

Nursing Student Orientation Test

Name		

Date

Instructions: Please print off and use the **Answer Sheet** to mark your answers. Turn in answer sheet to your instructor or to Staff Development at CFRH as instructed by your school.

- 1. How often is pain assessed?
 - a. With vital signs and at least every four hours
 - b. On hourly rounds and as needed
 - c. Only when the patient reports pain
 - d. A & B
- 2. Before restraints for Non-Violent/Non-Self Destructive Behavior can be applied the nurse must:
 - a. Have attempted all possible alternatives
 - b. Called for the charge nurse, supervisor or clinical coordinator for a "2nd tier review"
 - c. Obtained an order as soon as possible (within one hour by policy)
 - d. All of the above
- 3. What handoff approach is used to communicate information to the nurse that is taking over the care of the patient?
 - a. Nurses notes
 - b. Meditech
 - c. SBAR
- 4. If a patient has a blood sugar of 55mg/dl, what should be done?
 - a. Give the patient a glass of juice with three sugars
 - b. Give the patient a ½ cup of juice if they may have fluids and can swallow
 - c. Give the patient a diet coke

- 5. HAC stands for:
 - a. Health Associated Center
 - b. Hospital Acquired Condition
 - c. Heart Associated Condition
- 6. What type of isolation should the patient with active TB be placed in?
 - a. Contact
 - b. Standard
 - c. Airborne
- 7. What color is the armband that signifies the patient is an AND?
 - a. Pink
 - b. Blue
 - c. Purple
 - d. Red
- 8. How many nurses must check the accuracy of the information on the Discharge Medication Reconciliation form given to the patient prior to discharge?
 - a. One
 - b. Two
 - c. It doesn't matter
- 9. Where can you find most CFRH Hospital Policies?
 - a. In the policy manuals on each unit
 - b. CFRH Intranet
 - c. Depends on which manual it is
- 10. Where should a nicotine patch that has a black sticker on it be disposed of?
 - a. Trash
 - b. Red box
 - c. Black box
 - d. Blue medication box
- 11. What are the four "Ps" that are checked during hourly rounding?
 - a. Pain, position, potty, pulmonary
 - b. Position, pain, phone, placement
 - c. Placement, pain, position, potty

- 12. Patients in restraints are assessed for safety, rights, and dignity how often?
 - a. Three times an hour
 - b. Every hour
 - c. Every two hours
- 13. What is not a good way to connect with your patient at the bedside?
 - a. Use AIEDT to guide your introduction
 - b. Use medical words to explain medical concepts
 - c. Use appropriate touch to convey compassion
 - d. Sanitize hands when entering and exiting
- 14. What is the MEWS score?
 - a. An assessment of how well vitals are done
 - b. A tool used as an early warning system
 - c. An assessment of feline likability
- 15. To minimize a patient's risk for falls what measures should be taken?
 - a. Bed should be in the lowest position and a "yellow" star magnet placed on the door frame
 - b. A "bed check" should be on the bed
 - c. Patient items such as water, tissues, and call light should be within the patient's reach
 - d. All of the above