ml ampule. How many ml's would you give?

A. 0.1 ml  
B. 0.2 ml  
C. 1 ml  
D. 2 ml

11. The order reads: Tylenol elixir 350 mg via NGT. Tylenol elixir is available in 80 mg/5ml bottles. How many ml's would you give?

A. 2.18 ml  
B. 21 ml  
C. 218 ml  
D. 21.8 ml

12. The drug of choice for a pregnant patient who has seizures associated with pregnancy-induced hypertension is:

A. Phenytoin sodium (Dilantin)  
B. Magnesium sulfate  
C. Diazepam (Valium)  
D. Valproic acid (Depakene)

13. The order reads: Synthroid 0.75mg IV. Synthroid is available in 500mcg/ml vial. How many ml's would you give for this dose?

A. 15ml  
B. 1.5 ml  
C. 0.15ml  
D. 150 ml

14. An infusion of phenytoin (Dilantin) at a rate greater than 50 mg/min for an adult may result in which of these side effects?

A. Tachypnea  
B. Bradycardia  
C. Hypertension  
D. Tachycardia
15. The order reads: Vancomycin 15 mg/kg over 1 hour x1. The patient weighs 60 kg. How many mg will be given?
   A. 1000 mg
   B. 90 mg
   C. 900 mg
   D. 600 mg

16. A female patient diagnosed with a urinary tract infection (UTI) is being discharged from the emergency department and will be treated with ampicillin and phenazopyridine. The emergency nurse should instruct the patient that phenazopyridine would:
   A. Decrease her needs for drinking additional fluids
   B. Treat her fever and chills
   C. Take several days to be effective
   D. Turn her urine orange

17. One indicator of myocardial reperfusion during thrombolytic therapy is:
   A. Relief of chest pain
   B. Q waves less than 0.04 seconds in width
   C. Prothrombin time greater than 25 seconds
   D. Absence of ventricular dysrhythmias

18. The order reads: Digoxin 0.25 mg IV Digoxin is available in a 0.5mg/2ml ampoule. How many ml's would you give for this dose?
   A. 1 ml
   B. 0.5 ml
   C. 2 ml
   D. 1 mg

19. Which drug is the treatment of choice to prevent seizure from traumatic head injury?
   A. Diazepam
   B. Dexamethasone (Decadron)
   C. Phenytoin
   D. Phenobarbital

20. A child is admitted to the emergency room following ingestion of a bottle of Children's Tylenol. The nurse is aware that Tylenol poisoning is treated first with:
   A. Acetylcysteine
   B. Deferoxamine
   C. Edeate calcium disodium
   D. Activated charcoal

21. The patient is admitted to the emergency room with shortness of breath, anxiety, and tachycardia. His ECG reveals atrial fibrillation with a ventricular response rate of 130 beats per minute. The physician orders quinidine sulfate. While he is receiving quinidine, the nurse should monitor his ECG for:
   A. Peaked P wave
   B. Elevated ST segment
   C. Inverted T wave
   D. Prolonged QT interval
22. The patient is admitted from the emergency room with multiple injuries sustained from an auto accident. His physician prescribes a histamine blocker. The nurse is aware that the reason for this order is:

- A. To treat general discomfort
- B. To correct electrolyte imbalances
- C. To prevent stress ulcers
- D. To treat nausea

23. After the administration of epinephrine to a child with asthma, the nurse would carefully monitor for the common side effect of:

- A. Flushing
- B. Dyspnea
- C. Tachycardia
- D. Hypotension

24. Which of the following is appropriate for acute M.I. treatment?

- A. Morphine
- B. Oxygen
- C. Nitroglycerin
- D. All of the above

25. For a patient in P.E.A. (Pulseless electrical activity), which medication would be given first?

- A. Dopamine
- B. Lidocaine
- C. Amiodarone
- D. Epinephrine

26. What is the MOST important nursing goal for a patient in septic shock?

- A. To promote adequate tissue perfusion and support oxygenation, ventilation, and hemodynamic stability
- B. To maintain accurate intake and output records and to optimize support
- C. To prevent skin and soft tissue breakdown
- D. To promote comfort and provide psychosocial support to the patient and family

27. When administering medications via the endotracheal tube, the dose should be increased at:

- A. 1 to 1.5 times the normal dose
- B. 2 to 2.5 times the normal dose
- C. 3 to 3.5 times the normal dose
- D. 4 to 4.5 times the normal dose

28. All of the following medications may be helpful in the treatment of acute pulmonary edema EXCEPT:

- A. Morphine
- B. Nitroglycerin
- C. Furosemide
- D. Epinephrine
29. The physician has ordered an infusion of Osmotrol (mannitol) for a patient with increased intracranial pressure. Which finding indicates the direct effectiveness of the drug?
   A. Increased pulse rate
   B. Increased urinary output
   C. Decreased diastolic blood pressure
   D. Increased pupil size

30. The physician has ordered Activase (alteplase) for a patient admitted with a myocardial infarction. The desired effect of Activase is:
   A. Prevention of congestive heart failure
   B. Stabilization of the clot
   C. Stabilization of the Vessel Tunica Intima
   D. Lysis of the clot

31. Which of the following is a true statement in relation to the positive effects of Morphine Sulfate in a patient who has experienced a myocardial infarction?
   A. Morphine relieves the anxiety a patient feels secondary to a catecholamine release, decreases myocardial workload by increasing venous capacitance and reducing systemic vascular resistance
   B. Morphine relieves anxiety and decreases workload of the heart through a diuretic effect
   C. Morphine relieves anxiety and decreases myocardial workload by vasodilating the pulmonary arterial tree
   D. Morphine relieves the anxiety a patient feels secondary to a decrease in catecholamine release, decreases myocardial workload by decreasing venous capacitance and increasing systemic vascular resistance

32. Which of the following drugs is now considered the standard therapy for unstable angina and after treatment of a MI?
   A. Ticlopidine (Ticlid)
   B. Abciximab (ReoPro)
   C. Eptifibatide (Integrel)
   D. Aspirin

33. A patient weighing 40 kilograms is to receive Dopamine at 7 micrograms/kg/min. The dosage available is Dopamine 800 mg to be mixed in 250 ml of Normal Saline. What is the infusion rate?
   A. 5.25 ml/hr
   B. 10 ml/hr
   C. 5 ml/hr
   D. 10.5 ml/hr

34. A patient is receiving tenecteplase (TNKase) 3 hours after an acute MI. Which of the following should you immediately report to the physician?
   A. PVC's
   B. Bleeding gums
   C. Oozing at the insertion site
   D. Change in mental status

35. Your patient is on a Dopamine drip for hypotension. However, the more you increase the Dopamine, the lower the BP drops. Before switching to a more potent medication you might consider:
   A. Continuing to increase the drip because the patient may need more alpha effect
   B. Doing nothing and see if the patient stabilizes
   C. Administering additional fluids
   D. Putting your patient in Trendelenburg position
36. A child has been diagnosed as having acute acetaminophen (Tylenol) poisoning. Which of these antidotes, if administered, would bind with the toxic metabolites released from the medication?
   
   A. Acetylcysteine (Mucomyst)
   B. Ibuprofen (Advil)
   C. Magnesium citrate
   D. Syrup of ipecac

37. The order reads: Heparin 1700 units/hr. Premixed Heparin drips are available with Heparin 25,000 units/500ml. how many ml's per hour would you administer?
   
   A. 580 mls
   B. 3.4 mls
   C. 58 mls
   D. 34 mls