HESI LEADERSHIP MANAGEMENT PROCTORED EXAM 2023/2024 LATEST UPDATED FILE DOWNLOAD TO SCORE A

1. The nurse is collaborating with the dietitian about a patient with a Stage III pressure ulcer. Which nutrient will the nurse **most** likely increase after collaboration with the dietitian?

a. Fat

b. Protein

c. Vitamin E

d. Carbohydrate

ANS: B

Protein needs are especially increased in supporting the activity of wound healing. The physiological processes of wound healing depend on the availability of protein, vitamins (especially A and C), and the trace minerals of zinc and copper. Wound healing does not require increased amounts of fats or carbohydrates. Vitamin E will not be increased for wound healing.

2. The nurse is completing an assessment on a patient who has a Stage IV pressure ulcer. The wound is odorous, and a drain is currently in place. Which statement by the patient indicates issues with self-concept?

a. "I am so weak and tired. I want to feel better."

b. "I am thinking I will be ready to go home early next week."

c. "I am ready for my bath and linen change right now since this is awful."

d. "I am hoping there will be something good for dinner tonight."

ANS: C

Body image changes can influence self-concept. The wound is odorous, and a drain is in place. The patient who is asking for a bath and change in linens and states that this is awful gives you a clue that he or she may be concerned

about the smell in the room. Factors that affect the patient's perception of the wound include the presence of scars, drains, odor from drainage, and temporary or permanent prosthetic devices. The patient's stating that he or she wants to feel better, talking about going home, and caring about what is

for dinner could be interpreted as positive statements that indicate progress along the health journey.

3. A patient presents to the emergency department with a laceration of the right forearm caused by a fall. After determining that the patient is stable, what is the **next** best step for the nurse to take?

a. Inspect the wound for foreign bodies.

b. Inspect the wound for bleeding.

c. Determine the size of the wound.

d. Determine the need for a tetanus antitoxin injection.

ANS: B

After determining that a patient's condition is stable, inspect the wound for bleeding. An abrasion will have limited bleeding, a laceration can bleed more profusely, and a puncture wound bleeds in relation to the size and depth of the wound. Address any bleeding issues. Inspect the wound for foreign bodies; traumatic wounds are dirty and may need to be addressed. Determine the size of the wound. A large open wound may expose bone or tissue and be protected, or the wound may need suturing. When the wound is caused by a dirty penetrating object, determine the need for a tetanus vaccination.

4. The nurse is caring for a patient on the medical-surgical unit with a wound that has a drain and a dressing that needs changing. Which action should the nurse take **first**?

a. Provide analgesic medications as ordered.

b. Avoid accidentally removing the drain.

c. Don sterile gloves.

d. Gather supplies.

ANS: A

Because removal of dressings is painful, if often helps to give an analgesic at

least 30 minutes before exposing a wound and changing the dressing. The next sequence of events includes gathering supplies for the dressing change, donning gloves, and avoiding the accidental removal of the drain during the procedure.

5. The nurse is caring for a patient who has a wound drain with a collection device. The nurse notices that the collection device has a sudden decrease in drainage. Which action will the nurse take **next**?

a. Call the health care provider; a blockage is present in the tubing.

b. Chart the results on the intake and output flow sheet.

c. Do nothing, as long as the evacuator is compressed.

d. Remove the drain; a drain is no longer needed.

ANS: A

Because a drainage system needs to be patent, look for drainage flow through the tubing, as well as around the tubing. A sudden decrease in drainage through the tubing may indicate a blocked drain, and you will need to notify the health care provider. The health care provider, not the nurse, determines the need for drain removal and removes drains. Charting the results on the intake and output flow sheet does not take care of the problem. The evacuator may be compressed even when a blockage is present.

6. The nurse is caring for a patient who has a Stage IV pressure ulcer with grafted surgical sites. Which specialty bed will the nurse use for this patient?

a. Low-air-loss

b. Air-fluidized

c. Lateral rotation

d. Standard mattress

ANS: B

For a patient with newly flapped or grafted surgical sites, the air-fluidized bed will be the best choice; this uses air and fluid support to provide pressure redistribution via a fluid-like medium created by forcing air through beads as

characterized by immersion and envelopment. A low-air-loss bed is utilized for prevention or treatment of skin breakdown by preventing buildup of moisture and skin breakdown through the use of airflow. A standard mattress is utilized for an individual who does not have actual or potential altered or impaired skin integrity. Lateral rotation is used for treatment and prevention of pulmonary, venous stasis and urinary complications associated with mobility.

7. The nurse is caring for a patient with a pressure ulcer on the left hip. The ulcer is black. Which **next** step will the nurse anticipate?

a. Monitor the wound.

b. Document the wound.

c. Debride the wound.

d. Manage drainage from wound.

ANS: C

Debridement is the removal of nonviable necrotic (black) tissue. Removal of necrotic tissue is necessary to rid the ulcer of a source of infection, to enable visualization of the wound bed, and to provide a clean base for healing. A wound will not move through the phases of healing if the wound is infected. Documentation occurs after completion of skill. When treating a pressure ulcer, it is important to monitor and reassess the wound at least every 8 hours. Management of drainage will help keep the wound clean, but that is not the next step