



Certified Ambulatory Surgery Nurse

CNAMB[®] PRACTICE QUESTIONS

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1. When all aspects of sterile processing are contained in one room, the distance between the instrument washing sink and the instrument packaging area should be separated by what distance?

A. 3 feet.

B. 4 feet.

C. 5 feet.

D. Cleaning, decontamination, and sterilization cannot occur in the same room



ANSWER

B

When cleaning, decontamination, and sterilization must all occur in the same room, a distance of 4 feet (or a partial wall 4 feet tall and the width of the counter) must be maintained between the instrument washing sink and the area where instruments are prepared for sterilization.

Reference: Guideline for design and maintenance. In: *Guidelines for Perioperative Practice*. Denver, CO: AORN, Inc; 2019: 92, VIII.d.



2. During an abdominoplasty being performed in an ambulatory surgery center, a lap is discovered missing during the final count. From a patient safety perspective, which of the following is the best method for handling this discrepancy?

- A. Transfer the patient to a facility that offers radiologic imaging.
- B. Use fluoroscopy and have the plastic surgeon, who does not have radiologic privileges, interpret the results.
- C. Use fluoroscopy and have the orthopedic surgeon, who does have radiologic privileges, interpret the results.
- D. Transfer the patient to PACU for radiologic imaging.



ANSWER

C

The discrepancy should be addressed as quickly as possible. Fluoroscopy may be used, and a reading obtained by a surgeon with privileges to interpret radiographic results.

Reference: Guideline for retained surgical items. In: *Guidelines for Perioperative Practice*. Denver, CO: AORN, Inc; 2019: 815, VI.c.2.



3. The practice of bypassing Phase I recovery and being transferred directly from the procedural room to the Phase II level is known as:

- A. Enhanced Recovery after Surgery (ERAS).
- B. progressive care.
- C. fast tracking.
- D. handing off.



ANSWER

C

Fast tracking is the process of admitting patients who are stable and have met criteria for Phase II admission to bypass Phase I.

Reference: Burden N. Care of the ambulatory surgery patient. In: J Odom-Forren, ed. *Drain's anesthesia nursing: a critical care approach*. St. Louis MO: Elsevier; 2018:672.

4. The person ultimately responsible for the discharge of a patient is the:



- A. physician.
- B. PACU nurse.
- C. anesthesia care provider.
- D. family.



ANSWER

A

Although the nurse follows discharge criteria when preparing the patient to return home, it is the physician who assumes responsibility for the decision to discharge the patient.

Reference: Burden N. Care of the ambulatory surgery patient. In: J Odom-Forren, ed. *Drain's anesthesia nursing: a critical care approach*. St. Louis MO: Elsevier; 2018:674.



5. A patient suffers a heart attack during cataract surgery at a freestanding ambulatory surgery center (ASC). Plans should be made to transfer the patient to:

- A. the closest medical facility where the surgeon has admitting privileges.
- B. the closest medical facility.
- C. the closest Medicare-participating hospital.
- D. the closest hospital with cardiac catheterization capability.



ANSWER

D

Patient-specific circumstances play a role in determining the appropriate local hospital chosen at the time of an emergency. It is expected that the ASC will transfer the patient to a facility with the resources to care for the patient. In some cases, this hospital may be at a greater distance than a local hospital.

Reference: Transfer agreement or hospital privileges. In: Appendix L-Guidance for surveyors: Ambulatory Surgical Centers State Operations Manual. Centers for Medicare and Medicaid Services:2015.
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_l_ambulatory.pdf