

Infection Control

Practice Questions:

1. An education program is being conducted on standard precautions. The nurse understands that a primary purpose of standard precautions with all clients is:
 - 1) To prevent nosocomial infections.
 - 2) To protect clients from AIDS.
 - 3) To protect employees from HIV and HBV.
 - 4) To replace other isolation requirements.
2. A client who is HIV positive is admitted with a diagnosis of Kaposi's sarcoma. The nurse should institute appropriate precautions knowing that HIV is highly transmitted through (Select all that apply)
 - 1) Feces
 - 2) Blood
 - 3) Semen
 - 4) Urine
 - 5) Sweat
 - 6) Tears
3. A client is being admitted to a medical unit with a diagnosis of tuberculosis. Which type of room should this client be assigned by the nurse?
 - 1) Private room
 - 2) Semiprivate room
 - 3) Room with windows that can be opened
 - 4) Negative airflow room.
4. A surgical client develops a wound infection during hospitalization. How is this type of infection classified?
 - 1) Primary
 - 2) Secondary
 - 3) Superimposed
 - 4) Nosocomial
5. A nurse is teaching a new nursing assistant about ways to prevent the spread of infection. Included in the instruction would be that the cycle of the infectious process must be broken, which may be accomplished primarily through:
 - 1) Hand washing before and between providing client care.
 - 2) Thoroughly cleaning the environment.
 - 3) Wearing infection control-approved protective equipment when providing client care.
 - 4) Using medical and surgical aseptic techniques at all times.
6. When preparing to administer an antibiotic to a client, the nurse understands it will be effective in treatment of an infectious disease process primarily because antibiotics:
 - 1) Reduce the inflammatory response.
 - 2) Enhance the body's natural immune function.
 - 3) Block growth of essential components of the bacterial cell.
 - 4) Immobilize bacteria and allow them to be eliminated from the body.
7. Which physical assessment finding is most indicative of a systemic infection?
 - 1) Nasal drainage
 - 2) Bilateral 3+ pitting pedal edema
 - 3) Oral temperature of 101.1°F
 - 4) Pale skin and nail bed color
8. A nurse assesses the vital signs of a 50-year-old female client and documents the results. Which of the following are considered within normal range for this client? (Select all that apply)
 - 1) Oral temperature 98.2° F
 - 2) Apical pulse 88 BPM and regular
 - 3) Respiratory rate of 30 per minute
 - 4) Blood pressure 116/78 mmHg while in a sitting position
 - 5) Oxygen saturation of 92%
9. A client is diagnosed with AIDS. The nurse recognizes that an opportunistic infection is present when the oral cavity is examined and white plaques are discovered on the mucosa. What does this finding most likely represent?
 - 1) Cytomegalovirus
 - 2) Histoplasmosis
 - 3) Candida albicans
 - 4) Human papillomavirus
10. A client is to begin IV antibiotic therapy for a pulmonary infection. What should be completed before the first dose of antibiotic is administered?
 - 1) Urinalysis
 - 2) Sputum culture
 - 3) Chest X-ray
 - 4) Red blood cell count

11. A 62-year-old male client is being discharged home from the hospital. During his stay, he acquired a nosocomial infection. Clostridium difficile, in preparing a teaching plan for the client and caretaker, which priority point would the nurse include?

- 1) Report any constipation to your physician immediately
- 2) C. difficile causes diarrhea accompanied by flatus and abdominal discomfort.
- 3) The client should consume a diet high in fiber and low in fat
- 4) No special cleaning or disinfection will be required in the home

12. Which activity would be best in preventing septic shock in the hospitalized client?

- 1) Maintaining the client in a normothermic state.
- 2) Administering blood products to replace fluid losses
- 3) Using aseptic technique during all invasive procedures
- 4) Keeping the critically ill client immobilized to reduce metabolic demands

13. A nurse administering immunizations is preventing infection by which of the following mechanism?

- 1) Enhancing the defenses of the host
- 2) Eliminating the mode of transmission
- 3) Introducing a weak secondary infection
- 4) Blocking the immune response of the host

14. A client has a nursing diagnosis of Risk for infection. What would be the most desirable expected outcome for this client?

- 1) All nursing functions will be completed by discharge
- 2) All invasive intravenous lines will remain patent
- 3) The client will remain awake, alert, and oriented at all times
- 4) The client will be free of signs and symptoms of infection by discharge

15. A nurse discusses the procedure for protective isolation with the husband of a client who is receiving chemotherapy and has been hospitalized for neutropenia. Which statement made by the husband indicates the teaching was effective?

- 1) "Protective isolation helps prevent the spread of infection to my wife from the outside environment."
- 2) "Protective isolation help prevent the spread of infection from my wife to health care personnel and visitors."
- 3) "Protective isolation helps prevent the spread of infection from my wife by using special techniques to destroy infectious fluids and secretions."
- 4) "Protective isolation helps prevent the spread of infection to my wife by using special sterilization techniques for her linens and personal items before use."

16. A client has an infection that is spread through droplets. Which of the following is essential for the nurse to use when taking this client's temperature?

- 1) Gloves
- 2) Goggles
- 3) A gown
- 4) A mask

17. While working in a hospital, a co-worker is splashed in the face with a cleaning solution. Where can the nurse quickly find detailed information about this chemical?

18. The nurse is training a group of Certified Nursing Assistants (CNAs) about hand hygiene. Which of the following statements indicate that CNAs need further instructions from the nurse?

- 1) "As long as I am changing gloves between clients, it is not necessary to wash my hands."
- 2) "I should wash my hands when my hands are visibly soiled."
- 3) "I will not wear artificial nails when providing client care."
- 4) "It is OK to use alcohol-based hand products after client contact."

19. What action by the nurse is most important when performing a dressing change using surgical aseptic technique?

- 1) Comforting the client
- 2) Maintaining sterility
- 3) Obtaining extra gloves
- 4) Organizing supplies.

20. The nurse must assign a room to a client with scabies. Which of the following options would be the best choice for this client?

- 1) A negative-pressure isolation room.
- 2) A private room.
- 3) A semi-private room with any client.
- 4) A room with another client with scabies.

21. When caring for a client with bronchitis, what is the best way the nurse can prevent the spread of infection?

22. A nurse is caring for a client with a respiratory infection. Which of the following is the most important action by the nurse to prevent the transmission of infection?

- 1) Using nonsterile gloves when contact with body fluid.
- 2) Washing hands after donning sterile gloves
- 3) Wearing a gown to protect skin and clothing.
- 4) Washing hands after the removal of soiled gloves.

23. When preparing a sterile field, which of the following conditions indicates to the nurse that the field is contaminated?

- 1) A dressing is laying two inches away from the border of the sterile field.
- 2) A sterile item is being held just above waist level.
- 3) A sterile package is opened over and placed into the middle of the sterile field.
- 4) Sterile normal saline is poured onto the waterproof field.

24. After establishing a sterile field to insert a Foley catheter, the nurse must don sterile gloves. Place these actions in the proper sequence:

- 1) Interlock fingers to fit the gloves into each finger.
- 2) Pull the glove over the dominant hand.
- 3) Slip the glove onto the non-dominant hand.
- 4) Slip the fingers of the dominant hand under the nondominant hand on the sterile glove side of the cuff.
- 5) With the non-dominant hand, grasp the inside of the dominant hand glove by the cuff.

25. The nurse is caring for a client with Hepatitis A. What action puts the nurse at highest risk for being exposed to Hepatitis A?

- 1) Standing one foot away when the client coughs.
- 2) Suctioning the client.
- 3) Testing the client's stool for occult blood.
- 4) Touching the client's arm when providing comfort.

26. The nurse must auscultate the lungs of a client in isolation. Which of the following is the best way to prevent the spread of microorganisms to other clients?

- 1) Detach a contaminated needle from its syringe before disposal.
- 2) Double-bag soiled equipment with impervious bags before removing it from the client's room.
- 3) Keep the stethoscope used for that client in the room.
- 4) Remove personal protective equipment just outside the client's door.

27. The nurse teaches a client's daughter to perform a dressing change using sterile technique. Which of the following actions by the daughter should indicate to the nurse that the daughter understands prevention of infection?

- 1) The daughter placing herself between the sterile field and the client.
- 2) The daughter putting on sterile gloves before opening dressing package.
- 3) The daughter putting on sterile gloves to remove the old dressing.
- 4) The daughter washing hands before applying gloves.

28. Which measure used by the nurse would be most effective in preventing exposure when caring for a client with Hepatitis B?

- 1) Applying a mask before entering the client's room.
- 2) Placing a contaminated needle in a sharp container.
- 3) Wearing a gown when changing an IV bag.
- 4) Wearing gloves when taking the client's pulse.

29. The nurse is finished caring for a client in an isolation room. The nurse begins to remove personal protective equipment. Put the following items in order beginning with what the nurse would remove first.

- 1) Gloves
- 2) Goggles
- 3) Gown
- 4) Mask

30. A client with neutropenia is in protective, or reverse, isolation. The family asks why the client is in this type of isolation. Which of the following explanations by the nurse is the best response?

- 1) To protect other clients on the unit from infection.
- 2) To protect the client from environmental sources of infection.
- 3) To protect the client from his own bacteria.
- 4) To protect the staff from infection from the client.

31. A child is admitted to the pediatric unit with a diagnosis of suspected meningococcal meningitis. Which of the following nursing measures should the nurse do FIRST?

- 1) Institute seizure precautions
- 2) Assess neurologic status
- 3) Place in respiratory isolation
- 4) Assess vital signs

32. A client is diagnosed with methicillin resistant staphylococcus aureus pneumonia. What type of isolation is MOST appropriate for this client?

- 1) Reverse isolation
- 2) Respiratory isolation
- 3) Standard precautions
- 4) Contact isolation

33. Several clients are admitted to an adult medical unit. The nurse would ensure airborne precautions for a client with which of the following medical conditions?

- 1) A diagnosis of AIDS and cytomegalovirus
- 2) A positive PPD with an abnormal chest x-ray
- 3) A tentative diagnosis of viral pneumonia
- 4) Advanced carcinoma of the lung

34. Which of the following is the FIRST priority in preventing infections when providing care for a client?

- 1) Hand washing
- 2) Wearing gloves
- 3) Using a barrier between client's furniture and nurse's bag
- 4) Wearing gowns and goggles

35. An adult woman is admitted to an isolation unit in the hospital after tuberculosis was detected during a pre-employment physical. Although frightened about her diagnosis, she is anxious to cooperate with the therapeutic regimen. The teaching plan includes information regarding the most common means of transmitting the tubercle bacillus from one individual to another. Which contamination is usually responsible?

- 1) Hands.
- 2) Droplet nuclei.
- 3) Milk products.
- 4) Eating utensils.

36. A 2 year old is to be admitted in the pediatric unit. He is diagnosed with febrile seizures. In preparing for his admission, which of the following is the most important nursing action?

- 1) Order a stat admission CBC.
- 2) Place a urine collection bag and specimen cup at the bedside.
- 3) Place a cooling mattress on his bed.
- 4) Pad the side rails of his bed.

37. A young adult is being treated for second and third degree burns over 25% of his body and is now ready for discharge. The nurse evaluates his understanding of discharge instructions relating to wound care and is satisfied that he is prepared for home care when he makes which statement?

- 1) "I will need to take sponge baths at home to avoid exposing the wounds to unsterile bath water."
- 2) "If any healed areas break open I should first cover them with a sterile dressing and then report it."
- 3) "I must wear my Jobs elastic garment all day and can only remove it when I'm going to bed."
- 4) "I can expect occasional periods of low-grade fever and can take Tylenol every 4 hours."

38. An eighty five year old man was admitted for surgery for benign prostatic hypertrophy. Preoperatively he was alert, oriented, cooperative, and knowledgeable about his surgery. Several hours after surgery, the evening nurse found him acutely confused, agitated, and trying to climb over the protective side rails on his bed. The most appropriate nursing intervention that will calm an agitated client is:

- 1) Limit visits by staff.
- 2) Encourage family phone calls.
- 3) Position in a bright, busy area.
- 4) Speak soothingly and provide quiet music.

39. Ms. Smith is admitted for internal radiation for cancer of the cervix. The nurse knows the client understands the procedure when she makes which of the following remarks the night before the procedure? She says to her husband,

- 1) "Please bring me a hamburger and French fries tomorrow when you come. I hate hospital food."
- 2) "I told my daughter who is pregnant to either come to see me tonight or wait until I go home from the hospital."
- 3) "I understand it will be several weeks before all the radiation leaves my body."
- 4) "I brought several craft projects to do while the radium is inserted."

40. The nurse in charge is evaluating the infection control procedures on the unit. Which finding indicates a break in technique and the need for education of staff?

- 1) The nurse aide is not wearing gloves when feeding an elderly client.
- 2) A client with active tuberculosis is asked to wear a mask when he leaves his room to go to another department for testing.
- 3) A nurse with open, weeping lesions of the hands puts on gloves before giving direct client care.
- 4) The nurse puts on a mask, a gown, and gloves before entering the room of a client on strict isolation.

41. The charge nurse observes a new staff nurse who is changing a dressing on a surgical wound. After carefully washing her hands the nurse dons sterile gloves to remove the old dressing. After removing the dirty dressing, the nurse removes the gloves and dons a new pair of sterile gloves in preparation for cleaning and redressing the wound. The most appropriate action for the charge nurse is to:

- 1) Interrupt the procedure to inform the staff nurse that sterile gloves are not needed to remove the old dressing.
- 2) Congratulate the nurse on the use of good technique.
- 3) Discuss dressing change technique with the nurse at a later date.
- 4) Interrupt the procedure to inform the nurse of the need to wash her hands after removal of the dirty dressing and gloves.

42. Nurse Jane is visiting a client at home and is assessing him for risk of a fall. The most important factor to consider in this assessment is:

- 1) Correct illumination of the environment.
- 2) Amount of regular exercise.
- 3) The resting pulse rate.
- 4) Status of salt intake.

43. Mrs. Jones will have to change the dressing on her injured right leg twice a day. The dressing will be a sterile dressing, using 4 X 4s, normal saline irrigant, and abdominal pads. Which statement best indicates that Mrs. Jones understands the importance of maintaining asepsis?
- 1) "If I drop the 4 X 4s on the floor, I can use them as long as they are not soiled."
 - 2) "If I drop the 4 X 4s on the floor, I can use them if I rinse them with sterile normal saline."
 - 3) "If I question the sterility of any dressing material, I should not use it."
 - 4) "I should put on my sterile gloves, and then open the bottle of saline to soak the 4 X 4s."
44. A client has been placed in blood and body fluid isolation. The nurse is instructing auxiliary personnel in the correct procedures. Which statement by the nursing assistant indicates the best understanding of the correct protocol for blood and body fluid isolation?
- 1) Masks should be worn with all client contact.
 - 2) Gloves should be worn for contact with no intact skin, mucous membranes, or soiled items.
 - 3) Isolation gowns are not needed.
 - 4) A private room is always indicated.
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46. The nurse is evaluating whether nonprofessional staff understand how to prevent transmission of HIV. Which of the following behaviors indicates correct application of universal precautions?
- 1) A lab technician rests his hand on the desk to steady it while recapping the needle after drawing blood.
 - 2) An aide wears gloves to feed a helpless client.
 - 3) An assistant puts on a mask and protective eye wear before assisting the nurse to suction a tracheostomy.
 - 4) A pregnant worker refuses to care for a client known to have AIDS.
47. Jayson, 1 year old child has a staph skin infection. Her brother has also developed the same infection. Which behavior by the children is most likely to have caused the transmission of the organism?
- 1) Bathing together.
 - 2) Coughing on each other.
 - 3) Sharing pacifiers.
 - 4) Eating off the same plate.
48. Jessie, a young man with newly diagnosed acquired immune deficiency syndrome (AIDS) is being discharged from the hospital. The nurse knows that teaching regarding prevention of AIDS transmission has been effective when the client:
- 1) Verbalizes the role of sexual activity in spread of the disorder.
 - 2) States he will make arrangements to drop his college classes.
 - 3) Acknowledges the need to avoid all contact sports.
 - 4) Says he will avoid close contact with his three-year-old niece.
49. Which question is least useful in the assessment of a client with AIDS?
- 1) Are you a drug user?
 - 2) Do you have many sex partners?
 - 3) What is your method of birth control?
 - 4) How old were you when you became sexually active?
50. Mrs. Parker, a 70-year-old woman with severe macular degeneration, is admitted to the hospital the day before scheduled surgery. The nurse's preoperative goals for Mrs. M. would include:
- 1) Independently ambulating around the unit.
 - 2) Reading the routine preoperative education materials.
 - 3) Maneuvering safely after orientation to the room.
 - 4) Using a bedpan for elimination needs.

Answers to Infection control questions

1	3	26	3
2	2,3	27	1
3	4	28	2
4	4	29	1,2,3,4
5	1	30	2
6	3	31	3
7	3	32	4
8	1,2,4	33	2
9	3	34	1
10	2	35	2
11	2	36	4
12	3	37	2
13	1	38	4
14	4	39	2
15	1	40	3
16	4	41	4
17	MSDS	42	1
18	1	43	3
19	2	44	2
20	4	45	2
21	Hand washing	46	3
22	4	47	1
23	3	48	1
24	5,2,4,3,1	49	4
25	3	50	3