

AACN CSC-Adult

CSC (Adult) - Cardiac Surgery

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Questions**

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Question: 1

A 69-year-old male is taking Plavix for a history of coronary artery disease. His cardiac condition has been stable, but he requires treatment for GERD symptoms. The medication that is most appropriate to treat these symptoms is

- A. Nexium.
- B. Dexilant
- C. Prevacid.
- D. Prilosec.

Answer: B

Explanation:

Certain medications categorized as proton pump inhibitors (Nexium, Prilosec, Prevacid), can decrease the effectiveness of Plavix, which may cause an increased risk of cardiac events. They prevent full absorption of the medication. Dexilant is a PPI, but has been found to be safe when taken with Plavix.

Question: 2

Patients with valve replacements requiring long-term anticoagulation with warfarin usually have individualized target international normalized ratios between

- A. 4 and 5.
- B. 3 and 4.
- C. 1 and 2.
- D. 2 and 3.5.

Answer: D

Explanation:

Target international normalized ratios (INRs) are usually between 2 and 3.5 (with 2.5-3.5 most common for valve replacements), varying somewhat according to risk factors. The critical value is more than 3.5 in patients receiving anticoagulation therapy. INRs should be checked daily for the first week and then two to three times weekly until levels stabilize. Adjustment in dosages should be only every 2-3 days because peak response occurs in 36—48 hours. Many medications affect warfarin dosage, so all medications should be evaluated.

Question: 3

In which of the following situations would desmopressin be given following cardiac surgery?

- A. routinely with every cardiac surgery
- B. patients who suffer from chronic lung disease
- C. patients who have altered platelet function or decreased platelet production
- D. concurrently with heparin following surgery

Answer: C

Explanation:

Desmopressin is not routinely given following cardiac surgery. It is useful in patients who have platelet dysfunction that affects the function or production of platelets. Desmopressin works to decrease bleeding risks in certain patients. It has not been shown to routinely decrease the risk of excessive bleeding or the need for a blood transfusion following cardiac surgery.

Question: 4

The primary postoperative method of providing core warming after cardiopulmonary bypass is with

- A. peripheral vasoconstriction.
- B. vasodilation.
- C. heated intravenous fluids.
- D. heated humidifiers in a ventilator circuit.

Answer: A

Explanation:

Peripheral vasoconstriction is often used postoperatively after cardiopulmonary bypass (CPB) to provide core warming. Vasodilators redistribute core heat and may slow core warming, although they increase perfusion. Heated intravenous fluid and humidifiers in the ventilator circuits may treat hypothermia but are usually not effective for increasing core temperatures. During CPB, systemic hypothermia (32°C-34°C) is used, but the patient should be warmed to about 36°C before leaving the operating room. Because brain temperature may be higher than measurable core temperature, raising the temperature to 37 °C may impair neurocognitive functioning.

Question: 5

Which of the following medications following CABG surgery is indicated to decrease the risk of atrial fibrillation?

- A. beta blockers
- B. amiodarone
- C. diuretics
- D. lisinopril

Answer: A

Explanation:

The risk of atrial fibrillation following CABG surgery can be decreased by giving a beta blocker, primarily sotalol. Atrial fib is the most common complication following a CABG and occurs most commonly on the second postop day. Administering a beta blocker can decrease this risk. Though amiodarone is an antidysrhythmic medication, the results are not as consistent at decreasing this risk.

Question: 6

For patients with mitral valve surgery, the maze procedure (i.e., a series of incisions in the left atrium) is indicated for the treatment of

- A. ventricular tachycardia.
- B. Atrial fibrillation.
- C. hypertrophic obstructive cardiomyopathy.
- D. heart failure.

Answer: B

Explanation:

The maze procedure (i.e., a series of incisions in the left atrium) is usually done with mitral valve surgery to treat atrial fibrillation as restoring normal sinus rhythm improves long-term survival after cardiac surgery. The maze procedure (cut-and-sew) results in ablation lines around and between the right and left pulmonary veins and an additional line from the inferior vena cava junction by the right or left inferior pulmonary vein to the mitral valve annulus. The left atrial appendage is removed and an ablation line placed from the appendage base to the left pulmonary veins with the base of the appendage oversewn.

Question: 7

Which of the following interventions would be seen on an order set for a ventilator patient?

- A. advance to a normal diet as soon as possible
- B. ambulating the patient daily
- C. prophylactic antibiotic therapy
- D. DVT prophylaxis

Answer: D

Explanation:

DVT prophylaxis should be included on an order set or bundles for ventilator patients because they are non-ambulatory. The risk of DVT increases with decreased activity and being sedentary, so compression stockings and passive range of motion exercises should be performed.

regularly if tolerated by the patient. Including DVT prophylaxis in an order set helps to address a potential issue associated with a particular diagnosis.

Question: 8

A patient had on-pump coronary artery bypass grafting surgery and has both a trial and ventricular pacing wires. Which of the following pacing is indicated for sinus bradycardia with normal atrioventricular (AV) conduction?

- A. atrial pacing
- B. AV sequential pacing
- C. bi-ventricular pacing
- D. WI pacing

Answer: A

Explanation:

Sinus bradycardia and junctional rhythm are usually treated with atrial pacing (90 bpm) if there is normal atrioventricular conduction. This pacing is usually sufficient to fill the left ventricle adequately and improve cardiac output. Atrioventricular sequential pacing may result in ventricular dyssynchrony. Bi-ventricular (Bil) pacing with an extra set of leads may be used with moderate-to-severe left ventricular dysfunction (RA-Bil') to improve cardiac output. pacing (i.e., single-wire pacing) is used if the patient shows an inadequate ventricular response to atrial fibrillation.

Question: 9

Which of the following is used to assess fluid volume status in the cardiac surgery patient?

- A. temperature
- B. heart rate
- C. fluid intake
- D. respiratory rate

Answer: B

Explanation:

To assess fluid volume status, the heart rate, blood pressure, urine output, cardiac output, and central venous pressure are closely monitored. IA.men fluid volume decreases, heart rate increases, blood pressure decreases, urine output decreases, cardiac output decreases, and central venous pressure decreases.

Question: 10

Postoperative administration of aspirin after coronary artery bypass grafting surgery is specifically indicated to prevent occlusion of

- A. internal thoracic artery grafts.
- B. gastroepiploic artery grafts.
- C. saphenous vein grafts.
- D. radial artery grafts.

Answer: C

Explanation:

Postoperative administration of aspirin is indicated to prevent occlusion of saphenous vein grafts. Aspirin has not been shown to improve patency of arterial grafts. Postoperative aspirin (75—100 mg) should be administered within 24 hours after surgery, usually starting at 6 hours. Although the beneficial effects of aspirin on patency are not evident after a year, ongoing use of aspirin is recommended for all graft recipients to prevent further coronary artery disease.

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