



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

Certified Emergency Nurse

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### QUESTION 1

You are preparing an in-service for the staff on delegation. What would you want to include on how delegation impacts safety and quality of patient care?

- A. It prevents staff from becoming ineffective and nonproductive.
- B. It utilizes appropriate resources, getting the job done in the most effective way.
- C. It gives nursing tasks to the staff members who can best understand the goals of treatment,
- D. It creates team work on the unit,

Correct Answer: B

Delegation is a way of getting the job done in the most effective way, while utilizing appropriate resources. The job must be delegated to the staff member who can accept the responsibility of the goal and achieve it. The other three options are incorrect.

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### QUESTION 2

You are assessing a patient with acute exacerbation of COPD. What would you expect to find on this assessment?

- A. Increased oxygen saturation
- B. Hypocapnia
- C. A hyperinflated chest on x-ray film
- D. A widened diaphragm on chest x-ray film

Correct Answer: C

The patient with COPD in exacerbation would have a hyperinflated chest on x-ray film. Other signs and symptoms would include hypoxemia, hypercapnia, dyspnea and use of accessory muscles. The diaphragm would be flattened with this patient.

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### QUESTION 3

The most appropriate place to check the pulse on a 1-month-old infant is:

- A. Brachial
- B. Carotid
- C. Popliteal
- D. Radial

Correct Answer: A



Brachial pulse is the appropriate pulse for a 1 month old infant. It is difficult to check the carotid pulse on an infant due to the short, fat neck. Popliteal and radial pulses are also difficult to palpate.

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**QUESTION 4**

You are caring for an alcoholic in withdrawal. Which symptoms would alert the nurse to delirium tremors?

- A. Hypertension, change in level of consciousness, hallucinations
- B. Hypotension, ataxia, hunger
- C. Stupor, agitation, muscular rigidity
- D. Hypotension, coarse hand tremors, agitation

Correct Answer: A

Hypertension, change in level of consciousness and hallucinations are symptoms that the nurse would see if the patient is in delirium tremors. Other symptoms the nurse might see are anxiety, insomnia, anorexia, disorientation, agitation, fever and delusions.

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**QUESTION 5**

You are caring for a heart failure patient who suddenly developed symptoms that include shortness of breath, increased respiratory rate, bilateral crackles and frothy sputum. You have notified the physician and received orders for the patient. Which activity would be appropriate to delegate to a licensed practical nurse?

- A. Start an IV.
- B. Check vital signs every 15 minutes.
- C. Morphine sulfate 2mg IV push
- D. Insert a foley catheter.

Correct Answer: D

The RN should delegate the task to the LPN that does not require assessment. Inserting the foley catheter is the least likely to require immediate assessment. The RN should insert the IV and immediately give IV medications. Vital signs that are taken on a deteriorating patient should be taken by the RN so that immediate assessment can be made.