Telemetry Competency Exam

Please circle or write in (where applicable) the correct answer for each question below. There is only 1 correct answer per question.

1. On ECG, persistent significant ST-segment elevation is significant because it indicates:
   1. myocardial injury
   2. myocardial ischemia

2. A patient has been treated for ST-segment elevation with thrombolytic reperfusion. Admission CK-MB was normal. CK-MB drawn after reperfusion was high at 9.5%. In response to a report of a high CK-MB level after reperfusion, which of the following is appropriate?
   1. Notify the physician stat
   2. Increase the patient’s oxygen liter flow
   3. Make sure the report is present in the patient’s record

3. Morphine, a narcotic analgesic, is commonly used to alleviate chest pain. When used with a patient having an acute myocardial infarction (MI), other therapeutic actions of morphine include which TWO?
   1. decrease in respiratory rate
   2. decrease in anxiety
   3. reduction in preload

4. A patient’s cardiac monitor reveals a heart rate of 140. P waves are present and uniform. PR intervals and QRS complexes are normal. The pacemaker is in the SA node. Which of the following dysrhythmias is occurring?
   1. Sinus tachycardia
   2. Sinus bradycardia
   3. Atrial fibrillation
   4. Ventricular fibrillation

5. A cardiac monitor reveals a variable rate and rhythm. Some aberrant complexes are noted in which P waves are absent, PR intervals are immeasurable, and QRS complexes are wide and bizarre. Single or multiple foci pace the ventricles. Which dysrhythmia is occurring?
   1. Premature atrial contractions (PACs)
   2. Premature ventricular contractions (PVCs)
   3. First-degree AV block
   4. Second-degree AV block

6. Recognizing frequent premature ventricular beats is especially important. These beats can precede deterioration into ventricular __________, a lethal dysrhythmia that includes pulselessness.
   1. fibrillation
   2. tachycardia
   3. flutter
7. After MI, if a patient complained of chest pain characteristic of pericarditis, you would auscultate his chest for which of the following?

1. A pericardial friction rub
2. A third heart sound (S3)
3. A fourth heart sound (S4)
4. A new murmur

8. When auscultating for a pericardial friction rub, the chest piece of the stethoscope is placed at which location?

1. Apex of the heart
2. Left sternal border
3. Right and left second intercostals spaces
4. Base of the heart

9. A patient is in acute left-sided heart failure with pulmonary edema. To alleviate stress on the heart and pulmonary congestion by reducing preload, the physician is likely to order which of the following medications?

1. Lidocaine IV drip
2. Lasix (furosemide) IV push
3. Intropin (dopamine) IV drip

10. EARLY recognition and treatment of cardiogenic shock is critical. In patient at risk for cardiogenic shock, which of the following signs often appears early as the heart fails?

1. Increase in urine output
2. Pulse deficit
3. Change in level of consciousness

11. Cardiac arrest is the abrupt cessation of the pumping of the heart. Most often it is associated with:

1. ventricular tachycardia
2. ventricular fibrillation
3. atrial fibrillation
4. junctional rhythm

12. A patient with type 2 diabetes has a poor appetite for breakfast. He already receives Humulin 70/30. You know that he may develop __________ if his food intake is inadequate.

1. hypoglycemia
2. hyperglycemic

13. A patient is at risk for sepsis. Which of the following SIX may occur as clinical signs of gram-negative sepsis

1. Fever
2. Hypotension
3. Increased heart rate
4. Bradypnea
5. Elevated blood glucose
6. Confusion
7. Thrombocytopenia
14. A patient is bleeding and may become volume depleted. Urine output is an important assessment that reflects volume status. The patient’s urine is dark amber, and urine output is scanty. You check the urine specific gravity (SG). You expect urine SG to be:

1. low
2. high

15. A bleeding patient is receiving multiple transfusions. Which of the following TWO serum lab values must be closely monitored because the patient is receiving multiple transfusions?

1. Creatinine
2. Calcium (Ca)
3. Potassium (K)
4. Sodium (Na)
5. Carbon dioxide (CO2)

16. A bleeding patient is receiving multiple transfusions of packed red blood cells. The physician ordered fresh frozen plasma (FFP) to be given the patient’s fourth unit of packed red cells. You know that fresh frozen plasma (FFP) is administered to replace lost:

1. white blood cells
2. platelets
3. clotting factors
4. T-lymphocytes

17. A patient is observed for a transfusion reactions as blood components are administered. All the following may be associated with a transfusion reaction EXCEPT [ONE ANSWER]

1. Fever
2. Pruritis
3. Back pain
4. Hemiplegia
5. Chest pain
6. Dyspnea
7. Tachycardia

18. Which of the following statements best characterizes pathophysiological changes that occur with pulmonary embolus (PE)?

1. Obstruction of pulmonary arterial blood flow occurs, resulting in pulmonary hypertension and hypoxemia
2. Obstruction of pulmonary venous blood flow occurs, resulting in backflow of blood into alveoli and hypoxemia
3. Left ventricular failure causes accumulation of fluid in the lungs, resulting in hypoxemia

19. Most pulmonary emboli (PE) are a result of:

1. Blood clots that circulate from deep vein thrombosis
2. Fat released into the circulation as a result of long bone fractures
3. Air that enters the circulation through IV access devices
20. If calf tenderness and swelling were identified in a patient at risk for deep vein thrombosis (DVT), which action would be indicated in response to these findings?

1. Massage the calf to relieve venous congestion
2. Raise the knee gatch of the bed to alleviate venous stasis
3. Encourage the patient to walk to increase peripheral blood flow
4. Elevate the patient’s legs to promote venous return to the heart

21. A patient has risk factors that predispose her to deep vein thrombosis (DVT). These include which FOUR:

1. gallbladder disease
2. recent surgery
3. obesity
4. refusal to ambulate
5. refusal to use incentive spirometer
6. use of oral contraceptives

22. A patient with a pulmonary embolus (PE) is receiving an IV drip of heparin. To insure appropriate anticoagulation, which of the following lab values is monitored while a patient receives unfractionated heparin?

1. Prothrombin time (PT)
2. Bleeding time
3. Platelet count
4. Activated partial thromboplastin time (APTT)

23. To adjust the dosage of Coumadin (warfarin), which lab value is monitored?

1. PT/NR
2. Bleeding time
3. APTT

24. In general, which of the following FIVE are useful in preventing deep vein thrombosis (DVT)?

1. Bed rest
2. Early and frequent ambulation
3. Use of graded compression stockings
4. Range of motion exercise
5. Frequent position changes
6. Intermittent pneumatic leg compression

25. A patient will continue on oral anticoagulant therapy at home for at least 3-6 months after having a pulmonary embolus (PE). Discharge instructions for the patient will include education regarding which of the following? (SIX answers)

1. Need for continued blood test
2. Safety issues during warfarin (Coumadin) therapy
3. Reportable changes in the health status
4. The need to adjust dietary intake of green, leafy vegetables
5. The need to change her method of contraception
6. The need to avoid use of aspirin and other non-steroidal anti-inflammatory drugs (NSAIDS)
7. The need to withhold the drug for a day or so if easy bruising is noted

Employee’s signature: ________________________________   Date: __________