

Module 22  
FINAL EXAMINATION

**Matching** Match the terms in column A with the definitions in column B.

<u>Column A</u>		<u>Column B</u>	
_____ 1.	Tracheotomy	a.	Fits into the patient's tracheostomy stoma to keep it open
_____ 2.	tracheostomy	b.	Facilitates nontraumatic insertion of tracheostomy tube into the stoma
_____ 3.	Cricothyroidotomy	c.	Surgical procedure to create artificial opening in trachea
_____ 4.	Obturator	d.	Maintains airway patency, is removed for ease in cleaning
_____ 5.	Inner Cannula	e.	Airway into the trachea
_____ 6.	Outer Cannula	f.	Insertion of needle into trachea to create temporary airway.

**Multiple Choice** Circle the one letter that represents the best answer for each question.

7. A tracheostomy is performed primarily to
- a. prevent infection of the lungs
  - b. provide more comfort and allow the patient to eat
  - c. establish and maintain a patent airway for a prolonged period of time.
8. Noisy respirations with a tracheostomized patient means that
- a. the respiratory rate should be checked first
  - b. the patient needs suctioning
  - c. the cuff pressure is too high
  - d. the patient is trying to talk
9. Which intervention before suctioning will decrease hypoxia during suctioning
- a. ambu breath with 100% oxygen
  - b. lubricate suction catheter
  - c. suction for only 25 to 30 seconds
  - d. use a small catheter to suction

10. If suctioning must be repeated, it is recommended that the nurse wait at least three minutes. This is to allow time for
- overcoming fatigue
  - numbing of mucous membrane
  - replenishing oxygen
  - subsiding of pain
11. The patient begins to cough during suctioning. What is the best nursing action?
- auscultate lung sounds
  - continue suctioning mucous
  - discontinue suctioning to allow for cough
  - position patient in the supine position
12. The patient with a tracheotomy cannot talk because
- she or he is too ill
  - air does not reach the vocal cords
  - there is swelling of the trachea
  - of the presence of secretions
13. Emergency equipment that should always be kept at the bedside of a tracheotomy patient is
- tape
  - saline
  - tracheotomy tube set
  - sterile gloves
14. The primary reason for low pressure cuffed tracheotomy tubes is to
- promote the patient's comfort
  - adjust the position of the tube
  - remove and clean the tube
  - prevent tissues necrosis
15. The greatest threat to the patient with a tracheotomy is the danger of
- hemorrhaging
  - pneumonia
  - infection
  - asphyxiation

16. If the patient has tenacious secretions, what should be used to liquefy the secretions
  - a. sterile water
  - b. sterile normal saline
  - c. hydrogen peroxide
  
17. To facilitate communication for the patient with a tracheotomy, the nurse should
  - a. teach the patient sign language
  - b. suggest a family member stay with the patient
  - c. provide the patient with notepad and pencil
  - d. place the patient in a room close to the nurse's station
  
18. The cotton twill tape that encircles the patient's neck and is attached to the tracheotomy tube
  - a. is removed within a few hours after tracheotomy is performed
  - b. should not be removed or left untied for any length of time
  - c. is never replaced with a new one
  - d. must be kept sterile
  
19. If the tracheotomy tube appears to be filling with mucous that is becoming dry and hard, you should remove
  - a. the inner cannula and cleanse it with cotton tipped applicators dipped in sterile water.
  - b. The outer cannula and rinse it with hot running water
  - c. The inner cannula and cleanse it with hydrogen peroxide
  - d. The outer cannula and suction the patient thoroughly.