



Nursing

ABPANC-CPAN Exam

American Board of Perianesthesia Nursing Certification: Certified Post Anesthesia Nurse

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Question 1. (Single Select)

A perianesthesia nurse is caring for a patient who has just undergone surgery and is still sedated. The patient's spouse requests detailed postoperative updates. What is the nurse's best course of action in this situation?

- A: Confirm the spouse's legal authority before sharing any information
- B: Provide general recovery information to avoid delay
- C: Inform the spouse immediately to promote transparency
- D: Ask the physician to provide the update instead

Correct Answer: A

Explanation:

The best course of action is to confirm the spouse's legal authority before sharing any detailed health information. This protects the patient's right to confidentiality and aligns with HIPAA and professional standards. Even spouses do not automatically have access to protected health information unless the patient has given explicit consent or documentation indicates authorized disclosure.

Providing general recovery information may seem harmless, but could unintentionally breach patient confidentiality. Without proper authorization, even vague medical updates can constitute a violation of privacy laws and hospital policy.

Informing the spouse immediately to promote transparency prioritizes perceived openness over legal compliance. While transparency is important, it must be balanced with legal and ethical obligations to the patient's privacy, especially when the patient cannot participate.

Asking the physician to provide the update does not eliminate the nurse's responsibility to verify appropriate disclosure. The nurse is still ethically and legally obligated to ensure that protected information is shared only with authorized individuals, regardless of who delivers the message.

Question 2. (Single Select)

A diabetic patient with poorly controlled blood glucose undergoes a laparoscopic procedure. Postoperatively, the wound appears erythematous with delayed healing. What is the most likely physiologic reason for impaired healing in this patient?

- A: Suppressed histamine release from mast cells
- B: Increased insulin receptor sensitivity in tissues
- C: Decreased collagen breakdown and angiogenesis
- D: Reduced leukocyte chemotaxis due to hyperglycemia

Correct Answer: D

Explanation:

Reduced leukocyte chemotaxis due to hyperglycemia is the most likely reason for impaired wound healing in this diabetic patient. Hyperglycemia interferes with multiple aspects of the immune response, particularly by impairing neutrophil function and chemotaxis, which delays bacterial clearance and prolongs inflammation. These are key contributors to delayed wound healing and increased risk of infection.

Suppressed histamine release is not a major factor in delayed wound healing and is not primarily influenced by hyperglycemia.

Increased insulin receptor sensitivity is not characteristic of poorly controlled diabetes; insulin resistance can be present, further impairing metabolic and healing processes.

Decreased collagen breakdown would theoretically promote healing; impaired healing in diabetes is more often due to reduced collagen synthesis and impaired angiogenesis, not the reverse.

Question 3. (Single Select)

A perianesthesia nurse must monitor for signs of anesthetic overdose. Which sign would warrant immediate escalation?

- A: Light snoring and relaxed jaw
- B: Absence of light reflex in dilated pupils
- C: Shallow, but regular respirations

D: Bradycardia with an O₂ saturation of 95%

Correct Answer: B

Explanation:

The absence of light reflex in dilated pupils is a key indicator of Stage IV anesthesia and warrants immediate escalation. This finding reflects brainstem depression and is often accompanied by respiratory and cardiovascular compromise, requiring prompt intervention to prevent cardiopulmonary arrest.

Shallow but regular respirations may occur in light to moderate anesthesia and are not, by themselves, indicative of overdose. As long as oxygenation is adequate and other vital signs are stable, this pattern can be monitored with supportive care.

Light snoring and a relaxed jaw are common in patients under moderate sedation or recovering from general anesthesia. These signs suggest partial airway obstruction but do not signify overdose unless accompanied by hypoventilation or hypoxia.

Bradycardia with an O₂ saturation of 95% should be monitored, but if the patient remains perfused and oxygenated, it does not immediately suggest an anesthetic overdose. Escalation would depend on trending and associated symptoms.

Question 4. (Single Select)

A 4 year old emerges from anesthesia with stridor, indrawing, and tachypnea. The patient is on 4/L/min nasal cannula oxygen. Which immediate nursing action is most appropriate?

- A: Increase the cannula flow to 10/L/min and recheck in 30/seconds
- B: Elevate the head of the bed and obtain an arterial blood gas sample
- C: Prepare racemic epinephrine for nebulization while paging respiratory therapy
- D: Apply a tightly sealed bag mask device and deliver two slow rescue breaths

Correct Answer: D

Explanation:

Applying a tightly-sealed bag-mask device and delivering rescue breaths is the most appropriate immediate response. The presence of stridor, indrawing, and persistent hypoxemia despite supplemental oxygen indicates upper airway obstruction and inadequate ventilation. Manual ventilation ensures airway patency and effective oxygen delivery while definitive management is initiated.

Increasing the cannula flow to 10/L/min may provide a modest improvement but does not resolve the underlying airway compromise. With clear signs of obstruction and respiratory distress, waiting 30 seconds may allow further deterioration.

Preparing racemic epinephrine and alerting respiratory therapy is appropriate as a secondary step, but it takes time. It does not immediately provide the oxygenation or ventilation support urgently needed in a hypoxic child with upper airway compromise.

Elevating the head of the bed and obtaining an ABG may be useful for ongoing assessment, but it is not an emergent intervention. The priority is airway management and oxygenation, which must take precedence before diagnostic testing.

Question 5. (Single Select)

A patient with poorly controlled hypertension experiences acute agitation and a systolic pressure of 210 mmHg in the first hour post op. Which complication related to this is the immediate concern?

- A: Intracranial hemorrhage
- B: Acute renal failure
- C: Hypoglycemia
- D: Surgical site bleeding

Correct Answer: A

Explanation:

Intracranial hemorrhage is the most immediate concern in a patient with poorly controlled hypertension and a sudden surge in systolic blood pressure to 210 mmHg. Excessively high blood pressure increases the risk of cerebral vessel rupture, especially in the postoperative period when autoregulation may be impaired. Agitation could be an early neurologic sign of

increased intracranial pressure or bleeding.

Acute renal failure is a possible long-term consequence of uncontrolled hypertension, but it does not typically present acutely with agitation. Although renal perfusion is influenced by blood pressure, neurologic symptoms are not a hallmark of early renal dysfunction.

Hypoglycemia can cause agitation, but it is not directly related to hypertension. Additionally, there is no mention of glucose-lowering therapies or risk factors for hypoglycemia in this patient. It would not be the immediate priority unless the clinical picture strongly suggested it.

Surgical site bleeding is a general concern in hypertensive patients due to elevated vascular pressures, but it typically presents with external signs such as excessive drainage or hematoma, not agitation. The neurologic change paired with hypertensive crisis points more urgently toward intracranial involvement.



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