VATI PN COMPREHENSIVE PREDICTOR 2020 FORM B GREEN LIGHT EXAM QUESTIONS AND ANSWERS (VERIFIED ANSWERS)

Which of these instructions should a nurse include in the teaching plan for a client who had removal of a cataract in the left eye?

- "Forcefully cough and take deep breaths every two hours to keep your airway clear."
- "Perform the prescribed eye exercises each day to strengthen your eye muscles."
- "Rinse your eyes with saline each morning to prevent postoperative infection."
- "Take the prescribed stool softener to avoid increasing intraocular pressure."

d. "Take the prescribed stool softener to avoid increasing intraocular pressure."

A client vomits during a continuous nasogastric tube feeding. A nurse should stop the feeding and take which of these actions?

- Suction the nasogastric tube.
- Flush the tube with 30 mL of sterile water.
- Remove the nasogastric tube.
- Check the residual volume.

d. Check the residual volume.

Which of these actions best demonstrates cultural sensitivity by a nurse?

- The nurse talks in a slow-paced speech.
- The nurse asks clients about their beliefs and practices toward pregnancy.
- The nurse uses charts and diagrams when teaching pregnant clients.
- The nurse can speak several different languages.

b. The nurse asks clients about their beliefs and practices toward pregnancy.

Which of these manifestations should a nurse expect to observe in a 3-month-old infant who is diagnosed with dehydration?

- Hyperreflexia.
- Tachycardia.
- Bradypnea.
- Agitation.

b. Tachycardia.

When assessing a client's risk of developing nosocomial infection, a nurse plans to determine potential entry portals, which include:

- the urinary meatus.
- vomitus.
- contaminated water.
- sexual intercourse.
- the urinary meatus.

A client who is on the inpatient psychiatric unit has a history of violence. Which of these actions should a nurse take if the client is agitated?

- Encourage the client to verbalize feelings.
- Lock the client in a secluded room.
- Ask the other clients to give feedback regarding the client's behavior.
- Ignore the client's inappropriate behavior.
- Encourage the client to verbalize feelings.

Which of these measures should a nurse include when planning care for a school-aged child during a sickle cell crisis episode?

- Monitoring for signs of bleeding.
- Providing pain relief.
- Administering cool sponge baths to reduce fevers.
- Offering a high calorie diet.
- Providing pain relief.

Which of these instructions should a nurse include in the plan of care for a 32-week gestation client who had an amniocentesis today?

- "Drink at least six glasses of fluids during the next six hours after the test."
- "Call the clinic if you experience any abdominal cramps."
- "Don't be concerned if you have some vaginal spotting in the next 12 hours."
- "When you get home, stay on bed-rest for the next 48 hours."

b. "Call the clinic if you experience any abdominal cramps."

An adolescent has a nursing diagnosis of fatigue related to inadequate intake of iron-rich foods. Selection of which of these lunches by the client indicates a correct understanding of foods high in iron content? a. Peanut butter and jam sandwich.

- Chicken nuggets with rice.
- Tuna salad sandwich.
- Beefburger with cheese.

d. Beefburger with cheese.

A client has been admitted with acute pancreatitis. Which of these laboratory test results supports this diagnosis?

- Elevated serum potassium level.
- Elevated serum amylase level.
- Elevated serum sodium level.
- Elevated serum creatinine level.

b. Elevated serum amylase level.

Which of these manifestations, if assessed in a client who is two-hours postoperative after abdominal surgery, should a nurse report immediately?

- Vomiting and a pulse rate of 106/minute.
- Respiratory rate of 12/minute and urine dribbling.
- Blood pressure of 100/60 mm Hg and wound discomfort.
- Urine output of 100 mL/hr and flushed skin.
- Vomiting and a pulse rate of 106/minute.

Which of these observations of a student nurse's behavior while interacting with a client who is crying indicates a correct understanding of therapeutic communication?

- The student maintains continuous eye contact with the client.
- The student places one arm around the client's shoulder?
- The student sits quietly next to the client.
- The student leaves the room to provide privacy for the client.

c. The student sits quietly next to the client.

Which of these actions should a nurse take initially if a client who is diagnosed with diabetes mellitus develops tremors and ataxia?

- Measure the client's blood sugar level.

- Administer a concentrated form glucose to the client.
- Administer a prn dose of insulin.
- Measure the client's urine for ketones.
- Measure the client's blood sugar level.

An elderly client is at increased risk of developing drug toxicity to prescribed medications due to declining hepatic and renal functioning. Which of these strategies should a nurse plan to decrease this risk?

- Increasing the time interval between medication doses.
- Limiting the client's oral fluid intake.
- Administering the medications with meals.
- Encouraging the client to void every three to four hours.
- Increasing the time interval between medication doses.

A client has persistent paranoid delusions that the food on the unit is poisoned. Which of these measures should a nurse include in the client's care plan?

- Explaining that staff does not poison clients.
- Focusing on how the hospital staff helps clients.
- Allowing the client to eat food from sealed containers.
- Telling the client that not eating the food that is served will result in privilege restrictions.

c. Allowing the client to eat food from sealed containers.

Thrombophlebitis is a complication that may result due to surgery. Which of these actions should a nurse take in the operating room to prevent this complication from occurring?

- Gatch the knee of the bed.
- Administer anticoagulants preoperatively.
- Apply sequential compression devices.
- Maintain the legs in a dependent position.

c. Apply sequential compression devices.

When discussing weigh gain during pregnancy, a nurse should recommend that the total weight gain for a pregnant client who is at ideal body weight for her height is:

- at least 15 pounds.
- 15 to 20 pounds.

- 25 to 35 pounds.
- at least 45 pounds.

c. 25 to 35 pounds.

Which of these manifestations, if reported by a client who is 10-weeks-pregnant, supports the diagnosis of ruptured tubal pregnancy.

- Sharp unilateral abdominal pain.
- Uncontrollable vomiting.
- Marked abdominal distention.
- Profuse vaginal bleeding.
- Sharp unilateral abdominal pain.

Which of these assignments, if made by a nurse to a nursing assistant, indicates that the nurse needs additional instructions regarding the principles of delegation?

- "Please bathe the client in room 12, and then bring the client to the dining room for breakfast by 9 A.M."
- "Please bathe the client in room 10, administer a back rub, and then evaluate if the back rub eased the client's discomfort."
- "Please measure the intake and output for the client's in rooms 8. 9. and 10, and record each on the intake/output sheets by 2 P.M."
- "Please toilet the clients in rooms 11, 12, and 13 mid-morning and after lunch."
- "Please bathe the client in room 10, administer a back rub, and then evaluate if the back rub eased the client's discomfort."

A client has the following order for regular insulin (Humulin R) on a sliding scale:

Blood sugar 150-180 mg: Give 2 units regular insulin

Blood sugar 181-200 mg: Give 4 units regular insulin

Blood sugar 201-220 mg: Give 6 units of regular insulin

Blood sugar above 220 mg: Call MD

At 11 A.M., a nurse obtains a finger stick glucose of 198 mg. The only syringe is a three milliliter one.

Regular insulin is available as 100 units per milliliter. How many milliliters should the nurse administer?

- 0.04
- 0.4
- 4

- 40
- 0.04

Which of these nursing diagnosis is the priority for a client who is one-hour postoperative after extensive abdominal surgery?

- Risk for impaired physical mobility.
- Risk for deficient fluid volume.
- Risk for ineffective airway clearance.
- Risk for infection.
- Risk for ineffective airway clearance.

A nurse should recognize that which of these occupations increases a person's risk of developing hepatitis B?

- Sanitation worker.
- Nursery school teacher.
- Hemodialysis nurse.
- Fish market sales person.

c. Hemodialysis nurse.

Which of these assessments is the priority for a client who sustained second-degree burns of the face and neck?

- Respiratory status.
- Renal function.
- Level of pain.
- Signs of infection.
- Respiratory status.

A nurse should place a child who is two hours post-tonsillectomy and adenoidectomy in which of these positions?

- Supine, flat.
- Orthopneic.
- Trendelenberg.
- Side-lying.

d. Side-lying.

Which of these instructions should a nurse include in the discharge teaching for a client who has diabetes mellitus?

- "Soak your feet in hot water once a day."
- "Cut your toenails in an oval shape weekly."
- "Avoid using any soap on your feet."
- "Apply lotion to your feet each day."

d. "Apply lotion to your feet each day."

A nurse inadvertently administers an incorrect medication to a client. Which of these actions should the nurse take first?

- Assess the client.
- Notify the physician.
- Contact the nurse manager.
- Complete an incident report.
- Assess the client.

An elderly client who is receiving a blood transfusion develops a rapid bounding pulse and an elevated blood pressure. Which of these actions should a nurse take?

- Add a 5% dextrose solution to the line.
- Raise the head of the bed.
- Stop the transfusion.
- Measure the client's temperature.

c. Stop the transfusion.

When caring for a client who has hepatitis B, a nurse should wear:

- gloves when administering oral medications to the client.
- a gown when changing the client's position.
- gloves when removing the intravenous cannula.
- a gown when emptying the client's used bath water.

c. gloves when removing the intravenous cannula.

Which of these outcome criteria is appropriate for a client who has a nursing diagnosis of ineffective airway clearance?

- Absence of wheezing throughout the lung fields.

- Clear lung sounds on auscultation.
- Pulse oximetry level of 80%.
- Frequent coughing throughout the day.
- Clear lung sounds on auscultation.

A doctor prescribes liquid oral iron medication for a 4-year-old child. Which of these questions should a nurse ask the child's mother to determine if the medication is being administered correctly?

- "Are you using a straw to administer the medicine?"
- "Has your child been urinating more frequently?"
- "Have you increased your child's milk intake each day?"
- "Is there a change in the color of your child's skin?"
- "Are you using a straw to administer the medicine?"

Which of these assessment findings, if present in a 4-month-old infant who has severe diarrhea, should a nurse recognize as suggestive that the infant is dehydrated?

- Bulging anterior fontanel.
- Pulse rate of 120/minute.
- Decreased urine output.
- Cyanosis of the mucus membrane.
- Decreased urine output.

Which of these instructions should be included in the teaching plan for the parents of a 10-month-old infant who is admitted to the hospital for failure to thrive?

- Advise the mother to make sure the infant drinks the entire bottle at each feeding.
- Encourage the mother to feed the infant slowly in a quiet environment.
- Teach the mother to position the infant on the abdomen following feedings.
- Instruct the mother to play actively with the infant during bottle feedings.
- Encourage the mother to feed the infant slowly in a quiet environment.

When a newborn is 48 hours old, a nurse notes that the child is jaundiced. The nurse should recognize which of these conditions as a probable cause of the newborn's jaundice? a. Dehydration.

- Liver immaturity.
- ABO incompatibility.

- Gallbladder immaturity.

b. Liver immaturity.

Which of these items should a nurse removed from the food tray of a client who is on a sodiumrestricted diet?

- Packet of a salt substitute.
- Grapefruit juice.
- Container of jelly.
- Ketchup.

d. Ketchup.

Which of these statements, if made by a client who had a total hip replacement, would indicate a correct understanding of the postoperative instructions?

- "I will stoop carefully to pick up items from the floor."
- "I will use a raised toilet seat in the bathroom."
- "I will bend forward when tying my shoes."
- "I will put my leg through the full range of motion each day."

b. "I will use a raised toilet seat in the bathroom."

Which of these measures should a nurse include when planning care for an 88-year-old client who is admitted to the hospital with pneumonia?

- Restricting visitors to the client's immediate family members.
- Limiting the client care activities to no more than five minutes each.
- Allowing the client to perform self-care as tolerated.
- Providing the client with a non-stimulating environment.

c. Allowing the client to perform self-care as tolerated.

A client, who is newly diagnosed with cancer says to anurse, "I suppose I need to complete all unfinished business as soon as possible." Which of these responses is appropriate?

- "Yes, you should do this immediately.
- "Don't you think you should stay focused on your treatment for now?
- "Exactly what things are you talking about?"
- "It sounds like you are concerned with your diagnosis."

d. "It sounds like you are concerned with your diagnosis."

Which of these interventions should plan for a child who is receiving chelation therapy for lead poisoning?

- Keeping an accurate record of intake and output.
- Instituting measures to prevent skeletal fractures.
- Maintaining isolation precautions.
- Maintaining strict bed rest.
- Keeping an accurate record of intake and output.

A nurse obtains these vital signs on an adult client. Which finding should the nurse follow-up first?

- Heart rate, 60/minute and regular.
- Respiration, 30/minute and deep.
- Temperature, 97.1 °F (36.2 °C)
- Blood pressure, 136/86 mm Hg
- Respiration, 30/minute and deep.

When determining the duration of a uterine contraction, a nurse should measure the contraction from the:

- beginning of one contraction to the end of that contraction.
- end of one contraction to the beginning of the next contraction.
- beginning of one contraction to the beginning of the next contraction.
- strongest point of one contraction to the strongest point of the next contraction.
- beginning of one contraction to the end of that contraction.

A nurse should recognize which of these signs is a probably sign of pregnancy?

- Frequency of urination.
- Positive pregnancy test.
- Nausea in the morning.
- Abdominal distention.
- Positive pregnancy test.

All of these clients are on bed rest. Which one is the most at risk to develop skin breakdown?

- An 82-year-old client who bathes once a week.
- An 83-year-old client who applies powder after drying the skin.