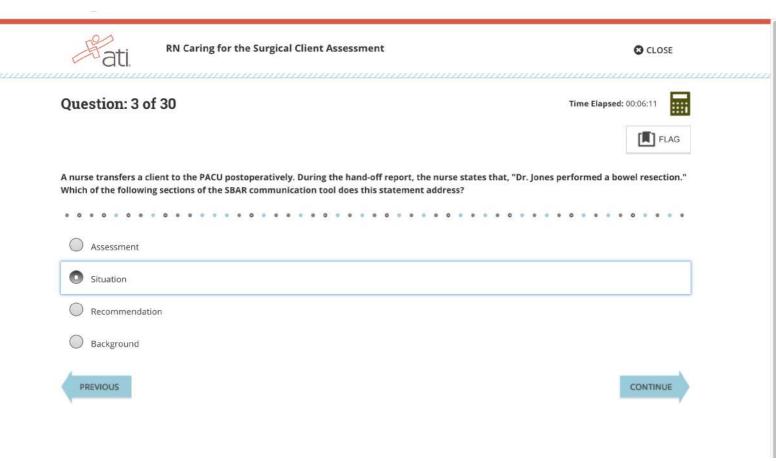
ATI TESTING EXAM FOR ENGAGE ADULT MEDICAL SURGICAL RN - RN Caring for the Surgical Client Assessment | REAL EXAM

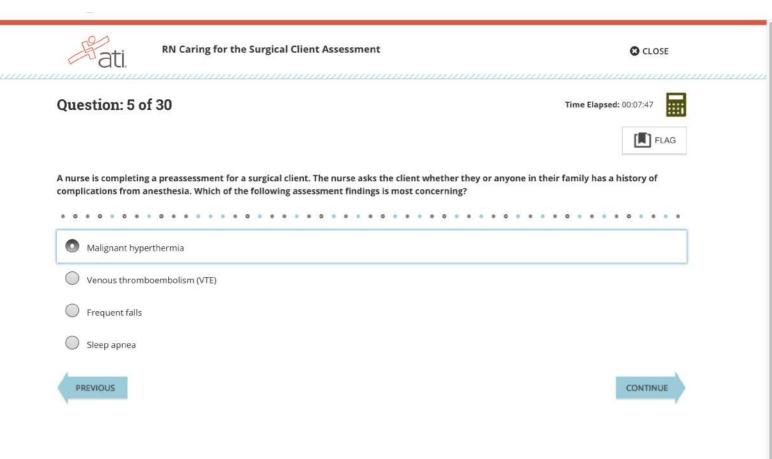
RN Caring for the Surgical Client Assessi	ment			CLOSE
Question: 1 of 30 PARTIALLY CORRECT			Ті	ime Elapsed: 00:03:29
A nurse is caring for a client. Exhibit 1 Exhibit 2 Exhibit 3 Exhibit 4	normal finding, an	expected abno	ormal finding, or	assessment finding is a an unexpected abnormal y. Each finding may support
History and Physical	• • • • • •			
Client with history of a cut on left knee after falling outside 2 weeks ago.	Assessment Findings	Normal Finding	Expected Abnormal	Unexpected Abnormal (report to provider)
Saw health care provider yesterday in clinic. Knee swollen, red, warm to the touch, and painful. Reports having fever and chills for the last 24 hr.	Platelet count			
The client comes in today for an incision and drainage of a left knee abscess caused by cellulitis.	Temperature		\checkmark	
abscess caused by centilitis.	Extremity assessment		\checkmark	
	Pain level		~	
	White blood cell count		\checkmark	
	Positive hCG	\checkmark		
	Note: Each column PARTIALLY CO	RRECT	My Answer	
Correct	The client's elevated white blood cell count (WBC), pain level, extremity assessment, and temperature are associated with the inflammatory process (cellulitis), with an abscess present that requires the incision and drainage in the first place. Therefore, these are expected findings, even though they are outside defined limits, so the surgeon would not need to be notified. The client's positive human chorionic gonadotropin (HCG) result (possible pregnancy) is an unexpected abnormal for a client about to have surgery, where the risk to the pregnancy is higher. Therefore, this needs to be reported to the surgeon in case the surgery needs to be delayed while further labs are obtained, and risk/benefits are determined. The client's platelet count is normal.			
answer				

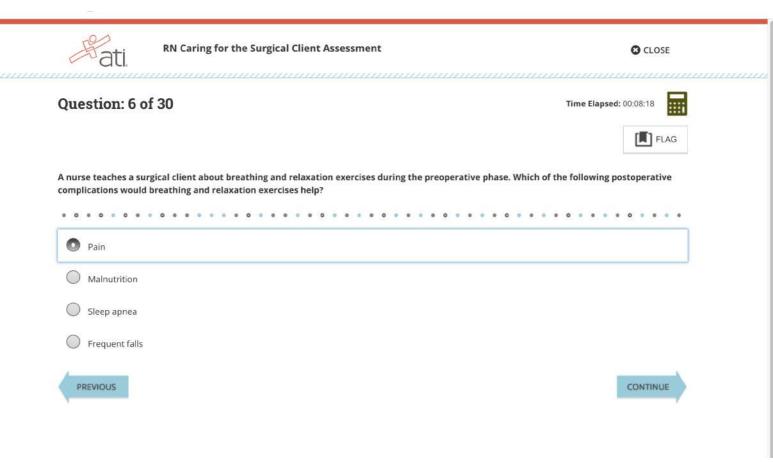


Question: 2 of 30 PARTIALLY CORRECT	Time Elapsed: 00:05:22
A nurse is caring for a client in the preoperative area.	A nurse is assessing a client in the preoperative area. Which of the following preoperative finding(s) should the nurse relay to the surgeon immediately? Select all that apply.
<u>Vital Signs</u>	Urinalysis results
	Temperature
Preoperative 0600:	Serum potassium
	Home medications taken recently
Temperature 36.7° C (98° F)	Platelet count
Blood pressure 118/86 mm Hg Heart rate 76/min	White blood cell count (WBC)
Respiratory rate 16/min	PARTIALLY CORRECT My Answer
Oxygen saturation 96% on room air Pain level 2 on a scale from 0 to 10 Correct answer	When prioritizing hypotheses, the nurse should identify that the client's platelet count and positive hCG result should be reported immediately to the provider. This client is at a higher risk for bleeding related to the low platelet count. The client may likely be pregnant as they have a positive hCG. Therefore, elective surgery should be postponed until a negative pregnancy test is confirmed or after the pregnancy has been completed.



Pati.	RN Caring for the Surgical Client Assessment	CLOSE
Question: 4 o		Time Elapsed: 00:06:50
		FLAG
A nurse is preparing nurse to address to e	a client scheduled for right knee arthroplasty surgery. Which of the following ensure client safety?	interventions should be the priority for the
• • • • • • •		
	education regarding the surgical procedure.	
C Ensure the clie	ent showered the night before.	
Initiate the pre	escribed antibiotic upon admission to the hospital.	
PREVIOUS		CONTINUE





 Hati.	RN Caring for the Surgical Client Assessment	CLOSE
Question: 7 of	30	Time Elapsed: 00:09:08
		FLAG
A nurse is preparing a classification?	client for a surgical appendectomy. The nurse identifies an appendectomy as which of th	e following types of surgical
Expedited		
C Elective		
C Emergent		
O Urgent		
PREVIOUS		CONTINUE

Hati.	RN Caring for the Surgical Client Assessment	CLOSE
Question: 8 o	f 30	Time Elapsed: 00:10:09
		FLAG
A transplant nurse is the preoperative pha	providing care related to a client's kidney transplant. Which priority nursing sse?	action would be most likely to take place during
O Monitoring the	client for signs of organ rejection	
O Monitoring the	client for signs of health care-associated infection	
Educating the open states of	client's caregivers about the transplant process	
Administering	fluids and surgical wound care	
PREVIOUS		CONTINUE

Pati.	RN Caring for the Surgical Client Assessment	CLOSE
Question: 9 o	of 30	Time Elapsed: 00:11:36
		FLAG
A nurse is teaching a in her demonstration	client how to perform deep breathing exercises postoperatively. Which of n?	the following instructions should the nurse include
Breathe out th	rough your nose for eight seconds.	
Hold your brea	ath for more than ten seconds or for as long as you can.	
Breathe in three	ough your nose for four seconds.	
Relax at the er	nd for five seconds, then repeat five more times.	
PREVIOUS		CONTINUE

