



# Nursing

## ABPANC-CAPA Exam

American Board of Perianesthesia Nursing Certification: Certified Ambulatory  
Perianesthesia Nurse

Exam Latest Version: 6.0

## **DEMO Version**

### **Full Version Features:**

- 90 Days Free Updates
- 30 Days Money Back Guarantee
- Instant Download Once Purchased
- 24 Hours Live Chat Support

**Full version is available at link below with affordable price.**

<https://www.directcertify.com/nursing/abpanc-capa>

### Question 1. (Single Select)

A patient is transferring from the Phase I to the Phase II recovery area following outpatient surgery. Which piece of information is most important for the perianesthesia nurse to communicate to the receiving nurse during hand-off?

- A: Length of time the patient was NPO prior to surgery
- B: Amount of IV fluids infused intraoperatively
- C: Any changes in the patient's status postoperatively
- D: Family concerns about transportation home

**Correct Answer: C**

#### **Explanation:**

Reporting any changes in the patient's status postoperatively is critical for a safe and effective hand-off. Communicating alterations from baseline, new complications, or unexpected findings ensures the receiving nurse can anticipate needs and risks, potentially improving outcomes during the transition between phases.

The amount of IV fluids infused intraoperatively, while relevant, can usually be confirmed in the chart and is not as essential as direct, real-time patient status changes that could impact immediate care.

The length of time the patient was NPO before surgery has less immediate relevance during hand-off compared to dynamic, postoperative changes.

Family concerns about transportation home are important for discharge planning, but ensuring clinical hand-off of the patient's status takes precedence at the point of transition.

### Question 2. (Single Select)

A patient with a seizure disorder has been NPO for 6 hours pre-procedure and is now postanesthesi

a. What is the nurse's best priority to minimize the risk of a seizure?

A: Resume any prescribed oral anticonvulsant medications.

B: Provide IV lorazepam every 30 minutes until discharge

C: Ensure the patient is not exposed to any external stimuli

D: Encourage immediate ambulation

**Correct Answer: A**

**Explanation:**

The best priority is to resume any prescribed oral anticonvulsant medications. Patients with seizure disorders are at increased risk for breakthrough seizures if their medication regimen is interrupted, so timely resumption decreases the risk of complications.

Providing IV lorazepam every 30 minutes until discharge is inappropriate unless the patient is actively seizing or there are clear indications for such frequent dosing, as this could lead to oversedation and other complications.

Ensuring the patient is not exposed to external stimuli may help limit triggers, but it does not address the underlying pathophysiology of potential medication lapse.

Encouraging immediate ambulation post-procedure is not related to seizure prevention and could actually precipitate a fall or injury if the patient is unsteady or at risk of a seizure.

**Question 3. (Single Select)**

A patient undergoing an awake craniotomy is anxious about the procedure. What nursing intervention is most helpful in alleviating anxiety?

A: Providing detailed procedural explanations

B: Teaching relaxation techniques

C: Explaining that no pain will be felt while awake

D: Administering prescribed sedatives

**Correct Answer: B**

**Explanation:**

Teaching relaxation techniques is highly effective in managing anxiety, especially in awake procedures. Skills such as deep breathing and visualization can help patients maintain calmness and reduce anxiety during stressful experiences.

Administering prescribed sedatives might help with anxiety control, but awake craniotomies require the patient to be alert and responsive, making sedatives less preferable as a focused intervention.

Explaining that no pain will be felt while awake can be reassuring, but it may not fully address the patient's anxiety and may not be correct in some situations. Techniques for active coping are better at enhancing patient autonomy over emotional states.

Providing detailed procedural explanations is informative but may not directly help with anxiety mitigation. Overloading with information can sometimes increase anxiety compared to equipping patients with trustworthy self-regulation techniques.

**Question 4. (Single Select)**

A 30-year-old outpatient develops urticaria, angioedema, and hypotension following IV contrast exposure during a preoperative scan. Which primary pathophysiological effect is involved?

- A: Decreased sympathetic control over vascular tone
- B: Ischemia-induced acute renal failure
- C: Acute suppression of cortisol production
- D: Mast cell degranulation leading to systemic vasodilation

**Correct Answer: D****Explanation:**

Mast cell degranulation leading to systemic vasodilation is correct because these symptoms indicate an anaphylactic reaction, in which allergen exposure causes mast cells to release histamine and other mediators, resulting in vasodilation, increased capillary permeability, and symptoms like urticaria, angioedema, and hypotension.

Ischemia-induced acute renal failure typically presents with decreased urine output and elevated creatinine rather than the acute allergic symptoms seen here.

Acute suppression of cortisol production is unrelated to the acute onset of allergic symptoms and does not explain the urticaria, angioedema, and hypotension.

Decreased sympathetic control over vascular tone might result in hypotension, but it does not account for the acute allergic signs and is not the pathophysiology behind anaphylaxis. This pathology instead describes neurogenic shock.

### Question 5. (Single Select)

A PACU patient has a blood pressure of 82/54 mmHg. Which additional assessment most helps determine the significance of this finding?

- A: Pupil size
- B: Urinary color
- C: Abdominal girth
- D: Mental status

**Correct Answer: D**

#### **Explanation:**

Assessing mental status is key in determining the clinical significance of hypotension. Mental status changes can indicate decreased cerebral perfusion, suggesting the patient is experiencing significant effects from low blood pressure.

Pupil size is less likely to reflect the immediate hemodynamic impact of hypotension and is generally used to assess neurological status rather than circulatory compromise.

Urinary color can be useful for monitoring renal function and hydration, but it is not most helpful for assessing the effects of a current episode of hypotension.

Abdominal girth is only a concern in this context if internal bleeding is suspected. Typically, the immediate concern is how well vital organs, especially the brain, are being perfused. Thus, mental status is the priority assessment.



Full version is available at link below with affordable price.

<https://www.directcertify.com/nursing/abpanc-capa>

30% Discount Coupon Code: LimitedTime2025

**\* 100% MONEY BACK GUARANTEED**  
**CERTIFICATION EXAMS**  
**STUDY GUIDES**

**FREE TRIAL**

**\* Product Features**

- \* 100% Success in the Final Exam
- \* 90 Days Free Updates
- \* Latest Exam Q/A
- \* 24/7 Customer Support
- \* Practice Exams

**\* Free Demo for Practice Test & PDF**

**50K Plus Satisfied Customers**

VISA AMERICAN EXPRESS DISCOVER G Pay