

**Pre-Procedure Protocol in Action  
Post-Test**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Unit:** \_\_\_\_\_

1. Critique the following consent: Laprascopic Cholecystectomy Poss. Open
  - a. At least one word is spelled incorrectly
  - b. Two words are spelled incorrectly
  - c. Abbreviations are used
  - d. There is nothing wrong with this consent
  - e. Both b and c
  - f. Both a and c
  
2. Your patient is experiencing a change in vital signs and low Hemoglobin. As the RN responsible for preparing the patient for the procedure (scheduled later today), you should:
  - a. Call the Surgery front desk looking for the physician, as you were told he was in surgery all day.
  - b. Page the physician (or resident designee) to discuss the abnormal findings and plan of care.
  - c. Document the abnormal findings on the Pre-Procedure flow sheet and call it 'good'.
  - d. Re-check the vital signs and re-draw the Hemoglobin as this will save time later when you speak with the physician.
  
3. The patient's 24 G intravenous site is not painful, is less than 96 hours old, and has no signs of infection or infiltration. You should:
  - a. Maintain the intravenous solution, if running, and monitor the site.
  - b. If saline lock, flush to ensure patency.
  - c. Change the site as it has been more than 72 hours and you need to follow policy.
  - d. Maintain the site, and attempt a 20 G or larger due to high fluid volume and potential blood product administration during the procedure.
  
4. A 53 year-old patient states that she has not had sexual relations in "at least three years" and could not possibly be pregnant. She has not experienced signs of menopause nor had a surgical uterine ablation performed. Your response is:
  - a. Collect urine and order an HCG, send the specimen to laboratory and await results.
  - b. Explain the entire process and that it's a waste of time and money but you need to send a pregnancy test anyway.
  - c. Since she is so sure that she is not pregnant, defer testing and chart conversation.
  - d. Explain that you need to follow protocol and need a urine specimen for pre-procedure testing.
  - e. Both a and d

5. The documents that need to be faxed to the receiving department are:
  - a. Today's labwork, MAR, consents, and Pre-Procedure flow sheet
  - b. Housewide Report Sheet, Pre-Procedure flow sheet and all appropriate consents.
  - c. Housewide Report sheet, Pre-Procedure flow sheet and MAR
  - d. Pre-Procedure flow sheet, Housewide Report sheet, and Surgery consent.
  
6. The patient you are preparing for a procedure is a DNR. The Anesthesiologist has not been up to see the patient so no one has explained possible options related to cardiac interventions that could occur in the surgical suite and complete the Perioperative DNR Clarification form. The best action to take is:
  - a. None, this is for anesthesia personnel to deal with, this can be taken care of when the patient gets down to the pre-procedure area.
  - b. Explain the four options (listed on the Perioperative DNR Clarification form) and have the patient sign the form.
  - c. Page the on-call Anesthesia provider and request they come to see the patient.
  - d. Place a Perioperative DNR Clarification form is on the front of the chart.
  - e. c and d
  
7. Who meets criteria for running urine pregnancy test?
  - a. A woman of childbearing age who has had a tubal ligation
  - b. A young teenager
  - c. A perimenopausal woman who had her period 9 months ago
  - d. All of the above
  
8. On nights or weekends, how should the patient be transported to the surgical/procedural area (except Endoscopy)?
  - a. On a bed
  - b. On a cart
  - c. In a wheelchair
  - d. On a bed or cart
  - e. All of the above
  
9. The Pre-Procedure flow sheet is optional and I can complete it if I have time.
  - a. True
  - b. False
  
10. It's okay to send the patient in clothes because the surgery staff will remove them and take care of them.
  - a. True
  - b. False