



# CEN<sup>Q&As</sup>

Certified Emergency Nurse

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**QUESTION 1**

You are observing one of the RNs on the unit administer medication. What action by the nurse would lead you to conclude there is a risk for a medication error?

- A. Answering a physician's page while giving medication
- B. Documenting in military time
- C. Asking for help with calculations
- D. Holding a medication that the patient questions

Correct Answer: A

Answering the phone during medication administration puts the nurse at risk for making an error. It is important not to interrupt the process of administering medications to prevent error. All other options are correct ways of handling medication administration.

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**QUESTION 2**

You are caring for a patient who has been displaying aggressive behavior. You observe that his behavior seems to be escalating. Which intervention by the nurse would be least helpful to this patient?

- A. Acknowledge the patient's behavior.
- B. Maintain a safe distance from the patient.
- C. Assist the patient to a quiet environment.
- D. Initiate confinement measures.

Correct Answer: D

Initiating confinement measures would be least helpful to this patient. The patient is moving toward loss of control. During this phase the nurse wants to take control, maintain a safe distance, acknowledge the patient's behavior, move the patient to a quiet area and medicate if necessary. Initiating confinement would be appropriate during the crisis period.

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**QUESTION 3**

You have assisted the physician with insertion of a chest tube. As you monitor the fluid level in the water seal chamber you notice fluctuations in the fluid. What is the appropriate action?

- A. Notify the physician.
- B. Encourage the patient to deep breathe.
- C. This is a normal finding.
- D. Reinforce the dressing.

Correct Answer: C



Fluctuations of the fluid in the water seal chamber is a normal finding and the nurse should do nothing at this point. The water levels will rise and fall with the patient's breathing pattern. The fluctuations will stop if the tube is obstructed, if suction is not working or if the lung is reexpanded.

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#### QUESTION 4

You are caring for a patient with second- and third-degree burns who is getting fluid intravenously. What would you assess to determine if the patient is getting adequate fluid?

- A. Vital signs
- B. Urine output
- C. Peripheral pulses
- D. Mental status

Correct Answer: B

The most reliable source of fluid resuscitation is urine output. The normal urine output of an adult should be 30 to 50 ml per hour. Vital signs, peripheral pulses and mental status should all be normal if adequate fluid is being administered.

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#### QUESTION 5

Your patient is in cardiogenic shock and has had an intraaortic balloon pump placed through the left femoral artery. On assessment you note that the left foot is cool and mottled and the pedal pulse weak. What is the priority for this patient?

- A. Document the data because it is expected.
- B. Reevaluate in an hour.
- C. Increase the rate on the nitroglycerin drip.
- D. Notify the physician.

Correct Answer: D

The nurse would want to notify the physician of the change. This is a sign of decreased circulation to the extremity. The physician will need to intervene to prevent the patient from having further adverse affects.

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#### QUESTION 6

You are caring for a patient who has decided to discontinue treatment. You recognize that the patient is competent to make this decision and support the decision based on which of the following ethical principles?

- A. Justice
- B. Fidelity
- C. Autonomy



D. Confidentiality

Correct Answer: C

The patient has the right to make this decision based on the ethical principal of autonomy. Justice refers to fairness. Fidelity has to do with trust and loyalty, and confidentiality refers to the right to privacy of personal information.

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### QUESTION 7

Your patient is receiving lithium carbonate (Lithobid). She reports to you that she is having loose, watery stools and difficulty walking. What do you suspect the patient's lithium level will be?

A. 0.7 mEq/L

B. 1 mEq/L

C. 1.3 mEq/L

D. 1.8 mEq/L

Correct Answer: D

The nurse should expect the patient's lithium level to be 1.8 mEq/L. The normal lithium level is 0.6 to 1.2 mEq/L. A lithium level of 1.8 mEq/L indicates a mild toxicity. Levels between 1.5 and 2.5 mEq/L would indicate symptoms of vomiting, diarrhea, ataxia, incoordination, muscle twitching and slurred speech.

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### QUESTION 8

You are caring for a patient who is diaphoretic and disoriented and has a temperature of 100 degrees Fahrenheit. The patient complains of anxiety and disorientation and is unable to sit still. What do you suspect is causing the patient's symptoms?

A. Withdrawal from alcohol or depressants

B. Flu

C. Withdrawal from antipsychotic drugs

D. Abruptly discontinuing lithium

Correct Answer: A

The patient's symptoms are most likely caused by withdrawal from alcohol or depressants. The patient would not complain of disorientation with the flu. There are usually no withdrawal affects from antipsychotic drugs. These are not the symptoms associated with lithium withdrawal.

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### QUESTION 9

You are caring for a patient who has been receiving a blood transfusion for the last 30 minutes. On assessment, you find the patient to be dyspneic and show bilateral crackles and a heart rate of 110. Which of the following complications do you suspect the patient is experiencing?



- A. Immune response
- B. Hypovolemia
- C. Fluid overload
- D. Polycythemia vera

Correct Answer: C

The patient exhibiting these signs and symptoms is most likely going into fluid overload. Crackles in the lungs would not be associated with the other options. The physician should be notified to get a diuretic for the patient.

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#### QUESTION 10

You are caring for a child in burn shock. Which of the following assessments indicates the child is getting adequate fluid resuscitation?

- A. Skin turgor
- B. Edema at burn sites
- C. Peripheral pulses
- D. Neurological assessment

Correct Answer: D

The neurological assessment would be the most accurate indication of adequate fluid resuscitation. Burns do not affect neurological status, and the child should be alert and oriented. If for any reason the child is not, then further investigation would be necessary.

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#### QUESTION 11

Which of the following would the nurse do when performing an otoscopic exam on a patient?

- A. Pull the pinna up and back.
- B. Pull the earlobe down and back.
- C. Use the smallest speculum available.
- D. Tilt the patients head forward and down.

Correct Answer: A

The nurse would pull the pinna up and back before inserting the speculum, holding the head slightly away and holding the otoscope upside down like a large pen. The other three options are incorrect.

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#### QUESTION 12



The correct hand placement for chest compressions is the:

- A. Lower third of sternum
- B. Upper half of the sternum
- C. Upper third of the sternum
- D. Lower half of the sternum

Correct Answer: D

The correct hand placement for chest compressions is the lower half of the sternum. To determine the proper placement the nurse would want to locate the notch where the rib margin meets the sternum. Place the middle finger on the notch and index finger next to it. Next place the heel of the opposite hand on the lower half of the sternum close to the index finger. Place the first hand on top of the hand on the sternum and begin chest compressions.

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### QUESTION 13

What is the proper technique for opening the airway on a trauma patient?

- A. Head tilt-chin lift
- B. Flexed position
- C. Modified head tilt-chin lift
- D. Jaw thrust maneuver

Correct Answer: D

To open the airway of any patient that might have a neck injury the nurse would perform a jaw thrust maneuver. All of the other options do not protect the neck from further injury.

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### QUESTION 14

You are caring for a patient who demands to be released from the hospital immediately. The patient was admitted voluntary for an anxiety disorder. What actions should the nurse take next?

- A. Tell the patient that discharge is not possible at this time.
- B. Call the patient's family.
- C. Notify the physician.
- D. Persuade the patient to stay.

Correct Answer: C

The nurse would need to notify the physician that the patient is requesting discharge. The patient came into the hospital voluntary and has the right to request discharge. The physician will need to evaluate the patient and determine if the patient can be discharged or should be converted to an involuntary admission.

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### QUESTION 15

What clinical manifestations would you see if your patient had cataracts?

- A. Eye pain
- B. Floating spots
- C. Blurred vision
- D. Diplopia

Correct Answer: C

Blurred vision is a clinical manifestation of cataracts. The patient may also exhibit decreased color perception.

All other signs are not signs of cataracts.

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