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QUESTION 1

You are administering a Snellen chart test to a patient. What results would you expect to get if your patient was legally blind?

- A. 20/20 vision
- B. 20/40 vision
- C. 20/60 vision
- D. 20/200 vision

Correct Answer: D

The patient would be considered legally blind if the result of the Snellen chart test is 20/200 vision. This means that the patient is able to read at 20 feet what a person with normal vision can read at 200 feet. Legal blindness is defined as 20/200 or less with corrected vision or visual acuity of less than 20 degrees of the visual field in the better eye.

QUESTION 2

You began administering blood to a patient 45 minutes ago. You enter the room to assess the patient and find the patient flushed and dyspneic. On auscultation the patient has crackles in the bases of both lungs. What complication of blood transfusion therapy is the patient most likely experiencing?

- A. Hypovolemia
- B. Transfusion reaction
- C. Fluid overload
- D. Bacteremia

Correct Answer: C

The patient is displaying all the symptoms of fluid overload. If the patient were experiencing a transfusion reaction, there would also be itching and a rash. Bacteremia would lead to the patient having a fever. Fluid overload is the best answer due to the crackles in the lungs indicating fluid has become a problem.

QUESTION 3

Your patient is starting on disulfiram (Antabuse) for alcohol withdrawal. What is the highest priority for this patient?

- A. Social reintegration
- B. Learning about the disease
- C. Remaining abstinent
- D. Remaining in rehab



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Correct Answer: C

The priority for the patient taking disulfiram (Antabuse) is to remain abstinent. Antabuse reacts with alcohol to cause adverse effects, which is why it is given to alcoholics. The other three options are important but can not occur without option C.

QUESTION 4

What would the nurse do to prevent a woman who had a cesarean birth from having early postpartum hemorrhage?

- A. IV fluids at 125 mL/hr
- B. Assess uterus every 15 minutes
- C. Abdominal dressing for drainage
- D. Monitor urinary output

Correct Answer: B

The nurse would want to assess the uterus every 15 minutes to prevent early postpartum hemorrhage. Early detection of a boggy uterus will allow for interventions to prevent postpartum hemorrhage. Other choices are not appropriate in preventing postpartum hemorrhage.

QUESTION 5

Which of the following patients should be assigned a pediatric nurse assigned to float to your unit?

- A. A 32-year-old with diabetes in need of teaching and medications
- B. A 56-year-old with Guillain-barre with leg weakness
- C. A 86-year-old with dementia from a skilled nursing home
- D. A 59-year-old postoperative patient following TURP procedure

Correct Answer: A

The pediatric nurse should be able to complete care on a 32-year-old diabetic patient. The other patients on the list all have illnesses that are mainly adult illnesses, and the pediatric nurse may not know how to complete the care on those patients.

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