



Certified Ambulatory Surgery Nurse

# CNAMB<sup>®</sup> PRACTICE QUESTIONS

*CCI's training and educational materials – in print and electronic form - are protected under federal copyright law. No part of this publication may be reproduced, copied, modified, or transmitted in any form by any means – electronic or otherwise – without the prior written permission of CCI. Any unauthorized use of CCI materials is strictly prohibited. Violation of CCI's valuable intellectual property rights may incur substantial damages, including statutory damages of up to \$150,000 for a single willful violation of CCI's copyright. ©2023 Competency & Credentialing Institute*





**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 that is 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: AORN. (2023). Guideline: Design and Maintenance. In *Guidelines for Perioperative Practice*, 8.4.4. Author.



**2. During an abdominoplasty being performed in an ambulatory surgery center, a lap sponge 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 an 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:** AORN. (2023). Guideline: Retained Surgical Items. In *Guidelines for Perioperative Practice*. Ambulatory supplement 8.4.2. Author.



### **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:** Odom-Forren, J. (Ed.). (2018). *Drain's anesthesia nursing: A critical care approach* (7th ed.). (p. 672). Elsevier.

**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:** Odom-Forren, J. (Ed.). (2018). *Drain's anesthesia nursing: A critical care approach* (7th ed.). (p. 674). Elsevier.



**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:** Centers for Medicare and Medicaid Services. (2022). §416.41(b) Standard: Hospitalization. In *State Operations Manual Appendix L - Guidance for Surveyors: Ambulatory Surgical Centers*. [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_l\\_ambulatory.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_l_ambulatory.pdf)