



ACUTE STROKE UNIT ORIENTATION RESOURCE: POST-TEST

1. The etiology of ischemic stroke can be classified as
 - a. Large vessel
 - b. Small vessel
 - c. Cryptogenic
 - d. All of the above

2. The three main branches of the Internal Carotid Artery (ICA): the Anterior Cerebral Artery, Middle Cerebral Artery (MCA) and Anterior Communicating Artery together form the:
 - a. Posterior circulation
 - b. Anterior circulation
 - c. Cerebellar circulation
 - d. All of the above

3. As cerebral edema persists and intracranial pressure (ICP) progresses:
 - a. Level of consciousness (LOC) will decrease
 - b. Pupil dysfunction is observed
 - c. Restlessness and/or irritability
 - d. Complaints of a worsening headache may be noted
 - e. All of the above may happen

4. A visual field deficit(s) that you may discover while assessing your stroke patient is:
 - a. Homonymous Hemianopsia
 - b. Diplopia
 - c. Nystagmus
 - d. All of the above
 - e. Two of the above

5. The accepted time window to deliver the drug tPA to a new stroke patient is:
- 1.5 hours since last seen normal
 - 4.5 hours since last seen normal
 - 3.5 hours since last seen normal
 - Within 24 hours of symptom onset
6. The following are contributing factors to ischemic damage except: (Choose the exception)
- Blood pressure
 - Weakness
 - Oxygen saturation
 - Body temperature
7. The Glasgow Coma Scale (GCS) assesses:
- Level of consciousness
 - Motor recovery
 - Balance
 - Risk of developing pressure sores
8. HbA1c is a test that measures levels of cardiac enzymes like troponin. True or False?
- _____
9. Communicate Canadian Neurological Scale (CNS) or National Institutes of Health Stroke Scale (NIHSS) results when:
- You notice a neurological decline in your patient
 - An already present deficit has gotten worse
 - You have a concern as the nurse that your patient “is not quite right, compared to last night....”
 - All of the above

10. Acute stroke patients are to remain NPO until swallowing ability has been determined. These patients:

1. May have ice chips
2. May have po meds with sips of water
3. May have nothing by mouth
4. Require regular mouth care

Select the best answer:

- a. 1 and 2
- b. 1, 2 and 3
- c. 3 and 4
- d. 2 and 4

11. Dysphagia is the:

- a. Loss or impaired ability to chew and/or swallow
- b. Inability to comprehend spoken language
- c. Loss of expressive oral ability
- d. Motor planning impairment about the mouth

12. Asking the stroke survivor to assist with rolling promotes:

- a. Body awareness
- b. Early mobilization for standing and transfers
- c. Increased risk of injury to staff
- d. Increased independence in bed mobility
- e. All except c.

13. When assisting the stroke survivor to walk, it is best to:

- a. Stand on the unaffected side and hold onto their arm
- b. Stand behind the stroke survivor by holding onto the transfer belt
- c. Stand on the affected side and hold onto the affected arm
- d. Stand on the affected side and use the transfer belt for support as needed

14. _____ is the most significant modifiable risk factor for stroke: (Choose one to fill in blank)

- a. Diabetes
- b. High LDL Cholesterol
- c. Hypertension
- d. Alcoholism

15. In non-diabetic individuals, the Canadian Hypertension Education Program (CHEP 2014) states to treat to a target blood pressure of:

- a. 120/80 mmHg
- b. 130/80 mmHg
- c. 135/85 mmHg
- d. 140/90 mmHg

16. Perception refers to:

- 1. How we process information
- 2. How we interpret information
- 3. Vision, hearing, touch, taste and smell effect our perception
- 4. Perceptual deficits will depend on which part of the brain is affected by the stroke

Select the best answer:

- a. All of the above
- b. 1 and 2
- c. 1, 2 and 4
- d. 4 only

17. Which of the following statements are correct?

- 1. Problems with cognition decreases the stroke survivor's level of independence
- 2. Cognition problems after stroke and dementia are one in the same
- 3. Cognition problems related to stroke may improve with therapy
- 4. Patient's with cognitive problems may appear to be perfectly normal

Select the best answer:

- a. All of the above
- b. 2 and 3
- c. 1, 3 and 4
- d. None of the above

18. Which are mechanisms linking depression and stroke risk?
- a. Decreased motivation and excessive sleep
 - b. Stimulation of the immune system
 - c. Impact of emotions on blood pressure through hemodynamics
 - d. Slowed motor/physical movements
 - e. All of the above
 - f. b and c
19. The Canadian Best Practice Recommendations for Stroke Care state that depression should be screened:
- a. Using a validated tool
 - b. In acute care
 - c. At discharge
 - d. Include an evaluation of risk factors for depression
 - e. During inpatient, outpatient, and community-based rehabilitation
 - f. a, b, c and e
 - g. All of the above
20. A stroke survivor's most common fear in relation to resumption of sexual activity is that it can cause another stroke. True or False?
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