Multi-session Update for RGNs and HCSWs Quiz.

A. Our values and professionalism
1. Which of the following are important, but not in our values: compassion, honesty, fairness, transparency, communication, dignity, openness, caring, kindness, integrity, respect,
2. How would you define professionalism:
   a) Being accountable, being a leader, being competent and being an advocate
   b) The way we do things around here that gets the job done
   c) A set of values, behaviours and relationships that underpins the trust the public has in the profession
3. How does the NMC view accountability? Select all that apply.
   Practitioners must:
   a) Accept responsibility for doing the activity
   b) Have competence to undertake the intervention or activity
   c) Have authority to carry out the activity, through delegation and organisational policies and protocols
   d) Be a member of a trade union

B. Documentation: the golden thread to support the Nursing Process.
4. Six principles from the NMC Code relate to documentation are:
   a) Made contemporaneously; identify problems; accuracy; own your entries; securely store records; apply data protection principles to research activities.
   b) Written at end of your shift; use the nursing process; date and time entries; sign entries; omit abbreviations and jargon; keep records secure.
5. When evaluating care, write everything that has happened True/False
6. When evaluating care, use care plan numbers and document care that deviates from the care plan. True/False

C. Pressure damage and wound management
7. Which is a definition of a pressure ulcer?
   a) Localised injury, over bony prominences, resulting from pressure or pressure and shear.
   b) Damaged caused by excessive perspiration, incontinence in the perineum, groins, inner thighs and natal cleft
8. Moisture damage is diffuse, can become infected, can be a kissing ulcer True/False
9. Match the actions: Prevent pressure damage by:
   a) Assessing risk i) use Intentional rounding and categorise damage
   b) Assess skin ii) Offload, change position, use equipment
   c) Removing pressure iii) Purpose T;

D. Delirium Pathway: keep it on your RADAR.
10. Delirium is.. circle all that apply:
   a) An acute confusional state
   b) Sudden onset
   c) Can be caused by sepsis
   d) A severe illness that can fluctuate in its course
   e) Associated with mortality of up to 50% at 1 year

11. Radar questions:
   a) Is the person more active than usual, laughs a lot, confuses instructions
   b) Is the person more sleepy, has trouble following instructions; movements have slowed
   c) Is the person confused, has slow conversation, can easily take a drink

12. Actions if you have concerns about someone… circle all that apply:
   a) Don’t worry, they’ll be fine after a meal
   b) Act swiftly: delirium is a medical emergency
   c) Inform a nurse or doctor, so can undertake a 4AT
   d) Think about possible triggers
   e) Investigate: use NEWS, start FBC, take bloods
   f) Use the Delirium Management Comprehensive Pathway

E. Frailty, Falls and Orthostatic hypotension
13. Frailty is a state of increased vulnerability to adverse health outcomes True/ False
14. Identify five syndromes associated with frailty:
   a) Falls, delirium, continence, medicines challenges, immobility
   b) Falls, delirium, continence, age deterioration, an occasional exerciser
   c) Is over sixty; does not exercise, has high alcohol intake, falls, is isolated.
15. The RCPE lying and standing blood pressure:
   a) Takes ten minutes over two days, or
   b) Takes three minutes; three separate days.
16. Orthostatic hypotension is indicated by: circle all that apply:
   a) A drop in systolic BP of 20mmHg or more; b) a drop to below 90mmHg on standing; c) a drop in diastolic BP of 10mmHg with symptoms d) dizziness, pallor, weakness.