

Nursing

NASC-RNAS-C

Registered Nurse Assistant at Surgery – Certified (RNAS-C)

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Question: 1

According to the Munro Pressure Risk Assessment Scale, which is used in each phase of surgery (preoperative, intraoperative, and postoperative), which of the following poses the greatest risk for pressure ulcer development?

- A. A 10% decrease in blood pressure (BP).
- B. A 25% weight loss in the previous 30 days or a 210% weight loss in the previous 180 days.
- C. Temperature of 38 °C, with a fluctuation of 1 °C.
- D. A 15% decrease in BP.

Answer: B

Explanation:

According to the Munro Pressure Risk Assessment Scale, a 5—10% or greater weight loss in the previous 30—180 days poses the greatest risk for pressure ulcer development. Assessment includes measuring the patient's weight and calculation of the body mass index (BMI) and baseline temperature.

Parameter	1	2	3
Weight loss in 30–180 days	No change or up to a 7.4% weight loss	A 7.5–9.9% weight loss	A 5–10% or greater weight loss
Intraoperative temperature	36.1 °C–37.8 °C Temperature maintained	<36.1 °C or >37.8 °C With a fluctuation of \pm <2 °C	<36.1 °C or >37.8 °C With a fluctuation of \pm >2 °C
Intraoperative hypotension	Absent or a \leq 10% BP change	Fluctuating or an 11–20% BP change	Persistent or a 21–50% BP change

Question: 2

Which of the following is classified as a semicritical patient care item?

- A. Laryngoscope.
- B. BP cuff.
- C. Urinary catheter.
- D. Pulse oximeter.

Answer: A

Explanation:

A semicritical item is one that comes into contact with nonintact skin or mucous membranes, such as a laryngoscope, whereas a critical item is one that is used for intravascular or invasive procedures and a noncritical item is one that is only in contact with the skin. Examples include:

- Critical: Catheters, needles, sutures, surgical instruments
- Semicritical: Anesthesia equipment, laryngoscopes, some endoscopes
- Noncritical: BP cuffs, pulse oximeter, gurney

Question: 3

If a trauma patient was involved in an accident and experienced blunt abdominal injury and shows signs of internal bleeding, the most commonly injured organ is the

- A. liver.
- B. retroperitoneum.
- C. spleen.
- D. kidney.

Answer: C

Explanation:

If a trauma patient was involved in an accident and experienced blunt abdominal injury and shows signs of internal bleeding, the spleen is the most commonly injured organ; however, blood loss is more rapid from the liver. Opening the abdomen rapidly, scooping out blood and clots, and identifying the primary source of bleeding are critical steps. The abdomen may be packed to compress multiple smaller bleeding vessels while the primary bleeding is being controlled.

Question: 4

Most abdominal aortic aneurysms occur

- A. above the renal arteries.
- B. below the renal arteries.
- C. where the renal arteries arise.
- D. beyond the bifurcation of the common iliac arteries.

Answer: B

Explanation:

Most abdominal aneurysms occur below the renal arteries and extend to the bifurcation of the aorta or common iliac arteries. In rare cases, the renal arteries may arise from the area of the aortic aneurysm or the aneurysm may extend beyond the bifurcation of the common iliac arteries into the common iliac arteries. Abdominal aortic aneurysms may be repaired by an open surgical procedure or endovascular abdominal aortic aneurysm repair.

Question: 5

An example of a passive drain is a

- A. Stryker.

- B. Jackson-Pratt.
- C. Hemovac.
- D. Penrose.

Answer: D

Explanation:

A Penrose drain is an example of a passive drain, in which fluid drains from a higher pressure to a lower pressure area by gravity. Penrose drains are placed partially inside a wound. Other examples of passive drains include cigarette drains, T-tubes, gastrostomy tubes, cystostomy tubes, and nephrostomy tubes. Active drains (including the Hemovac, Jackson-Pratt, and Stryker devices) use negative pressure.

Question: 6

If an older adult patient begins to hallucinate and has fluctuating periods of aggressive behavior, confusion, and agitation in the postoperative period, the registered nurse assistant at surgery — certified (RNAS-C) should suspect

- A. delirium.
- B. dementia.
- C. an adverse reaction to analgesic.
- D. a reaction to anesthesia.

Answer: A

Explanation:

If an older adult patient begins to hallucinate and has fluctuating periods of aggressive behavior, confusion, and agitation in the postoperative period, the RNAS-C should suspect delirium. Symptoms of delirium typically fluctuate, so this helps to differentiate delirium from other causes of these signs and symptoms. There is no specific treatment for delirium other than trying to identify the underlying trigger and providing supportive care to ensure the patient's safety.

Question: 7

According to the World Health Organization (WHO) surgical checklist guidelines, for each procedure, the surgical team should pause _____ times for review of the surgical checklist.

- A. one.
- B. two.
- C. three.
- D. four.

Answer: C

Explanation:

According to the WHO surgical checklist guidelines, for each procedure, the surgical team should pause three times for review of the surgical checklist:

- Before induction (minimally with nurse and anesthetist/anesthesiologist): Confirm patient identity, consent, equipment readiness, anticipated problems.
- Before skin incision: Team introductions, patient's name, procedure, operative site, antibiotic prophylaxis within 60 minutes if applicable, imaging is displayed.
- oSurgeon: Critical, nonroutine steps, duration, anticipated blood loss.
- oAnesthetist/Anesthesiologist: Patient-specific concerns.
- oNursing team: Sterility confirmed, equipment issues.
- Before the patient leaves the operating room: Review the procedure, instrument/sponge counts, key concerns for recovery.

Question: 8

When assisting with an abdominal hysterectomy, the RNAS-C will place rectus fascia while the surgeon separates the rectus abdominis muscle.

- A. Heaney hysterectomy forceps.
- B. Russian tissue forceps.
- C. Kelly clamps.
- D. Kocher clamps.

Answer: D

Explanation:

When assisting with an abdominal hysterectomy, the RNAS-C will place Kocher clamps on the anterior rectus fascia to lift the tissue while the surgeon separates the rectus abdominal muscle. After the muscle is separated, the peritoneum is exposed. Hemostats are used by the RNAS-C and the surgeon to elevate the peritoneum away from the intestines while an incision is made into the peritoneum. Disorders for which abdominal hysterectomies may be carried out include uterine fibroids, endometrial cancer, ovarian cancer, and uncontrolled postpartum hemorrhage.

Question: 9

Compared to electro cautery dissection, use of the harmonic scalpel typically results in

- A. more thermal injury.
- B. less thermal injury.
- C. less precise cuts.
- D. longer operative procedures.

Answer: B

Explanation:

Compared to electro cautery dissection, use of the harmonic scalpel typically results in less thermal injury. Other advantages of using the harmonic scalpel include more precise cuts and less blood loss. The harmonic scalpel is able

to cut and coagulate tissue and uses ultrasonic energy rather than high-frequency electrical current. Use of the harmonic scalpel also tends to shorten the duration of operative procedures.

Question: 10

The total lung capacity in the average adult is approximately

- A. 4 liters.
- B. 5 liters.
- C. 6 liters.
- D. 7 liters.

Answer: C

Explanation:

The total lung capacity in the average adult is approximately 6 liters (5,700-6,200 mL). Other measures include:

- Inspiratory reserve volume: 3,000-3,300 mL
- Tidal volume: 500 mL
- Expiratory reserve volume: 1,000-1,200 mL
- Residual volume: 1,200 mL
- Vital capacity: 4,500-5,000 mL

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