



Certified Ambulatory Surgery Nurse

# CNAMB<sup>®</sup> 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 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)