Nursing

BCEN-CBRN
Board of Certification for Emergency Nursing: Certified Burn Registered Nurse

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Question: 1

A nine-year-old male is brought to the emergency department (ED) via ambulance after suddenly waking up to his family's apartment building on fire. The child escaped without sustaining physical burns, but you suspect inhalation injury based on the patient's clinical presentation.
Which of the following tests can be performed to diagnose inhalation injury?

A. Arterial carboxyhemoglobin level
B. Chest radiography
C. Endobronchial ultrasonography
D. Bronchoscopy

Answer: D

Explanation:
Inhalation injury is the most severe and life-threatening complication of a burn injury. Inhalation injuries can include carbon monoxide poisoning, upper airway injury, lower airway injury, and restrictive defects. Diagnosing inhalation injury is usually a subjective decision based on smoke exposure in a closed space and is made after a thorough assessment of the patient's clinical presentation. The diagnosis is usually apparent from the patient's history.
Inhalation injury can occur anywhere along the patient's airway passages and can be classified based on the primary area of injury. Direct visualization of the airways will help confirm the diagnosis. Bronchoscopy can be performed early (during the first 24 hours post-injury) to diagnose inhalation injury and facilitate airway clearance. Humidified oxygen should be readily available and given to patients who have evidence of impaired gas exchange.
A chest radiograph is helpful in establishing baseline data but typically does not assist in the early diagnosis of inhalation injury. Obtaining an arterial carboxyhemoglobin level will reveal any suspected carbon monoxide toxicity from smoke inhalation. An endobronchial ultrasound is not indicated to diagnose inhalation injury.

Question: 2

You are caring for a severely burn-injured patient in the burn intensive care unit (BICU) who has been prescribed lorazepam in conjunction with opioids for pain management. The patient has become overly sedated, and the physician orders a reversal agent to be administered.
Which of the following considerations is most important when administering the reversal agent to this patient?

A. Monitoring for rebound anxiety
B. Monitoring for increased intracranial pressure (ICP)
C. Monitoring for seizures
D. Monitoring for rebound hypertension

Answer: C

Explanation:
Benzodiazepines suppress seizure activity. Administering a reversal agent to a patient who is overly sedated from benzodiazepine administration can result in seizure activity.
Increased ICP is not a concern when reversing a benzodiazepine. Rebound hypertension is not common when reversing a benzodiazepine. Rebound anxiety is likely to occur after reversing a benzodiazepine but is not as likely to cause patient harm as seizure activity.

Question: 3

As a registered nurse in a burn unit, you need to obtain consent to enroll a nonverbal, developmentally-delayed patient into a clinical trial. What is the most appropriate way to obtain consent for this patient?

A. Notify the attending physician for assistance
B. Ensure that the patient's legal guardian is present at the time of obtaining consent
C. Notify the institutional review board (IRB)
D. Ensure that the consent form is placed in the patient's chart

Answer: B

Explanation:
For those who are not capable of making decisions for themselves (e.g., minors, those who are cognitively impaired), a legal adult with decision-making capacity can act as a surrogate and participate in the informed decision-making process on behalf of an incapacitated person. This legal guardian can give consent when or if the patient is unable to do so.
Notifying the attending physician and ensuring the consent form is placed in the chart once signed are appropriate, but they do not advocate for the legal right of the patient to include the surrogate/guardian in the consent process. Notifying the IRB is only necessary for violations of protocol.

Question: 4

Accidental skin exposure to which of the following agents is likely to result in the most extensive tissue damage?

A. Pure latex
B. Concentrated bleach
C. Hydrochloric acid
D. Boiling water

Answer: B

Explanation:

Concentrated bleach is an alkali. Alkali burns usually cause more damage than acidic chemical burns (e.g., hydrochloric acid) and are harder to treat because the skin will neutralize the acidic burn. Chemical burns, in general, typically cause more tissue damage than wet thermal burns. The damaging effect of a thermal burn from boiling water will subside as the water cools, while the damaging effects of chemical burns will continue until the chemical is neutralized or removed.
Exposure to pure latex is unlikely to be harmful unless a latex allergy is present.

Question: 5

What is the most common presenting sign of a Curling ulcer in a patient with a burn injury?

A. Abdominal pain
B. Indigestion
C. Abdominal distension
D. Gastrointestinal (GI) bleeding

Answer: D

Explanation:
Curling ulcer is a stress-induced ulcer of the stomach or duodenum that occurs in relation to extreme physical stress, such as in massively burned patients. This is because an extensive burn causes more stress on the entire body than any other injury.
This condition is clinically recognized in most cases only by the onset of upper GI bleeding, which may be evidenced by vomiting blood or blood in the stool. Pain is not always a symptom but usually accompanies perforation or bleeding. Other signs and symptoms include nausea or vomiting, dark and loose stools, and fatigue.

Question: 6

A patient arrives at the emergency department with a burn that is red, blanches with pressure, and has a shiny, moist surface with fluid-filled blisters. Which type of burn does the patient most likely have?

A. First-degree
B. Fourth-degree
C. Third-degree
D. Second-degree

Answer: D

Explanation:
A second-degree (superficial or deep partial thickness) burn is red, blanches with pressure, has a shiny surface, and can have fluid-filled blisters. Second-degree burns tend to be moist and very painful, and there is an enormous variability in their depth.
A first-degree (superficial) burn is pink or red, blanches with pressure, and is dry and intact (i.e., sunburns). These burns often slough the next day. Third- and fourth-degree (full-thickness) burns are

deep red, brown, black, or white; do not blanch with pressure; and are sunken due to loss of underlying muscle or fat.
Note that a typical burn injury does not consist of only one degree (or depth). Burns that appear as first-degree injuries in the ED may evolve into deeper burns over the next 72 hours.

Question: 7

A 22-year-old female patient is being seen in the outpatient burn clinic today for follow-up care. She sustained deep thermal burn injuries to the face and neck several months ago and has struggled greatly with body image issues after reconstructive surgery.
Which statement made by the patient indicates she is coming to terms with her condition?

A. "I'm glad these scars will fade soon."
B. "I am sleeping better because I have found more ways to get comfortable at night."
C. "I am starting to learn how to cover my scars with makeup."
D. "I don't think my friends want to look at me now."

Answer: C

Explanation:
Recovering from a burn injury involves not just healing the body but also the mind and spirit. Burn care must support the whole person, as well as engage the patient's support systems. This patient's willingness to use strategies, such as makeup, to enhance her appearance is an indication that her disturbed body image is resolving.
Deep thermal burn injuries leave permanent scars, so a statement that the scars will greatly diminish shows denial rather than resolution. Sleeping better and learning how to get comfortable at night will greatly enhance recovery and well-being but do not address the problem of disturbed body image. The statement indicating that her friends do not want to look at her shows that she is still struggling with her self-image.

Question: 8

During transport to the hospital with a 15-year-old male burn victim, a peripheral intravenous (IV) line is started by emergency medical personnel. Lactated Ringer's (LR) solution should be initially infused at which of the following rates?

A. 500 mL/hr
B. 125 mL/hr
C. 250 mL/hr
D. 75 mL/hr

Answer: A

Explanation:
If an IV line is established via transport, LR solution should be infused at the following rates:
• 14 years and older: 500 mL/hr

• 6-13 years old: 250 mL/hr
• 5 years and younger: 125 mL/hr

Question: 9

Which of the following laboratory values best reflects acute changes in the nutritional status of a patient?

A. Transferrin
B. C-reactive protein
C. Prealbumin
D. Albumin

Answer: C

Explanation:
Because of the short half-life of prealbumin (2 days), this protein is decreased quickly when nutrition is inadequate and responds quickly when external nutrients are provided. It is most commonly monitored for acute changes in nutritional status.
Normal values of prealbumin are 14 mg/dL or greater. If levels fall below 11 mg/dL, the patient should be evaluated further for malnutrition.

Question: 10

For a patient with carbon monoxide (CO) poisoning secondary to smoke exposure, what is the most appropriate laboratory value to assess and monitor?

A. Arterial blood gas
B. Carboxyhemoglobin level
C. Comprehensive metabolic panel
D. Fractionated hemoglobin level

Answer: B

Explanation:
A diagnosis of carbon monoxide (CO) poisoning should be based on direct measurement of carboxyhemoglobin (COHb) in arterial or venous blood by co-oximetry, taking into account that venous blood underestimates the arterial COHb content. Levels should be checked upon presentation and throughout treatment to determine progress. Levels are reported as a percentage, with symptoms specific to the value.
For COHb levels of 5-10%, headaches and dizziness are common. For COHb levels of 10-20%, headache, nausea, vomiting, flushed skin and dyspnea are common. For COHb levels of 20-40%, confusion, lethargy, and visual disturbances may be present. For COHb levels of 40-60%, dysrhythmias, seizures, and coma are common. Finally, for COHb levels above 60%, cherry-red skin is present, and death is imminent.

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