

Predictor

This helps alot too!

EXIT

241

1. A nurse is caring for a client who is a rabbi, which of following activities should be included in plan of care to incorporate religious belief?

- Assign client to a private nurse
- Assess client's nutritional needs and preferences
- Limit the client's visitor's family members
- Arrange for client to visit hospital's spiritual advisor

3-35

2. After client visits a

- Evaluate and document what the client
- Give the client a

JAR - 0.7 - 1.8

APTT = 35 - 40

3. Which of the following laboratory findings indicates the client is at risk for complications following a thoracentesis?

- Albumin 2.1
- Sodium 136
- BUN 10
- Glucose 100

3-4-500

Bun - 7-22

4. A nurse is caring for a client with nursing diagnosis impaired swallowing following a CVA, which of the following nursing implementation is appropriate for the client?

- Provide endotracheal suctioning
- Place in Fowler's
- Offer clear liquids
- Restrict fluid intake

*In obst. problems
 & lobar pneumonia
 JAR
 Turn left side
 LIONS
 IV 02 saline
 Fluid
 STOP
 Oxycont.



2015 unit * Tidal Volume 7-10 ml/kg 2140
last test 07/11

5. A nurse is caring for a client who gave birth 10 hours earlier. The client is in the taking in phase of maternal adaptation. Most appropriate intervention at this time?

- Instruct client about infant and self-care
- Encourage mother to send her infant to the nursery so she can rest
- ✓ -Listen to mother's verbalization of pregnancy and birth experience
- Provide opportunities for mom to be independent in self care

6. A client is receiving radiation therapy as treatment for breast cancer. Which findings indicates possible development of hypercalcemia as a complication of radiation therapy

- ✓ -gastric distress and renal calculi
- periorbital and facial edema
- dyspnea and epistaxis
- erythema and flushing of upper body

7. A client is receiving several different medications during an inpatient stay in a health care facility. Which medications should be suspected when client begins experiencing severe diarrhea?

- Oxycodone
- ✓ -Cefphamine (M.....)
- Albuterol
- Hydrochlorthiazide (HydroDuril)

8. A female client with several stage 4 pressure ulcers is undergoing treatment as prescribed by the wound care consultant. Which findings to the nurse indicates that client's plan of care needs revision and consultant should be contacted?

- ✓ -loss of 2.3 kilograms(5bs) over past 7 days
- serum albumin level of 4.0
- hemoglobin of 12.3
- appearance of bright red tissue under eschar

- Acid Ash diet → cheese, corn, Cranberries, plums, prunes, meat
 Poultry, Pastry, bread.
- Aik Ash diet → Milk, Veggies, rhubarb, salmon.
- No vitc or warfarin e allopurinol

9. A nurse is caring for a client in a long term care setting that provides restorative care which of the following is appropriate when assessing client's ability to perform ADLs'

- observe client for signs of aspiration when swallowing
- review PT notes regarding activity tolerance
- assess client's level of participation in social activities

✓ monitor client's ability to perform hygiene care

10. A client is admitted with suspected GERD upon receiving the client's admission laboratory results the nurse notes a troponin level of 0.6ng/DL. Based on this finding the nurse should expect which of the following additions to the client's plan of care

- obtain bedside chest xray
- maintain fowler's position
- send blood for type A crossmatch

✓ provide oxygen via nasal cannula

11. A client with HIV admitted to the med surg unit with a respiratory infection, the client's family members requests fresh flowers be placed in the room everyday. Which of following is the appropriate nursing action?

- allow flowers because they will keep client's spirit up
- request that the family bring artificial plants instead

✓ teach that family fresh plants of any type are prohibited

- instruct family that any flowers must be placed away from client's bed

12. During the administration of conscious sedation, a client respiratory rate of 9/min. Client does not respond when asked to lift her right hand, which nursing action is indicated by these findings/

- document and continue to monitor

* mechanical ventilated on complications
 - Pneumothorax, ulcers.

✓ administer oxygen and agents

- provide fluids and vasopressors
- insert an airway and suction

-Paget B → tinnitus, bone pain, enlarged of bone thick bone

* Tolvaptan ttt SIADH

• vasopressin, chlorpromide, desmopressin → ttt DI

* ttt Chr. Phantom Limb pain → B. B, Gabapentin, amitriptylin

- ttt Residual Limb pain → meperidine → opioids not for chronic pain

* LASIK → you might need glasses after surgery

13. A nurse is caring for a client with AIDS who is antiviral treatment. Which lab values indicate the client is responding to treatment

-negative ELISA test

-elevated plasma HIV-1 RNA viral load

✓ -increased CD4 and lymphocyte count

-positive Westernblot

14. A nurse is caring for 4 clients who have been prescribed various nonpharm interventions, the nurse should intervene first for which of the following clients.

✓ -client who is 3 days postop, prescribed icepacks, and rates his pain at 5 out of 10

-client with second degree burns to hand who is asking that her favorite dvd be turned on so she can watch it while her dressing is being changed

-client who has degenerative arthritis in joints of both hands, and is asking for a nightly hand soak in warm water before going to sleep

-client with Alzheimers disease is pacing, pulse 110/min and BP 142/90 and has respirations and has responded well in the past to music therapy

15. A hospice nurse is making home health visits, which of following findings indicate effective coping

-client laughs uncontrollably during a home visit

-client communicates a plan to go backpacking in Europe next year

✓ -client is communicating funeral preferences to family members

-client reports that he doesn't need help with ADLs

16. A client hospitalized with pneumonia is demonstrating difficulty talking and remaining asleep

-adminster a sedative medication at bedtime

encourage ambulation one hour prior to sleep

warm cup of cocoa at bedtime

✓ environment with reduced noise and light

* NG Tube: Priority action (1) elevate head of bed → risk of aspir
 2- formula should be at room temp
 3- flush & water. - verify Ph (1-5-3-5)

* Zidovudine Priority nurse to report → V/Hb

* stillborn preterm fetus → mother cry → why this happens → Nurse response "This must be so difficult for you"

17. A one year old child is prescribed ibuprofen when having a febrile seizure. Nurse teach parent best way to admin med is

??

-chewable tablets

✓ -elixir inhaler x

-enteric coated tablet

✓ -suppository ?? maybe?

HEPB
 CI ↓
 Baker
 Yeast

Flu Shot
 ↓
 egg allergy

MMR
 ↓
 eggs
 or
 neomycin

18. When preparing client for lumbar puncture

!!

-lie on examining on stomach

-sit on edge of table and lean forward

✓ -lie on your side with knees to your stomach

-kneel with your head resting down on your folded arms

19. Which of foll manifestations should nurse expect to find whose blood glucose of 650

-shallow respirations

-headache

✓ -fruity breath odor

-cool, clammy skin

Hypoglycemic symptoms

- Tachycardiac
- Moist clammy skin
- vertigo (dizzy)
- Tremors
- Diaphoresis
- shallow respirations

Hypertglycemic symptoms

- polydypsia
- polyurea
- Aceton breath
- Blurred vision
- Drowsiness
- Dry skin

20. Nurse is caring for client with depression, prescribed TCA antidepressant, which of following statements indicated adverse effect that should reported to primary care provider

• Deep Breathing

??

-mouth constantly dry since starting med

-I have been drowsy in the morning

-cant urinate for several hours

✓ -my eyes have been sensitive to sunlight lately (look it up)

The client ^{is} ~~is~~ scheduled for laproscopy surgery at 1400, At 1100 surgeon visits and explain ~~at~~ after 5 min with informed consent. Client states doesn't understand surgeons explanations, what should nurse do?

✓ -call surgeon and requests he return to client's room to provide clarification

- tell client he will obtain more information b4 surgery
- explain the procedure to the client and complete document
- call the operating nurse and delay the surgery

22. Upon admittance to hospital a client states she does not have a written advance directive. After completing admiss assess, nurse explains should complete an adv directive because:

- decrease liability for client's family, hospital, hospital employees,
- ✓ -guides primary care provider in planning care for individuals in accordance with their wishes
- avoids the uncomfortable discussions at end of life care with the family and hosp staff
- finalizes clien't decision regarding life saving measures

23. A nurse is evaluating effectiveness of nonpharm mangt for a client. Which of following findings indicate interventions is effective

- ✓ -client falls asleep after back massage
- client rates pain 5 out of 10 after application of heat
- client heart rate is 90/min and irregular during a 30 minute therapy session
- client is observed relaxing muscles while meditating

24. EXHIBIT ? A nurse is caring for client post op. Client reports pain level of 10/10 at 8:30, based on the pain assess finding and the client's information provided the nurse should take which of the following actions next.

- ✓ - call the primary care provider for analgesic intervention
- give Tylenol as prescribed
- obtain pulse oximetry reading

Pt mania → take away → medicate him → talk to him
 Move him to quiet room → teach him coping skills
 *Tumor markers: PSA, AFP, Prostatic acid phosphatase
 Amylase, Calcitonin, HCG, CEA, Immunoglobulin (mri)
 ↳ hepatocellular, seminoma
 ↳ lung, breast, ovary, stomach, pancreas
 ↳ gonadal germ cell tumor

-administer a sliding scale of insulin

25. A client is admitted to the ICU w/ head injury, the ICP is being monitored via an intraventricular catheter, which should nurse include in client's POC?

-maintain ICP at 20mmHg

✓ -avoid overstimulation of the client

-suction client every 2 hours

-keep client in a supine position

26. A nurse who is the first respondent to a biological attack, recognizes that decontamination should preferably be:

-at the hospital

-outdoors

✓ -near the site of the exposure

-in a shower

27. A nurse should carefully monitor client's taking Furosemide (Lasix) and which of the following medications:

- Missing

✓ -Gentamycin

-Warfarin

-Albuterol

28. Nurse is assessing a client who is 36 weeks gestation, which should nurse report to provider?

-protruding hemorrhoids

-urinary frequency

✓ -3+ deep tendon reflexes

-supine hypotension

*Tachycardia, dyspnea, cough, distended neck veins pt receiving packed RBCs
= hypervolemic reaction dt circulatory overload → if blood transfusion
is too rapid for client size & status → to prevent this problem
use transfusion pump to regulate and maintain transfusion
at slower rate.

29. When developing a client's trust, the nurse should give priority to which of the following nursing interventions

- facilitate problem solving with the client
- set firm limits and boundaries with client
- involve the client in group discussions
- ✓ -ensure the confidentiality of the client's information

30. A nurse is collaborating with other staff nurses to determine staffing needs for a surgical unit, currently the hosp is using a client's identification to determine staffing levels. Which of the following data is most important in planning for optimal staffing?

- preference of staff nurses and what shift are desirable
- ✓ -time of day that most client's return from the operating room
- state board of nursing rules and regulations regarding minimal client nurse
- method used to staff surgical unit in.

31. A nurse is caring for a client who is febrile. Reduce fever by giving cooling blanket, which indicates having adverse reaction?

- flushing
- restlessness
- tachycardia
- ✓ -shivering / cyanosis

?? ← 32. Client wants to review medical chart, ask nurse to see it, nurse tells client:

- ✓ -you have a legal right to review your medical chart
- primary care provider must give permission
- should speak to primary care provider, because chart is written in med terminology
- request to review must be made in writing

* CSF meningitis → high pr, low glucose.
* Ventriculo-peritoneal shunt → After place bed flat so fluid does not reduce too rapidly. If presenting s/s of ICP then raise HOB 15-30 degrees.

*! nurse should tell! ~~nurse~~ to left 1 standard walker up
move it forward.

* Mg sulfate toxicity → hypotension, blurred vision, ↓ reflexes
calcium gluconate, chloride reverse LOC

33. Which of foll is appropriate nursing interven to take when caring for client in crisis

- ✓ -Help client refocus and find constructive ways to cope
- Have participate in individual psychotherapy
- Assure that solution will soon improve
- Encourage to express feelings in group therapy

34. Client is receiving oxytocin (pitocin) to augment labor, which findings indicate to nurse that current dose of oxytocin should be maintained

- ✓ -fetal heart rate increase of 15bts per min with contractions
- resting tone of uterus greater than
- cervical dilation of 1cm/hour in the active phase
- contractions occur less than 60 secs (80-90sec)

35. A nurse is dev a discharge care plan for client who has osteoporosis to prevent injury nurse should instruct client to

- avoid sitting in one position for prolonged periods
- ✓ -perform weight bearing excercises###
- splint the affected areas

-avoid crossing the legs beyond the midline

* Knee & hip replacment

36. while assessing a client in labor the nurse observes that the umbilical chord protruding from the clients vagina after calling for assistance and requesting that the primary care provider be notified the nurse should immediately

- a prepare for emergency c section
- b prepare the client for an administration of lactated ringer solution
- ✓ c position the client on her side and insert a sterile gloved hand into the vagina to take pressure off the chord

* Corticosteroid in ms dystrophy → help preserve resp. function
 Slow progression of ms weakness, ↑ in s bulk and power
 and ↓ incidence of scoliosis.

* levodopa / carbidopa → take w/ food to reduce GI Adverse E
 Toxicity → urinary retention & ms twitch. → shouldn't take w/ high protein meal

d measure the clients vital signs and fetal heart rate and increase the iv flow rate

- PKU kids → No aspartame, phenylalanine, No dairy
 No meat.

Alkalosis → AL K = Low si's. Acid (K⁺ high)

37 a nurse is preparing a client for discharge with a ? prescription for aldactone.
 The nurse should instruct the client to limit the intake of which of the following foods

- ✓ 1. bananas and citrus fruits
- 2. lobster and organ meat
- 3. milk and cheese
- 4. beef and butter

38 a nurse is to perform a dressing change for a client with a burn wound identify the sequence the nurse should follow. (this one you put in order in the box) MRATKO

- | | |
|--|---|
| 1 medicate with analgesic | 1 - Medicate with analgesic |
| 2 remove previous dressing | 2 - Remove all dressing |
| 3 assess for edema drainage and discharge | 3 - Assess for edema drainage / discharge |
| 4 observe wound as prescribed | 4 - Observe wound as prescribed |
| 5 apply a thin layer topical antibiotic ointment as prescribed | 5 - Apply a thin layer antibiotic |

39. when performing a mental status examination the nurse should recognize that which of the client finding indicate impaired cognition

- 1. the client is withdrawn and avoids eye contact
- 2. the client is observed grumbling to herself
- ✓ 3. the client frequently asks where am i
- 4 the client has slurred speech

* Post splenectomy → pneumo Vax 23
 * Tamoxifen → watch for visual change.

40. A nurse is working on an orthopedic surgical unit . . . where slide back chairs are used to assist client to get out of bed and increase mobility . there are not enough chairs to serve all the clients , which of the following actions is important for the nurse to take

- 1. develop a rotational schedule to get clients out of bed
- 2. borrow available equipment from other clients
- 3. modify client care plans to decrease unnecessary use of chairs

* Nitrazine paper → turn blue w/ alkaline amniotic fluid.
 turn pink w/ other fluid.

* Nurse should instruct a client who has a constipation to drink hot liquids because they stimulate peristalsis.

Fluid → 1500 - 3000 ml each day, ↑ fiber. /

* Client with evolving stroke is experiencing a change that is potentially life-threatening w/ makes Pt. Priority.

40. Has the need for further equipment to meet client care demands ✓

41. A client is receiving epoetin alpha (epogen) for treatment of anemia secondary to bone cancer which of the following client findings indicate hematopoiesis growth factor treatment has been effective?

1. the client does not experience hypertension during therapy
- ✓ 2. hemoglobin level are within normal limits
3. the client denies not experience bone pain during therapy
4. neutrophil counts are elevated.

42. While visiting a family health clinic a 19 year old ... regarding the correct use of condoms. Which of the following statements made by the nurse is correct

1. ensure that the condom fits snugly around the tip of the penis
2. condoms are equally effective for birth control with or without the use of vaginal spermicides
- ✓ 3. when using implanted contraceptive methods condoms should also be used to protect against STD's
4. use of petroleum jelly based lubricant with the condom increases effectiveness of condom

43. A nurse is assessing a client who is near the end of her first trimester during the routine prenatal exam. When checking to determine whether or not the fetal heart rate can be detected the nurse should

1. Use a Doppler stethoscope to hear the fetal heart beat just above the umbilicus
2. Count the fetal heart beat and not the quality and rhythm in conjunction with uterine activity
- ✓ 3. Move the fetal scope along the midline just above the pubis while applying firm pressure
4. Perform Leopold's maneuver to palpate fetal position and determine location of the fetal heartbeat.

44. A client is admitted with a history of transient ischemic attacks. To prevent injury while hospitalized, the nurse should

- Keep the four side rails up on the client's hospital bed

- Glucagon ↑ effect of anti coagulants.
- PTH relies on vit D to work.
- Cold stress on newborn → Resp distress

* 1st sign of PE →
Chest Pain →
Dyspnea and tachy
- PCWP → 8-13
Normal →
1st sign ARDS → ↑
Respiratory distress, Tachy

* Cane walking
 C → Cane
 O → opposite
 A → Affected
 L → leg

* Max. amt Pharamocorteam 1000 cc
 * Crutches while going up stairs
 G → good leg goes up first (good girl go to heaven)
 e → crutches next
 B → Bad leg

- give the client a sedative at night to promote sleep
- ✓ complete a fall risk assessment upon admission
- encourage a family member to spend the night with the client

Crutches gag
 down stairs
 - Crutches
 - Good leg
 - Bad leg

45. A nurse is providing pallative care to client and family. Which statement by family indicates understanding of pallative care

- im relieved my father will die at home
- ✓ the nurse will help relieve my father pain
- my father's life can now be prolonged
- I will discontinue my father's charopriatic treatment

* Walker
 Walker
 With
 Affected
 Leg

46. A nurse is caring for a client with GERD, which of foll assessment findings should nurse expect to find

- vomiting blood
- ✓ atypical chest pain
- rebound tenderness
- shortness of breath

47. A client is prescribed 500 mg penicillin IM, the 2gm of pen in vial should be diluted with 10ml of normal saline before admin the dose, nurse should check that there are how many ml in syringe

- 0.25
- 0.5
- ✓ - 2.5
- 5

$$\frac{1000 \text{ mg}}{500 \text{ mg}} = \frac{1 \text{ g}}{0.5 \text{ g}} \quad \frac{0.5 \text{ r} \times 10 \text{ ml}}{2} = 2.5$$

48. A nurse is caring for a child with a new onset of seizures who is about to undergo an EEG, which of the following should be included in teaching child and parents about the procedure

- make child NPO night before procedure

* Digoxin level: 0.5 - 0.8
 * Lithium level: 0.5 - 1.5
 - GCUE for toxicity → metallic taste

HIV stages I → II → Acute infection

II → Chronic

* lateral or side-lying position, Promotes uteroplacental blood flow

and thus help relieve symptoms of supine hypotension, including faintness, dizziness and breathlessness.

* Benzodiazepine overdose → Flumazenil, Romazicon

✓-wash child's hair with mild shampoo prior to procedure

-give child Acetaminophen for pain following procedure

-keep child out of sun for 4 hours following procedure

49. a nurse is caring for 4 clients who are scheduled for surgery today, which a following indicates that a client needs further intervention b4 surgery

-a client whose lab values are hemoglobin 11.1 g/DL and potassium 3.8meQ/L

-a client who has not completed an advanced directive

✓-client's INR 2.1, PTT is 2 times the normal value

-a client who has not had anything to eat or drink for eight hours

50. Which of the following assessment following indicate proper use of crutches by a client?

-client supports body weight leaning on axillary crutch pads

✓-client's positions hands on grips with elbows slightly flexed

-client places crutches on affected side when getting up from a chair

-client customizes the crutches for personal fit

51. A nurse is planning discharge teaching for a client who will continue receiving chemo for treatment of leukemia in the outpatient clinic. Which of foll should nurse include

✓-avoid salads, raw fruits and veggies

-take aspirin for fever greater than 38 degrees C (104 F)

-use new drinking glass everyday

-monitor and record temp weekly

52. Which of the foll nursing actions is an example of safe cost effective care

-Change peripheral IV tubing daily for a client with D5 ½ NS infusing at 100ml/hr

-Bring in two sets of blood infusion tubing at start of the transfusion of 3 U of blood

-Initiate IV heparin therapy without the use of IV infusion pump

Remove unused IV infusion pump from the client's room

53. An adolescent who is being seen in the outpatient clinic reports she has had a low grade fever, headache, sore throat, swollen lymph nodes for about four days. This morning she developed a pinkish red macular popular rash on her face and neck. Which of the following is an appropriate nursing action

- admin aspirin to her for the low grade fever
- ✓ -isolate her from any pregnant woman
- begin to monitor her for resp distress
- give immunoglobulin to prevent transmission

6/20/19
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54. A client is being transferred from one health care facility to another. To ensure continuity the nurse who is transferring the client should give priority to inclusion of which of the following information

- the client nursing care plan
- list of meds admin to client during the hosp stay
- the client vital signs records

✓ -an assessment of the client's tolerance of physical activity

55. A client in ESRD has a serum potassium of 6.2mEq/L. The nurse should anticipate implementing which of follo interventions first?

- give Furosemide (Lasix)
- admin IV fluids with dextrose and regular insulin
- ✓ -initiate continuous cardiac monitoring

-????????????????? Missing

56. A nurse is providing discharge instructions to the parents of a newborn. Which of following instructions regarding newborn safety is most important for the parents to understand?

- arrange for a child care provider who is trained in infant CPR
- install baby monitor in the newborn's nursery and parent's bedroom

take the newborns temp under the arm if signs of illness are evident

✓secure the newborn in a rear-facing approved infant car seat when riding in a motor vehicle

57. A nurse is caring for a client on his first day after having knee surgery. Morning assessment reveals a pain level of 8/10 and bp of 180/90mmHG. Which of the following nursing actions should nurse take first?

-admin antihypertensive med

✓admin pain med

-reassess bp

-document the blood pressure

58. A nurse should give priority to which of the foll interventions when initiating IV antimicrobial therapy

✓-review the clients allergy history

-gather the necessary supplies

-explain the procedure to the client

-Assess the veins in both of clients arms

59. A school nurse is performing scoliosis screening. Which of foll clinical signs will be evident in a student who has scoliosis?

-mild pain in hip region

✓ -uneven shoulder and pelvic height

-limited range of motion of hips

-uncoordinated gait

60. A nurse is positioning a client for Cesarean birth. To prevent a compromise in placental blood flow during the intraoperative period, the nurse should

-assist the client into the lithotomy position