

ATI LEADERSHIP MANAGEMENT PROCTORED EXAM
VERSION 7

A nurse is reinforcing teaching for a client that is neutropenic. Which of the following should the nurse include in the teaching?



Eat plenty of fresh fruits and vegetables.

INCORRECT

The nurse should inform the client that is neutropenic to avoid fresh fruits and vegetables due to the bacteria they can carry.

Avoid crowds.

CORRECT!

My Answer

The nurse should inform the client to avoid crowds due to their immune system being suppressed.

Question: 2 of 60

CORRECT!

Time Remaining: 07:57:37
Pause Remaining: 00:04:32

PAUSE
TOOLS+

SHOW HINT

FLAG

A nurse is caring for a client who is participating in a research study for an experimental chemotherapy medication. After three treatments, the experimental medication is discontinued due to evidence of rapidly advancing kidney failure. The nurse should understand that the ethical principle used in this situation is



veracity.

INCORRECT

Veracity is truthfulness. This value requires the nurse to tell the truth to every client and to make sure that the client fully understands the message.

autonomy.

INCORRECT

Autonomy is the right to independence and personal freedom, which leads to the primacy of self-determination.

fidelity.

INCORRECT

Fidelity is the duty to keep promises. It refers to the obligation to be faithful to agreements, commitments, and responsibilities that are made.

nonmaleficence.

CORRECT!

My Answer

Nonmaleficence, as a principle in research, is the obligation to do no harm to the client. Intentionally exposing clients to serious or permanent harm is unacceptable. Should such a situation emerge during the conduct of a study, the study should be terminated immediately.

Question: 3 of 60

INCORRECT

Time Remaining: 07:56:52
Pause Remaining: 00:04:32

PAUSE

TOOLS+

SHOW HINT

FLAG

A nurse manager is encouraging the nursing staff to decrease cost of client supplies. Which of the following nursing actions indicates further education for cost containment?



- Delay client discharge for 1 hr until transportation becomes available.

INCORRECT

My Answer

The nurse delaying client discharge by 1 hr will not impact cost containment; therefore, there is no need for further education.

- Urge a postoperative client to turn, cough, and deep breathe every 2 hr.

INCORRECT

The nurse who encourages the client to turn, cough, and deep breathe may shorten his hospital stay; therefore, it is not a need for further education.

- Open a dressing kit to obtain sterile gauze.

INCORRECT

The nurse has a need for further education on cost containment when he opens a dressing kit to obtain sterile gauze.

- Encourage an elderly client to obtain an annual flu vaccine.

CORRECT

The nurse who encourages an elderly client to receive a flu vaccine may help to avoid hospital readmissions; therefore, there is no need for further education.

Question: 4 of 60

INCORRECT

Time Remaining: 07:55:41
Pause Remaining: 00:04:32

PAUSE
TOOLS+

SHOW HINT

FLAG

A nurse is notified that a client has filed a complaint about care received on the nursing unit from one of the assistive personnel (AP). The nurse should understand that the delivery of quality care to a specific client is primarily the responsibility of the

admitting provider.

INCORRECT

The admitting provider is responsible for prescribing client care.

institution providing the care.

INCORRECT

My Answer

The institution is responsible for making resources available for care.

staff member providing care.

CORRECT

The responsibility for the delivery of quality care rests with the staff member who directly provides the care. Individuals have the greatest impact on the perceived quality of care provided to a specific client in any health care organization.

A nurse's sibling had a diagnostic test performed at the facility where the nurse is employed. Now the sibling asks the nurse to look up the result in the computer. In replying to the sibling, the nurse realizes that disclosing the result is

permissible. Because this is a sibling who has given the nurse permission, the action is allowable.

INCORRECT

My Answer

The client's consent does not make it permissible for the nurse to view or disclose the test results.

not permissible. Only the physician is allowed to disclose laboratory results or findings to a client.

INCORRECT

The physician may delegate the disclosure of the results to another member of the health care staff, such as a nurse in the physician's office or other facility staff.

permissible. Because the sibling has paid for the service, the test results are actually the sibling's property.

INCORRECT

These factors do not make it permissible for the nurse to view or disclose the test results.

not permissible. Despite the request, there is no nurse-client relationship between the sibling and nurse.

CORRECT

There is no legal or professional basis for a nurse-client relationship between them. Therefore, it is not permissible for the nurse to view or disclose the test results. Even with the sibling's permission, to do so is a breach of client confidentiality. The test results may only be disclosed on the prescribing physician's authority.

A nurse manager notices that a nurse in the unit is not delivering care in accordance with a recent policy change. The effective approach for the nurse manager to take is to



encourage the nurse to openly verbalize the reasons for resistance to the change.

CORRECT

The nurse manager should realize that resistance to change is likely if the people who must implement the change are not invested in the change process. The nurse manager should meet with the nurse to allow an open forum for the nurse to verbalize the reasons for reluctance to adopt the new policy.

explain to the nurse the importance of implementing the new policy.

INCORRECT

My Answer

The nurse has likely rejected the change without critically thinking about the possible benefits; this is not the appropriate action by the nurse.

ignore the resistance and allow peer pressure to facilitate change in the nurse's behavior.

INCORRECT

The nurse manager should not ignore an individual who is refusing to implement a policy change. The nurse may act as a barrier to the change.

threaten disciplinary consequences if the nurse does not implement the new policy.

INCORRECT

Starting the meeting with a discussion of disciplinary consequences is unlikely to encourage open dialogue.

A nurse is preparing to transfuse a client with a unit of RBC. During the first 15 min, which of the following infusion rates should the nurse start the RBC at?



10 mL/min

INCORRECT

A nurse should set the infusion rate at 5mL/min, not 10mL/min, to observe for a transfusion reaction and to successfully treat the reaction to the RBC.

5 mL/min

CORRECT

A nurse should set the infusion rate at 5mL/min to observe for a transfusion reaction and to successfully treat the reaction to the RBC.

40 mL/min

INCORRECT

My Answer

A nurse should set the infusion rate at 5mL/min, not 40mL/min, to observe for a transfusion reaction and to successfully treat the reaction to the RBC.

20 mL/min

INCORRECT

A nurse should set the infusion rate at 5mL/min, not 20mL/min, to observe for a transfusion reaction and to successfully treat the reaction to the RBC.

PREVIOUS

CONTINUE

Question: 8 of 60

← CORRECT!

Time Remaining: 07:48:36
Pause Remaining: 00:04:32

PAUSE
TOOLS+

📖 SHOW HINT

🚩 FLAG

A nurse is triaging clients in the emergency department. Which of the following clients should the nurse request the provider should see first?



- A toddler who has asthma and has a pulse oximetry reading of 95% while receiving oxygen at 2 L/min.

INCORRECT

A pulse oximetry reading of 95% while receiving oxygen at 2 L/min is an expected finding for a toddler who has asthma. This client is not the priority.

- A toddler who has otitis media, a temperature of 39.2 ° C (102.6° F) and purulent ear discharge.

INCORRECT

An elevated temperature and purulent ear drainage are expected findings for a toddler who has otitis media. This client is not the priority.

- A school-age child who has acute epiglottitis, is drooling, and has an absence of spontaneous cough.

← CORRECT!

My Answer

A school-age child who has acute epiglottitis, is drooling, and has an absence of spontaneous cough is unstable and requires immediate medical attention; therefore, this client is the highest priority and the nurse should attend to this client first.

Question: 9 of 60

← CORRECT!

Time Remaining: 07:47:09
Pause Remaining: 00:04:32

PAUSE

TOOLS+

📖 SHOW HINT

🚩 FLAG

A nurse is working with an assistive personnel (AP) to care for a group of clients on the pediatric floor. Which task should the nurse have the AP perform first?



Collect a stool sample for ova and parasites from a 2-year-old child.

INCORRECT

Although elimination is an important physiologic need, the nurse uses Maslow's Hierarchy of Needs as a guideline to identify a client with a more immediate need. The stool sample should be collected when available and sent to the laboratory for analysis.

Ambulate a postoperative 5-year-old child to the playground.

INCORRECT

Although ambulation is an important physiologic need, the nurse uses Maslow's Hierarchy of Needs as a guideline to identify a client with a more immediate need.

Assist the nurse in bathing a 14-year-old child who has a handicap.

INCORRECT

Although provision of skin care is an important physiologic need, the nurse uses Maslow's Hierarchy of Needs as a guideline to identify a client with a more immediate need.

Feed a 9-year-old child with bilaterally burned upper extremities.

← CORRECT!

My Answer

In prioritizing the list of tasks, the nurse should have the AP perform the tasks that meet basic physiologic needs first. Using Maslow's Hierarchy of Needs as a guideline, the nurse should know that the client who needs to be fed is the most basic physiologic need listed.

A nurse is caring for a client who is preoperative. The nurse signs as a witness on the client's procedural consent forms. By signing as a witness, the nurse is verifying that



the client understands the risks and benefits of the procedure.

INCORRECT

The legal responsibility for explaining and ensuring the client's understanding of the procedure rests with the provider who will be performing that procedure.

it was the client who signed the consent form.

CORRECT

By signing as a witness on a procedural consent form, the nurse is confirming that the client was the one who signed the consent form.

the client has no unanswered questions about the procedure.

INCORRECT

My Answer

The legal responsibility for explaining and ensuring the client's understanding of the procedure rests with the provider who will be performing that procedure.

the provider informed the client about the risks and benefits of the procedure.

INCORRECT

It is not a nursing responsibility to monitor the thoroughness of the provider's explanation. The nurse should ensure that the client understands what the provider said so the obtained consent is informed.

A nurse is preparing a client to go for a radiation treatment. Which of the following should the nurse inform the client to expect?



Alopecia.

INCORRECT

It is not appropriate for the nurse to tell the client to expect alopecia with their radiation treatment. This occurs with chemotherapy.

Diarrhea.

INCORRECT

It is not appropriate for the nurse to tell the client to expect diarrhea with their radiation treatment. This occurs with chemotherapy.

Fatigue.

CORRECT!

My Answer

The nurse should inform the client to expect fatigue with their radiation treatment.


Reproductive dysfunction.

Question: 12 of 60

CORRECT!

Time Remaining: 07:43:33

Pause Remaining: 00:04:32

 SHOW HINT

A nurse is caring for several clients in a walk-in clinic. Which client should the nurse have the provider see immediately?



A belligerent, vomiting teenager with alcohol on her breath.

INCORRECT

This client does not have a life-threatening emergency.

A screaming toddler with a freely bleeding forehead wound.

INCORRECT

This client does not have a life-threatening emergency.

A diaphoretic, obese middle-aged man with epigastric pain.

CORRECT!

My Answer

This client has two of the classic signs of a myocardial infarction (MI), diaphoresis and epigastric pain. It is possible the client is having an MI.

Question: 13 of 60

↩ CORRECT!

Time Remaining: 07:41:48
Pause Remaining: 00:04:32

PAUSE
TOOL

📖 SHOW HINT

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A nurse is speaking to the nurse manager about a schedule request, and the nurse manager puts an arm around the nurse and says, "I bet you are a great lover." Which of the following is the appropriate response by the nurse?



"Let's talk about something else."

INCORRECT

While this appears to be a response meant to change the subject, this response does not make it clear that this type of sexually oriented conversation and physical contact is undesired by the nurse.

"Whether or not I am a good lover is irrelevant."

INCORRECT

While this appears to be a response meant to change the subject, this response does not make it clear that this type of sexually oriented conversation and physical contact is undesired by the nurse.

"Speaking to me like that makes me uncomfortable."

↩ CORRECT!

My Answer

This assertive response makes it clear that this type of sexually oriented conversation and physical contact is undesired by the nurse.

Following a suicide bombing at a shopping mall, an unidentified, unconscious client is admitted to the emergency department with an acute intra-abdominal hemorrhage. The nurse should recognize that consent for the surgery



should be obtained from an officer of the court.

INCORRECT

Awaiting legal intervention could mean an inordinate delay until surgery is performed.

must be obtained from a relative of the client.

INCORRECT

In urgent situations, it is preferable for consent to be obtained from a relative or health care proxy (HCP). However, in this situation, the next of kin cannot be readily identified.

can be inferred since the client is in critical condition.

↩ CORRECT!


My Answer

The client is unconscious and in critical condition, and consequently, is incapable of providing consent. Preferably, consent should be obtained from a relative or health care proxy (HCP). However, the client is also unidentified, meaning the client could die while awaiting identification and next of kin. Therefore, consent should be implied and the surgery will be performed as an emergency life-saving procedure.

Question: 15 of 60

INCORRECT

Time Remaining
Pause Remaining

 SHOW HINT

A nurse is caring for a client who is scheduled for cardiac surgery, has an advance directive health care proxy form, and asks for clarification regarding the form. Which of the following responses by the client should indicate a need for clarification?



"I can cancel or change my health care proxy at any time."

INCORRECT

This is a correct statement regarding a health care proxy.

"My health care and end-of-life choices will be made by my proxy."

INCORRECT

This is a correct statement regarding a health care proxy.

"The person designated as my health care proxy is legally obligated to abide by the wishes set forth in my living will."


CORRECT

An advance directive is not a legal document. The health care proxy is morally bound to follow the wishes of the client, not legally.

Question: 16 of 60

INCORRECT

Time F
Pause F

 SHOW HINT

A client is receiving treatment for Stage IV ovarian cancer and asks the nurse to discuss the prognosis. What would the prognosis be at this stage with aggressive surgical, radiation, and chemotherapy treatment?



Good

INCORRECT

At this stage the prognosis for ovarian cancer would not be good.

Guarded

INCORRECT

← My Answer

At this stage the prognosis for ovarian cancer would not be guarded.

Poor

CORRECT

At this stage the prognosis for ovarian cancer would be poor. Ovarian cancer is the 5th leading cause of death for women.

When checking on a confused client, a nurse finds that the client has fallen out of bed after climbing over the side rails. After determining that the client is uninjured, the nurse assists the client back to bed and contacts the provider to assess the client. The nurse then completes a variance report detailing the incident. Which of the following should be the next nursing action the nurse completes?



Make a copy of the variance report for the provider.

INCORRECT

Variance reports are confidential tools used by the institution to improve client care. They are never copied.

Submit the variance report to the nurse manager.

CORRECT

Variance reports are confidential tools used by the institution to improve client care. They are never copied, placed in, or referred to in a client's chart. Filing a variance report does not substitute for a complete entry in the client's chart documenting the incident. Once completed, the variance form is submitted to the nurse's most immediate supervisor such as the nurse manager.