

RN/EN Revision Quiz

Select the most correct answer

1. What is one goal of the EDDIE + study?
 - a. Train staff to use the vital signs monitor
 - b. Train staff to use CUS
 - c. Train staff how to use a bladder scanner
 - d. Support and educate staff to detect and report deterioration early

2. What process should be used for PCWs to communicate to you any changes they notice in a resident?
 - a. Watch and wait
 - b. CUS
 - c. Observe and contemplate
 - d. Stop and alert

3. If a resident's clinical parameters are in the Red zone what should you do?
 - a. Wait and review
 - b. Tell the Clinical Manager
 - c. Stay with the resident, seek urgent medical help and continue to monitor
 - d. Get the physiotherapist

4. A dementia patient with poor cognition is agitated. How would you assess them for pain?
 - a. Ask them to give a pain score out of 10
 - b. Ask their relative
 - c. Ask them to give a pain score out 100
 - d. Use the Abbey pain scale or PAINAD

5. What residents are more at risk of deteriorating?
 - a. Residents who have dementia, are frail, currently ill, have recently returned from hospital or are a new resident to your home
 - b. Residents who are healthy and have no illnesses
 - c. Residents who wear glasses, hearing aids, or use a walking stick
 - d. Residents who are mobile and independent in most activities

6. What communication tool would you use to inform a GP or hospital outreach program of a deteriorating resident?
 - a. EXBAR form
 - b. Care plan
 - c. Observation Chart
 - d. ISBAR form

7. A PCW has used CUS to tell you about a resident. What should you do?
 - a. Document in the resident's clinical record
 - b. Tell the nurse on the next shift at handover
 - c. Assess and monitor the resident. Document as required in the resident's clinical record and refer if required. Inform the incoming nurse at handover
 - d. Call an ambulance

8. A resident reports chest pain. What should you do?
 - a. Assess the resident's vital signs, perform a 3 lead ECG, conduct a pain assessment and follow a GTN x2 protocol
 - b. Assess the resident's vital signs and give them a drink of water. Check the resident's radial pulse and FBC
 - c. Give the resident an antacid. Assess their vital signs and document in the resident's clinical record. Inform the resident's family
 - d. Assess vital signs and perform a 3 lead ECG. Check the resident's bowel chart and perform a respiratory assessment

9. A resident's baseline temperature has changed by more than 1.5°C. Their family have reported they seem more tired than usual. What should you do?
 - a. Fill in a 'Concern for resident' form
 - b. Call the physiotherapist and continue to take their temperature 4 hourly
 - c. Assess the resident's vital signs. Conduct a head-to-toe review and continue to monitor the resident. Consult the resident's GP or your local hospital outreach program. Inform the resident's family/carer. Document in the resident's clinical record and inform the incoming nurse at handover
 - d. Perform a 3 Lead ECG. Inform the family and ask your Clinical Manager what to do

10. What is your role in the EDDIE + project?
 - a. Report deterioration to the GP
 - b. Communicate with PCWs, respond to requests to review residents, monitor, report (ISBAR) and manage clinical care
 - c. Perform assessments using vital signs monitor and bladder scanner, document as required in AutumnCare
 - d. Call an ambulance when a resident is in the early stages of deterioration

