

RN ATI CAPSTONE PROCTORED COMPREHENSIVE ASSESSMENT 2023 B ATI COMPREHENSIVE PRACTICE TEST B RATED A+ BEST REVIEW

- A nurse is assessing a patient who received 2 units of packed RBCs 48 hours ago. Which of the following findings should indicate to the nurse that the therapy has been effective?

Hemoglobin 14.9 g/dl

The nurse should identify that packed RBCs are administered to patients who have a decreased level of hemoglobin or hematocrit. This hemoglobin level is within the expected reference range of 14 to 18 g/dl for males and 12 to 16 g/dl for females, indicating the therapy has been effective.

- A nurse working in an emergency department is triaging four patients. Which of the following patients should the nurse recommend for treatment first?

A middle adult patient who has unstable vital signs.

Using the stable versus unstable approach to patient care, the nurse should recommend priority treatment for the patient who has unstable vital signs because this patient requires immediate treatment to reduce the risk of further injury or possible death.

- A nurse is caring for a patient who has fluid volume overload. Which of the following tasks should the nurse delegate to the CNA?

Measure the patient's daily weight

It is within the CNAs range of function to measure a patient's daily weight, so the nurse should delegate this task to them.

- A nurse is preparing to administer mannitol 0.2g/kg IV bolus over 5 min as a test dose to a patient who has severe oliguria. The patient weighs 198lb. What is the amount in grams the nurse should administer?

18 g

- A nurse is conducting a physical examination for an adolescent and is assessing the range of motion of the legs. Which of the following images indicates the adolescent is abducting the hip joint?

In the correct image, the adolescent is abducting the hip joint by moving the leg away from the midline of the body.

- A nurse is caring for a patient who has hyperthyroidism. Which of the following findings should the nurse expect?

Tremors

Tremors are a manifestation of hyperthyroidism, along with tachycardia, diaphoresis, weight loss, insomnia, and exophthalmia.

- A nurse is assessing a school-aged child who has bacterial meningitis. Which of the following findings should the nurse expect?

Nuchal rigidity

This is a manifestation of bacterial meningitis.

- A nurse is assessing a newborn's heart rate. Which of the following actions should the nurse take?

Auscultate the apical pulse at least 1 min.

The nurse should auscultate the apical pulse to obtain an accurate assessment of heart rate and rhythm. Auscultation of a newborn's heart sounds can be difficult because of the rapid rate and the transmission of respiratory sounds.

- A nurse is preparing to assist with a thoracentesis for a patient who has pleurisy. The nurse should plan to perform which of the following actions?

Instruct the patient to avoid coughing during the procedure.

It is important for the nurse to remind the patient to avoid coughing and to lie still during a thoracentesis to avoid puncturing the pleura.

- A nurse in the ED is assessing a preschooler who has a facial laceration. The nurse should identify which of the following findings as a potential indication of child sexual abuse?

The child exhibits discomfort while walking.

The nurse should identify this finding as a potential indication of child sexual abuse.

- A nurse is preparing to teach about dietary management to a patient who has Crohn's disease and an entero enteric fistula. Which of the following nutrients should the nurse instruct the patient to decrease in their diet?

Fiber

The nurse should instruct the patient to consume a low-fiber diet to reduce diarrhea and inflammation.

- A nurse is caring for a patient who has a prescription for a continuous passive motion (CPM) machine following a total knee arthroplasty. Which of the following actions should the nurse take?

Turn off the CPM machine during mealtimes.

This promotes patient comfort and dietary intake.

- A nurse is preparing to initiate IV access for an older adult patient. Which of the following sites should the nurse select when initiating the IV for the patient?

Radial vein of the inner arm.

This site will have adequate subcutaneous tissue.

- A nurse is developing a patient education program about osteoporosis for older adult patients. The nurse should include which of the following variables as a risk factor for osteoporosis?

Sedentary lifestyle.

This is a risk factor for osteoporosis. The nurse should encourage older adult patients to engage in weight-bearing exercises because they will promote bone health by increasing calcium and phosphorus levels.

- A nurse in an ED is caring for a child who has a fever and fluid-filled vesicles on the trunk and extremities. Which of the following interventions should the nurse identify as the priority?

Initiate transmission-based precautions.

When using the urgent versus nonurgent approach to patient care, the nurse should determine that the priority action is to initiate transmission-based precautions for the child. The child most likely has varicella. Therefore, the nurse should isolate the child to prevent the spread of the infection.

- A nurse is caring for a patient who has a clogged percutaneous gastrostomy feeding tube. Which of the following actions should the nurse take first?

Change the position of the patient.

When providing patient care, the nurse should use the least restrictive intervention first.

Therefore, the nurse should reposition the patient to remove any kinks in the tube, which can lead to clogging. If this method is unsuccessful, the nurse should attempt to flush or aspirate the patient's tube to remove the clog.

- A home health care nurse is developing a teaching plan for a patient who has an ileostomy.

Which of the following instructions should the nurse include?

Empty the appliance when it is one-third to one-half full.

The ileostomy pouch should be emptied when it is one-third to one-half full to prevent stool leakage and skin irritation.

- A nurse is reviewing the laboratory report of a patient who has end-stage kidney disease and received hemodialysis 24 hr ago. Which of the following lab values should the nurse report to the provider?

Sodium 148 mEq/L

The nurse should report this sodium level because it is above the expected reference range of 136 to 145 mEq/L, indicating hypernatremia. Patients who have kidney disease often retain sodium and require sodium-restricted diets.

- A nurse is caring for four patients. Which of the following tasks should the nurse delegate to a CNA?

Arrange the lunch tray for a patient who has a hip fracture.

Assisting a patient with meals is within the range of function of the CNA.

- A nurse is preparing a patient for a paracentesis. Which of the following actions should the nurse take?

Instruct the patient to void.

The nurse should instruct the patient to void prior to the procedure because an empty bladder decreases the risk of a bladder puncture and minimizes the patient's discomfort during the procedure.

- A nurse has received change of shift report on four assigned patients. For which of the following patients should the nurse intervene to prevent a potential food and medication interaction?

A patient who is receiving an MAOI and is requesting a cheeseburger for dinner. This patient's food selection contains tyramine. Patients prescribed an MAOI must restrict the intake of foods that contain tyramine due to adverse effects, such as hypertension.

- A nurse is planning care for a patient who has rheumatoid arthritis and has moderate to severe pain in multiple joints. Which of the following actions should the nurse plan to take?

Allow for frequent rest periods throughout the day.

The nurse should encourage the patient to balance rest with exercise to maintain muscle strength, joint function, and range of motion.

- A nurse is caring for a patient who is receiving continuous bladder irrigation following a transurethral resection of the prostate. The patient reports bladder spasms, and the nurse observes a decreased urinary output. Which of the following action should the nurse take?

Irrigate the catheter with 0.9% sodium chloride irrigation.

Decreased urine output and bladder spasms indicate internal obstruction of the catheter. Therefore, the nurse should irrigate the catheter with 0.9% sodium chloride irrigation and notify the provider if the obstruction does not clear.

- A nurse is assessing a patient who has COPD. Which of the following findings should the nurse expect?

pH 7.31

Respiratory acidosis is an expected finding for a patient who has COPD. The expected reference range of pH is 7.35-7.45. A pH level of less than 7.35 indicates acidosis. For a patient who has COPD, a decrease in pH will be accompanied by an increase in the level of carbon dioxide over the expected reference range of 35 to 45 mm Hg, indicating respiratory acidosis.

- A nurse in a community center is providing an educational session to a group of patients about ovarian cancer. Which of the following manifestations of ovarian cancer should the nurse include in the teaching?

Abdominal bloating

The nurse should include the presence of abdominal bloating as an early manifestation of ovarian cancer. Other manifestations include an increase in abdominal girth, pelvic or abdominal pain, early satiety, and urinary frequency or urgency.

- A nurse is caring for a patient who has active TB. Which of the following actions should the nurse plan to take to prevent the transmission of the disease?

Have the patient wear a surgical mask while being transported outside the room. This will prevent the transmission of the disease.

- A nurse is caring for a group of patients. Which of the following patients should the nurse attend to first?

An older adult patient who is anxious and attempting to pull out an IV line. This patient is at greater risk of injury.

- **An RN is observing an LPN and a CNA move a patient up in bed. For which of the following situations should the nurse intervene?**

The LPN and the CNA grasp the patient under his arms to lift him up in bed. They should not grasp the patient under the arms when lifting, as this can result in shoulder dislocation or other injuries to the patient. The RN should intervene and instruct the nurses to use a draw sheet or friction-reducing device to lift the patient.

- **A nurse is preparing to administer insulin to a patient via a pen device. Which of the following actions should the nurse take?**

Hold the insulin pen device perpendicular to the patient's skin to inject the medication. This ensures the insulin enters the subcutaneous tissue.

- **A nurse is caring for a patient who has immunosuppression and a continuous IV infusion. Which of the following actions should the nurse take?**

Monitor the patient's mouth every 8 hr.

Check for manifestations of infection, such as sores or lesions.

- **A nurse is providing teaching about advance directives to a middle-aged adult patient. Which of the following patient responses indicates an understanding of the teaching?**

"I can designate my partner as my health care surrogate."

This statement indicates that the patient recognizes that designating a health care surrogate is part of advance directives.

- **A nurse is assessing a patient following a vaginal delivery and notes heavy lochia and boggy fundus. Which of the following medications should the nurse expect to administer?**

Oxytocin

This is a hormone that stimulates uterine contractions, to decrease vaginal bleeding.

- **A nurse manager is planning to use a democratic leadership style with the nurses on the unit. Which of the following actions by the nurse manager demonstrates a democratic leadership style?**

Seeks input from the other nurses.

This includes members of the team when making decisions and encourages staff members to participate in the decision-making process.

- A nurse is assigning task roles for a group of patients in a community mental health clinic. Which of the following tasks should the nurse assign to the member of the group functioning as the orienteer?

Noting the progress of the group toward assigned goals. This is the task of the orienteer.

- A nurse is creating a plan of care for a newly admitted child. Which of the following actions should the nurse include in the plan? See Exhibit button Administer high-dose antibiotic therapy.

Children who have cystic fibrosis metabolize antibiotics more rapidly and require higher doses of antibiotics to help fight aggressive infections such as *Burkholderia cepacia*.

- A nurse is caring for a newborn immediately after delivery. Which of the following interventions should the nurse implement to prevent heat loss by conduction?

Use a protective cover on the scale when weighing the infant.

Heat loss by conduction is a loss of heat between the newborn's skin and the cooler surface beneath it.

- A nurse is caring for a patient who had abdominal surgery 24 hr ago. Which of the following actions is the nurse's priority?

Assist with deep breathing and coughing.

The priority action the nurse should take when using the airway, breathing, circulation approach to patient care is to assist the patient with deep breathing and coughing, which reduces the risk of postop pneumonia.

- A nurse in an outpatient mental health clinic is caring for four patients. The nurse should recognize that which of the following patients is effectively using sublimation as a defense mechanism?

A patient who channels their energy into a new hobby following the loss of their job.

Channeling negative feelings over the loss of their job into a new hobby is using the defense mechanism of sublimation.

- A nurse is assessing for correct placement of a patient's NG feeding tube prior to administering a bolus feeding. Which of the following actions should the nurse take?

Aspirate contents from the tube and verify the pH level.

The nurse should verify that the pH level of the patient's gastric aspirate is less than 5 to determine proper placement.

- An antepartum nurse is caring for four patients. For which of the following patients should the nurse initiate seizure precautions?

A patient who is at 33 weeks gestation and has severe gestational hypertension.	nurse should
The nurse should initiate seizure precautions for a patient who has severe gestational hypertension.	because extremely elevated blood pressure in an antepartum patient can trigger seizure activity.

The nurse should provide the patient with a quiet, darkened environment, place suction equipment and oxygen at the bedside, and position the call light within the patient's reach.

A nurse is providing discharge teaching to a patient who is to receive home oxygen therapy. Which of the following instructions should the nurse include in the teaching?

Wear clothing made with cotton fabrics while oxygen is in use.

Woolen and synthetic fabrics can generate static electricity, which increases the risk of a fire.

A nurse is providing teaching for a patient who has a fracture of the right fibula with a short-leg cast in place and a new prescription for crutches. The patient is non-weight bearing for 6 weeks. Which of the following instructions should the nurse include in the teaching?

Use the three-point gait.

This allows the patient to be mobile without bearing weight on the affected extremity.

A nurse is preparing to transfer a patient from the ICU to the medical floor. The patient was recently weaned from mechanical ventilation following a pneumonectomy. Which of the following information should the nurse include in the change-of-shift report?

The time of the patient's last dose of pain medication.

The nurse should recognize that an effective handoff report provides a baseline of the patient's status for comparison and should include any recent changes or priority situations affecting the patient's condition. The time of the patient's last dose of pain medication is important to include so the receiving nurse can anticipate what time to give the next dose.

A nurse is assessing an infant who has hydrocephalus and is 6 hr postop following placement of a ventriculoperitoneal (VP) shunt. Which of the following findings should the nurse report to the provider?

Irritability when being held.

This is a manifestation of increased intracranial pressure, which is an indication that the VP shunt is malfunctioning. This finding should be reported to the provider immediately.

A nurse is caring for a client who has a prescription for chlorpromazine. Which of the following findings should the nurse identify as an indication that the medication is effective?

Decreased hallucinations.

This is an antipsychotic medication administered to decrease hallucinations and other manifestations of schizophrenia.

A nurse is providing teaching about lithium to a patient who has bipolar disorder. Which of the following statements should the nurse include in the teaching? “Notify your provider if you experience increased thirst”

Increased thirst is a manifestation of lithium toxicity. The nurse should instruct the patient to report increased thirst, vomiting, diarrhea, or tremors to the provider.

A nurse caring for a patient who has a fecal impaction. Which of the following actions should the nurse take when digitally evacuating the stool?

Insert a lubricated gloved finger and advance along the rectal wall. This is the correct way of doing this.

A nurse is planning to delegate patient care tasks to a CNA. Which of the following tasks should the nurse plan to delegate to the CNA?

Perform gastrostomy feedings through a patient’s established gastrostomy tube. This task is within their range of function.

A nurse manager is preparing an educational session for nursing staff about how to provide cost-effective care. Which of the following methods should the nurse include in the teaching?

Delegate non-nursing tasks to ancillary staff.

It is an effective method of providing high-quality, cost-effective care because this will allow additional time for nurses to focus on skilled tasks.

A nurse on an inpatient mental health unit is monitoring a visit between a patient who has a history of aggressive behavior and the patient’s partner. Which of the following should the nurse identify as an indication of potential violence?

The patient is pacing around the chair in which their partner is sitting.

Hyperactivity and pacing indicate that this patient is at risk for violent behavior. The nurse should assess the situation further and attempt to de-escalate the situation by speaking to the patient in a low, calm voice using short sentences.

A nurse is caring for a client who has signed an informed consent form to receive electroconvulsive therapy (ECT). The patient states to the nurse, "I'm not sure about this now. I'm afraid it's too risky." Which of the following responses should the nurse make?

"You have the right to change your mind about this procedure at any time."

The patient can refuse to consent at any time for a procedure. The nurse is demonstrating advocacy by respecting the patient's wishes regarding care.

A rural community health nurse is developing a plan to improve health care delivery for migrant farmworkers. To identify health services data for this minority group, the nurse should gather information from which of the following sources?

Agency for Healthcare Research and Quality

The goal of the Agency for Healthcare Research and Quality (AHRQ) is to improve the quality of health care services for all populations, including low-income groups and minorities. This data should help the nurse to develop an evidence-based plan to improve health care services for specific populations.

A nurse is assessing a newborn following a vaginal delivery. Which of the following findings should the nurse report to the provider?

Nasal flaring.

This indicates respiratory distress. Signs are nasal flaring, retractions, and grunting.

A charge nurse is speaking with the partner of a patient. The partner states that the patient is not receiving adequate care. Which of the following actions should the charge nurse take first to resolve the situation?

Ask the partner to list specific concerns.

The first action the nurse should take using the nursing process is to assess the situation by asking the partner to list specific concerns.

A nurse is providing information to a patient immediately before his scheduled Romberg test. Which of the following statements should the nurse make?

"I will be checking you once with your eyes open and once with them closed." The Romberg test will be performed once with eyes open and once with eyes closed. This is performed to assess balance and motor function.

A nurse is teaching a patient who is at 20 weeks of gestation about common discomforts associated with pregnancy. Which of the following statements by the patient indicates an understanding of the teaching?

"I will wear a supportive bra overnight."

Wearing a supportive bra even while sleeping can promote comfort by providing support to enlarged breasts during pregnancy.

A nurse is caring for a client who is taking valproic acid for seizure control. For which of the following adverse effects should the nurse monitor and report?