

Clinical Guidelines in Primary Care 3rd edition Hollier

Chapter 1 Cardiovascular Disorders

MULTIPLE CHOICE

1. The nurse is aware that the muscle layer of the heart, which is responsible for the heart's contraction, is the:

- a. endocardium.
- b. pericardium.
- c. mediastinum.
- d. myocardium.

ANS: D

The myocardium is the specialized muscle layer that allows the heart to contract.

2. The nurse clarifies that the master pacemaker of the heart is the:

- a. left ventricle.
- b. atrioventricular (AV) node.
- c. sinoatrial (SA) node.
- d. bundle of His.

ANS: C

The SA node is the master pacemaker of the heart.

3. The nurse is aware that the symptoms of an impending myocardial infarction (MI) differ in women because acute chest pain is not present. Women are frequently misdiagnosed as having:

- a. hepatitis A.
- b. indigestion.
- c. urinary infection.
- d. menopausal complications.

ANS: B

Indigestion, gallbladder attack, anxiety attack, and depression are frequent misdiagnoses for women having an MI.

4. The nurse identifies the LUBB sound of the LUBB/DUBB of the cardiac cycle as the sound of the:

- a. AV valves closing.
- b. closure of the semilunar valves.
- c. contraction of the papillary muscles.
- d. contraction of the ventricles.

ANS: A

The LUBB is the first sound of a low pitch heard when the AV valves close.

5. A patient is admitted from the emergency department. The emergency department physician notes the patient has a diagnosis of heart failure with a New York Heart Association (NYHA) classification of IV. This indicates the patient's condition as:

- a. moderate heart failure.
- b. severe heart failure.
- c. congestive heart failure.
- d. negligible heart failure.

ANS: B

Class IV: Severe; patient unable to perform any physical activity without discomfort. Angina or symptoms of cardiac inefficiency may develop at rest.

6. The nurse assesses that the home health patient has no signs or symptoms of heart failure, but does have a history of rheumatic fever and has been recently diagnosed with diabetes mellitus. The nurse is aware that using the American College of Cardiology and the American Heart Association (ACC/AHA) staging, this patient would be a:

- a. stage A.
- b. stage B.
- c. stage C.
- d. stage D.

ANS: A

The ACC/AHA staging describes stage A as a person without symptoms of heart failure, but with primary conditions associated with the development of the disease.

7. The nurse caring for a patient recovering from a myocardial infarct who is on remote telemetry recognizes the need for added instruction when the patient says:

- a. I can ambulate in the hallway with this gadget on.
- b. I always take off the telemetry device when I shower.
- c. My EKG is being watched by one of the nurses in CCU on the home unit.
- d. I am able to sleep just fine with this device on.

ANS: B

Remote telemetry allows the patient to be on a separate unit, but be monitored in a central location. The patients can be ambulatory and can sleep with the monitor on. They should *not* remove the monitor to shower.

8. The nurse assesses pitting edema that can be depressed approximately $\frac{1}{2}$ inch and refills in 15 seconds. The nurse would document this assessment as:

- a. +1 edema.
- b. +2 edema.
- c. +3 edema.
- d. +4 edema.

ANS: B

A +2 edema can be documented if the skin can be depressed $\frac{1}{2}$ inch and respond within 15 seconds.

9. What do dark or cold spots on a thallium scan indicate?

- a. Tissue with adequate blood supply
- b. Dilated vessels
- c. Areas of neoplastic growth
- d. Tissue that has inadequate perfusion

ANS: D

Thallium scans show adequate perfused areas by the collection of thallium. Dark spots or cold spots indicate tissues that have inadequate perfusion.

10. The nurse recognizes the echocardiogram report that shows an ejection factor of 42% as an indication of:

- a. normal heart action.
- b. mild heart failure.
- c. moderate heart failure.