Ethics in the O.R. setting, part I

1. The bioethical principle of ________ states that patients have the right to self-determination.
   a. integrity  c. veracity
   b. autonomy  d. reciprocity

2. The bioethical principle of ________ states that practitioners will be honest.
   a. veracity  c. integrity
   b. solidarity  d. justice

3. The bioethical principle of ________ states that practitioners will monitor and correct breaks in aseptic technique.
   a. loyalty  c. veracity
   b. surgical  d. respect for life conscience

4. The bioethical principle of ________ states that all patient information be kept private.
   a. confidentiality  c. reciprocity
   b. efficiency  d. compassion

5. The bioethical principle of ________ states that all interventions should help the patient more than cause harm.
   a. fidelity  c. non-malfeasance
   b. justice  d. beneficence

6. The bioethical principle of ________ states that practitioners will maintain an up-to-date knowledge and skills base.
   a. efficiency  c. currency
   b. solidarity  d. loyalty

7. The bioethical principle of ________ states that patients have the right to be told the truth during the process of making decisions regarding their healthcare.
   a. integrity  c. veracity
   b. autonomy  d. reciprocity

8. The bioethical principle of ________ states that practitioners will tell the truth.
   a. fidelity  c. respect for
   b. solidarity  community
   d. justice

9. The bioethical principle of ________ states that professionals will strive to alleviate patient suffering.
   a. currency  c. reciprocity
   b. autonomy  d. compassion

10. The bioethical principle of ________ states that the degree of harm caused during an intervention should not outweigh the benefits derived from the care.
    a. confidentiality  c. autonomy
    b. justice  d. beneficence

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Ethics in the O.R. setting, part I

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Mark one box next to each number. Only one correct or best answer can be selected for each question.
Ethics in the O.R. setting, part II

1. Utilitarian ethics involves choosing a solution that:
   a. Is cost-effective
   b. Provides for individual autonomy
   c. Benefits the greatest number of people
   d. Considers the concept of self-determination

2. Deontological ethics involves choosing a solution that:
   a. Meets the individual's needs and wishes
   b. Allocates resources equitably
   c. Benefits all members of society
   d. Does not consider the concept of self-determination

3. Ethical considerations associated with elective abortion include:
   a. Maternal complications and risk factors
   b. Fetal "point of viability"
   c. Patient out-of-pocket cost
   d. Patient age

4. Elective sterilization is:
   a. Supported by all religions
   b. A means of preventing conception
   c. Effective only on male patients
   d. Often ordered by judges in criminal cases

5. Medical experimentation is:
   a. Rarely done on humans
   b. Only performed on animals
   c. A necessary part of scientific research
   d. Usually done without patient consent

6. Some of the ethical issues associated with organ donation include:
   a. Black market buying and selling of organs
   b. The cost of surgery, follow-up care, and anti-rejection medications
   c. Selecting organ recipients
   d. All of the above

7. Drug and substance abuse by health care workers violates the principle of:
   a. Self-determination
   b. Non-maleficence
   c. Veracity
   d. Fidelity

8. The condition where one perceives themselves to be psychologically and emotionally the opposite sex is termed:
   a. Gender dysphoria
   b. Sexual dimorphism
   c. Phimosis
   d. Hermaphroditism

9. The surgical patient has the right to refuse treatment under the Patient's Bill of Rights developed by:
   a. AORN
   b. AST
   c. AAMI
   d. AHA

10. The concept where that action that another practitioner of equal education and preparation would undertake in the same situation under the same circumstance is called the doctrine of:
    a. Reasonably Prudent Person
    b. Foreseeability
    c. Res Ipsi Loquitur
    d. Master-Servant

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Ethics in the O.R. setting, part II

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Safety concepts in the surgical setting

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1. When the patient is moving between two surfaces:
   a. Three people should be available, one on each side and one at the head
   b. Four people should be available, two on each side
   c. Two people should be available, one on each side
   d. Five people should be available, two on each side, one at the head, one at the foot

2. Abduction of the upper extremities greater than 90 degrees can lead to:
   a. Decreased blood flow
   b. Brachial plexus palsy
   c. Skin breakdown
   d. Gangrene

3. The application of force greater than tissue resistance can cause:
   a. Ischemia
   b. Necrosis
   c. Gangrene
   d. All of the above

4. Common pressure points are:
   a. Ear, nose, toe
   b. Elbow, pelvis, head
   c. Ear, nose, chin
   d. Elbow, pelvis, back

5. The force created on skin by the movement of underlying tissues results in:
   a. Decreased blood flow
   b. Hyperextension
   c. Skin irritation
   d. Contact dermatitis

6. Thermal tissue injury can result from:
   a. Shear force
   b. Fiberoptic light sources
   c. Neurovascular compromise
   d. Class 1 lasers

7. When using electrosurgery, what device delivers the current to the patient?
   a. Active electrode
   b. Inactive dispersive electrode
   c. Electrosurgical generator
   d. Electrical switch

8. How is a laser similar to an endoscope?
   a. Both emit light
   b. Both are dependent on photon energy
   c. Both produce gamma rays
   d. Both rely on sound waves

9. An anesthetized patient is never left alone in order to prevent:
   a. Hyperextension
   b. Dislodging of tubes and catheters
   c. Falls
   d. Cardiovascular complications

10. If a team member is exposed to an infrared laser, he or she
    a. Feels immediate pain
    b. Loses eyesight immediately
    c. May hear a popping noise
    d. Experiences photokeratitis

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Safety concepts in the surgical setting

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Necrotizing faciitis

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Necrotizing faciitis

1. Group A hemolytic streptococcus may cause:
   a. Impetigo
   b. Necrotizing fasciitis
   c. Strep
   d. All of the above

2. The effectiveness of streptococcus pyogenes can be attributed to:
   a. Colonizing and rapidly multiplying
   b. Creating an abscess
   c. Developing fluid-filled blisters
   d. Secreting powerful exotoxins

3. Bacteriodes often reside in the
   a. Liver
   c. Intestine
   b. Lungs
   d. Mouth

4. When bacteria invades parts of the body where they are usually not found, the infection is called:
   a. Toxic shock syndrome
   b. Invasive GAS disease
   c. Hepatitis C
   d. Chickenpox

5. ________ plays a critical role in the transmission of NF:
   a. History of alcoholism
   b. Open wound
   c. Hygiene
   d. Diabetes

6. Factors that help the spread of NF include:
   a. Cancer
   b. Alcoholism
   c. Hepatitis C
   d. All of the above

7. Advanced symptoms of NF include:
   a. Blister increase in size
   b. Drop in blood pressure
   c. Peeling or discolored skin
   d. All of the above

8. Doctors and patients often fail to recognize NF because it:
   a. Resembles the flu
   b. No apparent wound
   c. Body begins to decompose
   d. Discoloration of skin spreads

9. Methods of treatment utilize:
   a. Hyperbaric chambers
   b. Leeches
   c. NSAIDS
   d. Aspirin

10. Death from necrotizing fasciitis is correlated to:
    a. How early the diagnosis is made
    b. How soon treatment began
    c. Gas in the subcutaneous fascial planes
    d. a & b

Mark one box next to each number. Only one correct or best answer can be selected for each question.
11. Which of the following microbiological staining methods can be used to determine whether a type I or type II infection is present?
   a. Acid-Fast  c. Simple
   b. Gram  d. Negative

12. In patients with an allergy to penicillin, the surgeon may prescribe
   a. methicillin  c. amoxicillin
   b. benzathine  d. clindamycin

13. A common region of the body in which group A hemolytic streptococcus may be found is the
   a. colon  c. skin
   b. lungs  d. liver

14. The gaseous toxin of *streptococcus pyogenes* is released
   a. when cell death occurs due to invasion by bacteriophages.
   b. from the bacterial cell wall.
   c. when antitoxins invade causing cellular lysis.
   d. when the cell binds to the plasma membrane of an organ.

15. Which of the following antibiotics is ineffective against *Peptostreptococcus*?
   a. metronidazole  c. penicillin G
   b. chloramphenicol  d. ampicillin

16. Routine X-rays are not considered a reliable method for diagnosing NF because the
   a. contrast media are ineffective in aiding in the diagnosis of NF.
   b. detection of gas can be due to many other factors.
   c. radiographs cannot adequately show the fascial planes.
   d. infection is superficial and will not appear on the radiographs.

17. Mechanical debridement is not often used due to
   a. the removal of healthy tissue.
   b. inadequate removal of dead tissue.
   c. contributing to the spread of the bacteria to healthy tissue.
   d. time inefficiency allowing spread of the bacteria.

18. ________ of adult reported cases of NF report toxic shock and multi-organ failure.
   a. 12%  c. 37%
   b. 25%  d. 50%

19. Which of the following bacteria is increasingly causing NF?
   a. *Helicobacter pylori*
   b. *Staphylococcus aureus*
   c. *Escherichia coli*
   d. *Pseudomonas aeruginosa*

20. The number of reported cases of GAS disease in the U.S. is ________ the number of strep throat cases.
   a. equal to
   b. more than
   c. less than
   d. variable as compared to

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**Necrotizing faciitis**

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295 JULY 2008 2 CECREDITS

The Surgical Technologist 315
Disasters

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1. What is the easiest way to designate a patient’s status at a disaster scene?
   a. A simple spreadsheet
   b. Move patients to screening areas
   c. Triage tags
   d. Mobile rescue units

2. The central focus of disaster triage is:
   a. Stabilize patients that cannot walk
   b. Find and tag patients that require immediate care
   c. Providing definitive care
   d. Stabilizing critically injured patients

3. _________ medical care improves the casualty’s condition.
   a. Expert
   b. Specialized
   c. Definitive
   d. General

4. Casualty collection sites should not be located:
   a. On hospital property
   b. Downwind from hazards
   c. Downhill from contaminated areas
   d. All of the above

5. "Decompressing" a disaster scene means:
   a. Evacuating seriously-injured casualties
   b. Dismissing excess medical staff
   c. Expanding the search parameters for survivors
   d. Frequently re-triaging patients

6. The _______ simplifies communication among disaster responders:
   a. Emergency Response System
   b. Incident Command System
   c. Emergency Response Network
   d. Disaster Preparedness System

7. Using the START method, triage evaluation should take:
   a. 15 seconds
   b. 30 seconds
   c. One minute
   d. Up to two minutes

8. During disaster triage, if a patient does not start breathing after simple airway maneuvers:
   a. Immediately move patient to secondary care facility
   b. Tag as red/immediate and move on
   c. Tag as black/dead and move on
   d. Call for assistance

9. Which scenario has the greatest casualty potential?
   a. A terrorist attack on a major city
   b. A natural disaster
   c. A nuclear power plant meltdown
   d. A pandemic disease outbreak

10. What was the greatest pandemic in US history?
    a. Spanish Flu
    b. Avian (Bird) Flu
    c. West Nile Virus
    d. SARS

Mark one box next to each number. Only one correct or best answer can be selected for each question.
11. What is a hospital’s first response to a disaster scenario?
   a. Surge in place
   b. Cancel all elective surgeries
   c. Divert all incoming non-disaster patients
   d. Place the hospital under secure lockdown

12. Surging in place does not involve
   a. Rapidly discharge existing patients
   b. Canceling scheduled elective procedures
   c. Hiring more support personnel
   d. Increasing the number of patient-care staff

13. A key reason for hospitals losing money is:
   a. Increasing cost of energy
   b. Underfunding of Medicare and Medicaid
   c. High costs of updating equipment
   d. Personnel salaries

14. The National Implementation Plan does not include:
   a. Preparedness and communication
   b. Initiating an emergency response alert
   c. Surveillance and detection
   d. Response and containment

15. Natural disasters do not include:
   a. Hurricanes
   b. Mine cave-ins
   c. Floods
   d. Earthquakes

16. A mass casualty event is defined as:
   a. An incident that produces a sufficient number of casualties to disrupt normal functions
   b. An event that affects more than one million people
   c. An occurrence that is the result of terrorism
   d. An event that involves only fatalities

17. The most important mission in a disaster response scenario is:
   a. Communicating the location
   b. Alerting the national guard
   c. Triage
   d. Alerting evacuation teams

18. Disaster triage excludes:
   a. Providing the greatest good for the patient
   b. Response teams prioritizing the casualties
   c. Orderly treatment
   d. Best use of equipment

19. ________ identifies a patient who will not survive without immediate treatment.
   a. Black
   b. Red
   c. Yellow
   d. Green

20. After the critically injured are treated, the ________ tagged patients are seen.
   a. Yellow
   b. Green
   c. White
   d. Orange

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Disasters

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21. _______ provides a common organizational structure and language to simplify communication.
   a. START method
   b. Incident Command System
   c. Emergency Medical Response
   d. Decompressing

22. Small aircraft evacuation can be characterized by:
   a. Simple and generally available
   b. More efficient
   c. High cost and complexity
   d. Removal of critical resources

23. More patients' lives can be saved through:
   a. Temporizing damage-control surgery
   b. Definitive surgery
   c. Long-lasting surgical intervention
   d. Use of sophisticated technology

24. ICS is built around:
   a. Command/Operations
   b. Planning/Logistics
   c. Administration/Financial
   d. All of the above

25. _______ is when hospitals incorporate the ICS into their emergency preparedness plans:
   a. Triage
   b. HEICS
   c. Definitive medical care
   d. SARS

26. Definitive medical care is provided in:
   a. An existing hospital
   b. Mobile facility
   c. A and B
   d. None of the above

27. _______ determines the organizational hierarchy of the ICS:
   a. Job titles
   b. Seniority
   c. Academic degree
   d. Functional requirements

28. _______ infected 20-40 percent of the world’s population.
   a. SARS
   b. Saran
   c. Spanish Flu
   d. Bubonic Plague

29. The Spanish Flu caused death by:
   a. Bacterial pneumonia
   b. Massive hemorrhages
   c. Edema in the lungs
   d. All of the above

30. A pandemic outbreak can result in:
   a. Economic downturn
   b. Mass quarantine
   c. Overwhelmed medical community
   d. All of the above

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2008 OCTOBER 2008 PART 3 OF 3
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Disasters

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Mark one box next to each number. Only one correct or best answer can be selected for each question.
Gangrene

1. Which is not one of the three most common variations of gangrene?
   a. Gas
   b. Dry
   c. Internal
   d. Wet

2. Fournier's gangrene affects the
   a. Fingers
   b. Genitals
   c. Feet
   d. Hands

3. The best treatment for gangrene is
   a. Revascularization
   b. Amputation
   c. Maggot debridement therapy
   d. Antibiotic therapy

4. Gangrene occurs when a body part
   a. Becomes infected
   b. Loses its blood supply
   c. Is diseased
   d. Loses feeling

5. Which of the following contribute to dry gangrene?
   a. Arteriosclerosis
   b. High cholesterol
   c. Smoking
   d. All of the above

6. Symptoms of gangrene include_______.
   a. Swelling of the affected area
   b. Discoloration of affected tissue
   c. Decreased heart rate
   d. All of the above

7. ____________can occur if a bacterial infection from gangrene spreads throughout the body.
   a. Septic shock
   b. Necrosis
   c. Ischemia
   d. Decompression

8. The tissue becoming dry, shrunken and blackened describes _______gangrene.
   a. Wet
   b. Gas
   c. Dry
   d. Internal

9. Which of the following are symptomatic of wet gangrene?
   a. Swelling
   b. Blistering
   c. Fungating odor
   d. All of the above

10. Burns, frostbite and wound infections can result in _______gangrene.
    a. Wet
    b. Gas
    c. Dry
    d. Internal

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Gangrene

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11. Gas gangrene should _______ be treated as a medical emergency.
   a. Always
   b. Sometimes
   c. Never
   d. Depends on the patient

12. A hernia, or a twist in the gastro-intestinal tract can result in _______ gangrene.
   a. Wet
   b. Gas
   c. Dry
   d. Internal

13. X-ray technology can be helpful in diagnosing _______ gangrene.
   a. Wet
   b. Gas
   c. Dry
   d. Internal

14. Sweating, difficulty breathing and convulsions can be signs of _________.
   a. Bacterial infection
   b. Oxygen toxicity
   c. Fournier's gangrene
   d. Bacteriostasis

15. The primary function(s) of MDT is/are:
   a. Clean the wound
   b. Disinfect the wound
   c. Speed the rate of healing
   d. All of the above

16. _______ larvae are the preferred species for MDT.
   a. Horse fly
   b. Greenbottle fly
   c. Fruit fly
   d. All are used

17. Medical maggots are generally left in the wound for _______ days.
   a. 1-2
   b. 2-3
   c. 3-4
   d. They crawl out on their own

18. The risks associated with MDT include:
   a. There are no inherent risks
   b. Larvae attacking living tissues
   c. Larvae burrowing into the wound and breeding
   d. b and c

19. It has been reported, though unproven in clinical studies, that maggots can:
   a. Improve blood clotting ability
   b. Stimulate the production of granulation tissue
   c. Remove bacteria from the blood
   d. All of the above

20. Medical grade maggots are:
   a. Sterile
   b. Safe
   c. A legitimate treatment option
   d. All of the above

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Mark one box next to each number. Only one correct or best answer can be selected for each question.
Ethics in the O.R., Part 1

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Mark one box next to each number. Only one correct or best answer can be selected for each question.

Ethics in the O.R., Part 2

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Safety Concepts in the Surgical Setting

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### Disasters Follow No rules

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### Gangrene: Recognizing and Treating Cellular Necrosis

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Directions: Complete all 6 answer keys for the exams. Include your check or money order made payable to AST or complete credit card information with the appropriate amount and mail to Members Services, AST, 6 W Dry Creek Circle, Ste 200, Littleton, CO 80120-8031. If paying by credit card, you can fax in the answer keys and credit card payment to AST at 303-694-9169.