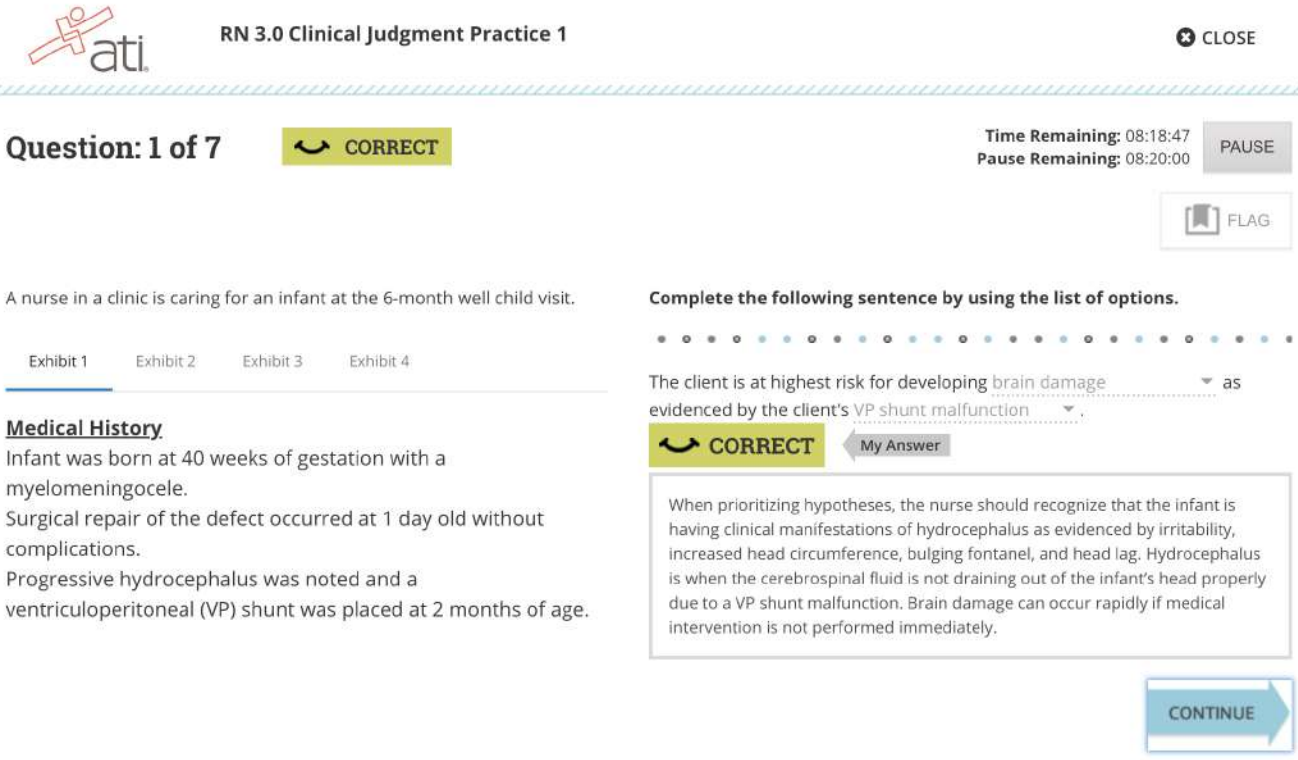
NEXT GENERATION NCLEX EXPERIENCE RN 3.0 CLINICAL JUDGEMENT PRACTICE 1



Question: 2 of 7

CORRECT

Time Remaining: 08:18:09
Pause Remaining: 08:20:00

PAUSE

FLAG

A nurse is caring for a client in a clinic.

Exhibit 1 | Exhibit 2

Nurses Notes
2/1/XX:
Weight: 77.3 kg (170.1 lb)

Client presented to the clinic with reports of frequent headaches, stomach cramps, and diarrhea. Client reports issues with marriage but is attending counseling with spouse. Education given on new prescription citalopram.

3/1/XX:
Weight: 71.1 kg (156.4 lb)

Client presented to the clinic for follow up. Client reports continued headaches, stomach cramps, and diarrhea. Client states that it is difficult to take this medication daily. Client reports that their relationship has ended. Client states, "I am so sad and lonely. I never thought I would have to endure such pain. I don't know how I am going to go on." Client reports feeling exhausted during the day but unable to sleep through the night as well as difficulty concentrating at work.

Select the 4 findings that require immediate follow-up.

- [ ] GI issues
- [ ] Employment performance
- [x] Sleep patterns
- [ ] Vital signs
- [x] Weight
- [x] Medication regime
- [x] Reports of helplessness

CORRECT My Answer

When recognizing cues, the nurse should identify that the findings of the client's weight loss, insomnia, difficulty with the new medication regime, and reports of helplessness are the priority findings that the nurse should follow up on. Comparing the findings from the last visit, the nurse should recognize that these findings are an indication of worsening depression and potential suicidal thoughts.

Question: 3 of 7

CORRECT

A nurse on a medical surgical floor is caring for a newly admitted client following a motor vehicle accident.

Exhibit 1 | Exhibit 2 | Exhibit 3 | Exhibit 4

Medication Administration Record
Day 1:
Hydrocodone/acetaminophen 5 mg every 4 hr PRN pain

Complete the following sentence by using the list of options.

The nurse should first address the client's agitation followed by the client's blood pressure.

CORRECT My Answer

When prioritizing hypotheses, the nurse should first address the client's agitation to promote a safe environment for the client. This prevents seizures and promotes sleep. Next, the nurse should monitor the client's blood pressure every 30 min. The client's vital signs will be elevated in an alcoholic toxic state and changes in the client's blood pressure can determine treatment of alcohol withdrawals.