

**HESI EXIT Exam V2 Latest
2022**

The nurse is caring for a pre-adolescent client in skeletal Dunlop traction. Which nursing intervention is appropriate for this child?

Make certain the child is maintained in correct body alignment.

Be sure the traction weights touch the end of the bed.

Adjust the head and foot of the bed for the child's comfort

Release the traction for 15-20 minutes every 6 hours PRN.

The nurse is assessing a healthy child at the 2 year check up. Which of the following should the nurse report immediately to the health care provider?

Height and weight percentiles vary widely

Growth pattern appears to have slowed

Recumbent and standing height are different

Short term weight changes are uneven

The parents of a 2 year-old child report that he has been holding his breath whenever he has temper tantrums. What is the best action by the nurse?

Teach the parents how to perform cardiopulmonary resuscitation

Recommend that the parents give in when he holds his breath to prevent anoxia **Advise the parents to ignore breath holding because breathing will begin as a reflex**

Instruct the parents on how to reason with the child about possible harmful effects

The nurse is assessing a client in the emergency room. Which statement suggests that the problem is acute angina?

"My pain is deep in my chest behind my sternum."

"When I sit up the pain gets worse."

"As I take a deep breath the pain gets worse."

"The pain is right here in my stomach area."

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The nurse is assessing the mental status of a client admitted with possible organic brain disorder. Which of these questions will best assess the function of the client's recent

memory?

"Name the year." "What season is this?" (pause for answer after each question)

"Subtract 7 from 100 and then subtract 7 from that." (pause for answer) "Now continue to subtract 7 from the new number."

"I am going to say the names of three things and I want you to repeat them after me: blue, ball, pen."

"What is this on my wrist?" (point to your watch) Then ask, "What is the purpose of it?"

In planning care for a 6 month-old infant, what must the nurse provide to assist in the development of trust?

Food

Warmth **C)**

Security

D) Comfort

A nurse has just received a medication order which is not legible. Which statement best reflects assertive communication?

A) "I cannot give this medication as it is written. I have no idea of what you mean." **B)**

"Would you please clarify what you have written so I am sure I am reading it correctly?"

"I am having difficulty reading your handwriting. It would save me time if you would be more careful."

"Please print in the future so I do not have to spend extra time attempting to read your writing."

What is the most important consideration when teaching parents how to reduce risks in the home?

Age and knowledge level of the parents

Proximity to emergency services

Number of children in the home **D)**

Age of children in the home

A 35 year-old client with sickle cell crisis is talking on the telephone but stops as the nurse enters the room to request something for pain. The nurse should

Administer a placebo

Encourage increased fluid intake C)

Administer the prescribed analgesia

D) Recommend relaxation exercises for pain control

While caring for a toddler with croup, which initial sign of croup requires the nurse's immediate attention?

Respiratory rate of 42

Lethargy for the past hour

Apical pulse of 54

Coughing up copious secretions

A client is admitted with low T3 and T4 levels and an elevated TSH level. On initial assessment, the nurse would anticipate which of the following assessment findings? A)

Lethargy

Heat intolerance

Diarrhea

Skin eruptions

The emergency room nurse admits a child who experienced a seizure at school. The father comments that this is the first occurrence, and denies any family history of epilepsy. What is the best response by the nurse?

A) "Do not worry. Epilepsy can be treated with medications." B)

"The seizure may or may not mean your child has epilepsy."

"Since this was the first convulsion, it may not happen again."

"Long term treatment will prevent future seizures."

Alcohol and drug abuse impairs judgment and increases risk taking behavior. What nursing diagnosis best applies?

Risk for injury

Risk for knowledge deficit

**Altered thought process
Disturbance in self-esteem**

The nurse is caring for a 10 month-old infant who is has oxygen via mask. It is important for the nurse to maintain patency of which of these areas?

Mouth

Nasal

passagesBack

of throat

Bronchials

The nurse is providing instructions for a client with pneumonia. What is the most important information to convey to the client?

"Take at least 2 weeks off from work."

"You will need another chest x-ray in 6 weeks."

"Take your temperature every day."

"Complete all of the antibiotic even if your findings decrease."

When counseling a 6 year old who is experiencing enuresis, what must the nurse understand about the pathophysiological basis of this disorder?

Has no clear etiology

May be associated with sleep phobia

Has a definite genetic link

Is a sign of willful misbehavior

The nurse is discussing negativism with the parents of a 30 month-old child. How should the nurse tell the parents to best respond to this behavior?

Reprimand the child and give a 15 minute "time out"

Maintain a permissive attitude for this behavior

Use patience and a sense of humor to deal with this behavior

Assert authority over the child through limit setting

The nurse is talking by telephone with a parent of a 4 year-old child who has chickenpox. Which of the following demonstrates appropriate teaching by the nurse?

Chewable aspirin is the preferred analgesic

Topical cortisone ointment relieves itching

Papules, vesicles, and crusts will be present at one time The illness is only contagious prior to lesion eruption

The nurse is assigned to a client who has heart failure. During the morning rounds the nurse sees the client develop sudden anxiety, diaphoresis and dyspnea. The nurse auscultates, crackles bilaterally.

Which nursing intervention should be performed first?

Take the client's vital signs

Place the client in a sitting position with legs dangling

Contact the health care provider

Administer the PRN anti-anxiety agent

The nurse is caring for a toddler with atopic dermatitis. The nurse should instruct the parents to

Dress the child warmly to avoid chilling

Keep the child away from other children for the duration of the rash Clean the affected areas with tepid water and detergent

Wrap the child's hand in mittens or socks to prevent scratching

A recovering alcoholic asked the nurse, "Will it be ok for me to just drink at special family gatherings?" Which initial response by the nurse would be best?

"A recovering person has to be very careful not to lose control, therefore, confine your drinking just at family gatherings."

"At your next AA meeting discuss the possibility of limited drinking with your sponsor."

"A recovering person needs to get in touch with their feelings. Do you want a drink?" D) "A recovering person cannot return to drinking without starting the addiction process over."

In taking the history of a pregnant woman, which of the following would the nurse recognize as the primary contraindication for breast feeding?

Age 40 years

Lactose intolerance

Family history of breast cancer

D) Uses cocaine on weekends

A client is receiving nitroprusside IV for the treatment of acute heart failure with pulmonary edema. What diagnostic lab value should the nurse monitor in relation to this medication?

Potassium

Arterial blood gasses

Blood urea nitrogen D)

Thiocyanate

A victim of domestic violence tells the batterer she needs a little time away.

How would the nurse expect that the batterer might respond?

With acceptance and views the victim's comment as an indication that their marriage is in trouble

With fear of rejection causing increased rage toward the victim

With a new commitment to seek counseling to assist with their marital problems

With relief, and welcomes the separation as a means to have some personal time

A postpartum mother is unwilling to allow the father to participate in the newborn's care, although he is interested in doing so. She states, "I am afraid the baby will be confused about who the mother is. Baby raising is for mothers, not fathers." The nurse's initial intervention should be what focus?

Discuss with the mother sharing parenting responsibilities

Set time aside to get the mother to express her feelings and concerns Arrange for the parents to attend infant care classes

Talk with the father and help him accept the wife's decision

A client with emphysema visits the clinic. While teaching about proper nutrition, the nurse should emphasize that the client

A) Eat foods high in sodium increases sputum liquefaction B) Use oxygen during meals improves gas exchange

Perform exercise after respiratory therapy enhances appetite

Cleanse the mouth of dried secretions reduces risk of infection

Which of these parents' comment for a newborn would most likely reveal an initial finding of a suspected pyloric stenosis?

I noticed a little lump a little above the belly button.

The baby seems hungry all the time.

Mild vomiting that progressed to vomiting shooting across the room. Irritation and spitting up immediately after feedings.

The nurse is assessing a child for clinical manifestations of iron deficiency anemia. Which factor would the nurse recognize as cause for the findings?

A) Decreased cardiac output

B) Tissue hypoxia

Cerebral edema

Reduced oxygen saturation

The nurse would expect the cystic fibrosis client to receive supplemental pancreatic enzymes along with a diet

High in carbohydrates and proteins

Low in carbohydrates and proteins

High in carbohydrates, low in proteins

Low in carbohydrates, high in proteins

In evaluating the growth of a 12 month-old child, which of these findings would the nurse expect to be present in the infant?

Increased 10% in height

2 deciduous teeth

Tripled the birth weight

Head > chest circumference

A Hispanic client in the postpartum period refuses the hospital food because it is "cold." The best initial action by the nurse is to

Have the unlicensed assistive personnel (UAP) reheat the food if the client wishes

Ask the client what foods are acceptable or bad

Encourage her to eat for healing and strength

Schedule the dietitian to meet with the client as soon as possible

The father of an 8 month-old infant asks the nurse if his infant's vocalizations are normal for his age. Which of the following would the nurse expect at this age?

Cooing

Imitation of sounds

Throaty sounds

Laughter

The nurse should recognize that physical dependence is accompanied by what findings when alcohol consumption is first reduced or ended?

A) Seizures B)

Withdrawal

Craving

Marked tolerance

Immediately following an acute battering incident in a violent relationship, the batterer may respond to the partner's injuries by

Seeking medical help for the victim's injuries

Minimizing the episode and underestimating the victim's injuries

Contacting a close friend and asking for help

Being very remorseful and assisting the victim with medical care

The nurse is planning to give a 3 year-old child oral digoxin. Which of the following is the best approach by the nurse?

"Do you want to take this pretty red medicine?" "You will feel better if you take your medicine."

"This is your medicine, and you must take it all right now."

"Would you like to take your medicine from a spoon or a cup?"

In planning care for a child diagnosed with minimal change nephrotic syndrome, the nurse should understand the relationship between edema formation and

A) Increased retention of albumin in the vascular system **B)**

Decreased colloidal osmotic pressure in the capillaries Fluid

shift from interstitial spaces into the vascular space

Reduced tubular reabsorption of sodium and water

An eighteen month-old has been brought to the emergency room with irritability, lethargy over 2 days, dry skin and increased pulse. Based upon the evaluation of these initial findings, the nurse would assess the child for additional findings of

A) Septicemia **B)**

Dehydration

Hypokalemia

Hypercalcemia

A client who has been drinking for five years states that he drinks when he gets upset about "things" such as being unemployed or feeling like life is not leading anywhere. The nurse understands that the client is using alcohol as a way to deal with

Recreational and social needs

Feelings of anger **C)**

Life's stressors

D) Issues of guilt and disappointment

The nurse is monitoring the contractions of a woman in labor. A contraction is recorded as beginning at 10:00 A.M. and ending at 10:01 A.M. Another begins at 10:15

A.M. What is the frequency of the contractions? 14 minutes

10 minutes **C)**

15 minutes

D) Nine minutes

The nurse is performing an assessment on a child with severe airway obstruction. Which finding would the nurse anticipate finding?

Retractions in the intercostal tissues of the thorax

Chest pain aggravated by respiratory movement
Cyanosis and mottling of the skin
Rapid, shallow respirations

During the evaluation phase for a client, the nurse should focus on

A) All finding of physical and psychosocial stressors of the client and in the family B)

The client's status, progress toward goal achievement, and ongoing re-evaluation

Setting short and long-term goals to insure continuity of care from hospital to home

Select interventions that are measurable and achievable within selected timeframes

The school nurse suspects that a third grade child might have Attention Deficit Hyperactivity Disorder. Prior to referring the child for further evaluation, the nurse should

Observe the child's behavior on at least 2 occasions

Consult with the teacher about how to control impulsivity

Compile a history of behavior patterns and developmental accomplishments

Compare the child's behavior with classic signs and symptoms

Which of the actions suggested to the RN by the PN during a planning conference for a 10 month-old infant admitted 2 hours ago with bacterial meningitis would be acceptable to add to the plan of care?

Measure head circumference

Place in airborne isolation

Provide passive range of motion

Provide an over-the-crib protective top

A client is admitted with a diagnosis of hepatitis B. In reviewing the initial laboratory results, the nurse would expect to find elevation in which of the following values? Blood urea nitrogen

Acid phosphatase C)

Bilirubin