Post-Test: Groin Management

Name: _______________________________   Unit: _____   Date: __________________

1. The definition of bleeding, as it relates to femoral sheath removal, is…
   a. Inadequate hemostasis after the application of pressure for at least 10 minutes
   b. Inadequate hemostasis after the application of pressure for at least 20 minutes
   c. Inadequate hemostasis after the application of pressure for at least 30 minutes
   d. Inadequate hemostasis after the application of pressure for at least 60 minutes

2. Which of the following signs/symptoms indicates that a patient may be having a vasovagal response during or after sheath removal or while holding pressure?
   a. Decreased level of consciousness; nausea and vomiting; and cold, clammy, pale skin
   b. Decrease in systolic BP to < 100 mmHg (or >15% drop from baseline)
   c. Decrease in HR to < 60 bpm (or >15% drop from baseline, if normal HR is < 60)
   d. All of the above

3. If bleeding occurs after pressure has been released from a venous or arterial site, pressure should be re-applied for a minimum of ___________ minutes.
   a. 5
   b. 10
   c. 20
   d. 30

4. Non-interventional patients with a manual hold following sheath removal are generally on bedrest for ___________ hours after sheath removal, whereas interventional patients are generally on bedrest for ___________ hours.
   a. 2, 4
   b. 4, 6
   c. 6, 8
   d. 8, 12

5. Which of the following interventions are appropriate for the treatment of a vasovagal response after femoral sheath removal?
   a. Place the patient in trendelenburg
   b. Administer Atropine 1 mg IV push
   c. Infuse up to 250 ml saline IV in 125 ml increments
   d. If infusing, immediately turn off the patient’s nitroglycerine drip
   e. Notify MD of the patient’s condition and response to treatment
   f. All of the above
   g. All except D above
6. If a hematoma develops after sheath removal, the nurse should apply firm manual pressure over the puncture site for ___________ minutes or until hemostasis is obtained.
   a. 5  
   b. 10  
   c. 15  
   d. 20

7. Retroperitoneal hematomas are potential complications of cardiac catheterizations. Which of the following insertion site(s) has a higher risk of developing a retroperitoneal hematoma?
   a. Femoral artery  
   b. Femoral vein  
   c. Both have an equal risk  
   d. Neither, retroperitoneal hematomas are not a complication of heart caths.

8. Retroperitoneal hematomas usually occur within 12 hours of the procedure. Signs of retroperitoneal hematoma include all of the following EXCEPT…
   a. Hypotension  
   b. Back, flank, or leg pain  
   c. Rectal bleeding  
   d. Urinary urgency  
   e. Neurological changes to the extremity on the side of the procedure

9. Which of the following parameters should be assessed and documented before, during, and after site compression?
   a. The dorsalis pedis and posterior tibial pulses  
   b. Temperature and sensation of both lower extremities  
   c. All of the above and below  
   d. Vital signs

10. Patient/family education should include notifying the nurse for any of the following:
    a. Sensation change to the affected extremity  
    b. Warm, moist sensation around the groin  
    c. Pressure and hardness in the area where the sheath was  
    d. Chest discomfort or back/flank pain  
    e. All of the above

11. Following sheath removal, site checks and distal pulses should be assessed…
    a. Every 5 min during compression; then every 15 min x 4; every 30 min x 2; then every hour x 2 unless otherwise ordered by the physician  
    b. Every 30 min x 2; every hour x 2; then every 4 hours while on bedrest  
    c. Every hour until discharge  
    d. Every hour x 4; then every 4 hours while until discharge
12. What device may be used to apply minimal pressure at the insertion site in the case of venous ooze?
   a. Safeguard Datascope Assist Device
   b. Femostop
   c. Both of the above
   d. None of the above

13. Which of the following best describes the Femostop Protocol?
   a. 30 mmHg for 30 minutes and 15 mmHg for 60 minutes
   b. 60 mmHg for 30 minutes and 30 mmHg for 2 hours
   c. 120 mmHg for 30 minutes and 60 mmHg for 2 hours
   d. 200 mmHg for 30 minutes and 100 mmHg for 2 hours

14. Which of the following are potential complications from using a Femostop to hold pressure at the femoral site?
   a. Mottling of the lower extremity
   b. Loss of distal pulses
   c. Tingling/numbness of the extremity
   d. All of the above

15. Which of the following statements are true?
   a. The initial gauze dressing should remain in place until the next morning and then replaced with a band aid.
   b. The initial gauze dressing should remain in place for 3 days and then the site left open to air.
   c. The initial gauze dressing should be removed once the patient is off bed rest and the site left open to air.
   d. The initial gauze dressing should be removed once the patient is off bed rest and then replaced with a band aid.