

## **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 "2<sup>nd</sup> 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