

LATEST VERSION OF ATI COMPREHENSIVE EXIT EXAM RETAKE 2023- ANSWERS MARKED

Question: 1 of 180

Time Remaining: 03:58:40
Pause Remaining: 00:05:00



A nurse is caring for a client.

Exhibit 1 Exhibit 2 Exhibit 3 Exhibit 4 Exhibit 5

Graphic Record

Admission weight 74.8 kg (165 lb)
Current weight 74.38 kg (164 lb)

Complete the following sentence by using the lists of options.

.....

The nurse understands that the patient has likely developed
Select... and will need to be monitored for
Select...

CONTINUE

A nurse is caring for a client.

Exhibit 1 Exhibit 2 Exhibit 3 Exhibit 4 Exhibit 5

I&O

Prior Day Intake and Output
0800:

Intake 30 mL orange juice
Output 800 mL clear urine

1200:

Intake 60 mL water with lunch
Output 300 mL clear urine

1800:

Intake 120 mL water with dinner
Output 500 mL clear urine

2100:

Intake 30 mL dark soda
Output 200 mL clear urine

A nurse is caring for a client.

Exhibit 1 Exhibit 2 Exhibit 3 Exhibit 4 Exhibit 5

Nurses' Notes

0800:

A client who has bipolar disorder is admitted to the inpatient psychiatric unit. During the morning assessment, the client reports blurred vision and an increase in urine output. It is noted that the client is having clonic jerking of upper extremities. Provider notified and laboratory tests ordered. Skin is warm and dry without rash.

A nurse is caring for a client.

Exhibit 1 Exhibit 2 Exhibit 3 Exhibit 4 Exhibit 5

Laboratory Results

0900:

Creatinine 0.9 mg/dL (0.5 to 1.1 mg/dL)
Lithium level 2.5 mEq/L (0.6 to 1.2 mEq/L)
Fasting blood glucose 80 mg/dL (74 to 106 mg/dL)

Urinalysis:

Appearance: clear (clear)
Color: faint yellow (amber yellow)
Specific gravity 1.32 (adult client 1.01 to 1.025)
Nitrites: none (none)
Ketones: none (none)
Bilirubin: none (none)

A nurse is caring for a client.

Exhibit 1 Exhibit 2 Exhibit 3 Exhibit 4 Exhibit 5

Provider Prescriptions

Lisinopril 10 mg daily
Lithium 600 mg BID
Omeprazole 40 mg daily

Select...

lithium toxicity

urinary tract infection

metabolic syndrome

neuroleptic malignant syndrome

Option 1-

lithium toxicity

and will not

Select...

blood glucose levels

seizure activity

symptoms of infection

temperature over 39.4° C (103° F)

Option2-

Lithium toxicity, seizure activity

Question: 2 of 180

Time Remaining: 03:53:45
Pause Remaining: 00:05:00

PAUSE



A nurse is preparing to initiate intravenous fluids via infusion pump for a client. Which of the following actions should the nurse take?



- Obtain a surge protector that can accommodate the pump and several other appliances.
- Verify that the extension cord for the pump is ungrounded.
- Report the pump has a frayed cord and proceed with the infusion.
- Check the expiration date on the safety inspection sticker of the pump.

Question: 3 of 180

Time Remaining: 03:53:37
Pause Remaining: 00:05:00

PAUSE



A nurse is caring for a client who has an implanted venous access port. Which of the following should the nurse use to access the port?



- A noncoring needle
- An angiocatheter
- A butterfly needle
- A 25-gauge needle

Question: 4 of 180

Time Remaining: 03:53:43
Pause Remaining: 00:05:00

PAUSE



A nurse is conducting an initial assessment of a client and notices a discrepancy between the client's current IV infusion and the information received during the shift report. Which of the following actions should the nurse take?



- Contact the charge nurse to see if the prescription was changed.
- Complete an incident report and place it in the client's medical record.
- Submit a written warning for the nurse involved in the incident.
- Compare the current infusion with the prescription in the client's medication record.



Question: 5 of 180

Time Remaining: 03:52:44
Pause Remaining: 00:05:00 PAUSE 

A nurse is caring for an older adult client.

Exhibit 1 Exhibit 2

Nurses' Notes

0945:

Adult child accompanying parent reports cognitive and physical decline in the client, expressing concern over memory loss, thought processes, appetite, and self-care. Adult child states, "My sibling and I hired help at home for my parent. We thought that might help, but it has not. I found the title to the car today, signed over to me."

Client makes poor eye contact, speaks in a monotone voice, and has a lack of facial expression.

Client reports sleeping 7 hr a night and getting up "once or twice per night to go to the bathroom." Client reports not wanting to eat anymore. Client's child reports their parent has lost about 8 lb in the past month.

1030:

Client found sitting in waiting room, head in hands. Client says, "Why don't you just leave me? I am of no use."

Click to highlight the findings that require immediate follow-up. To deselect a finding, click on the finding again.



System	Findings
General	Adult child accompanying parent reports decline in client, expressing concern over memory and thought processes, appetite, and self-care. Adult child states, "My sibling and I hired help at home for my parent. We thought that would help but it has not. I found the title to the car today, signed over to me."
Physical	Client makes poor eye contact, speaks in a monotone voice, and has a lack of facial expression. Client reports sleeping 7 hr a night and getting up "once or twice per night to go to the bathroom." Client reports not wanting to eat anymore. Client's child reports their parent has lost about 8 lb in the past month. Heart rate 68/min
Affect	Client says, "Why don't you just leave me? I am of no use."

Question: 6 of 180

Time Remaining: 03:51:04
Pause Remaining: 00:05:00



A nurse is caring for a client on a psychiatric unit.

Exhibit 1 Exhibit 2 Exhibit 3 Exhibit 4

Vital Signs

0730:

Heart rate 68/min
Respiratory rate 18/min
BP 118/81 mm Hg
Temperature 37.2° C (98.9° F)

For each potential action, click to specify if the action is indicated or contraindicated for the client.



Potential Action	Indicated	Contraindicated
Allow the client to watch TV at a high volume.	<input type="radio"/>	<input checked="" type="radio"/>
Ask the client about the content of their hallucinations.	<input checked="" type="radio"/>	<input type="radio"/>
Instruct the client on expected hygiene practices.	<input checked="" type="radio"/>	<input type="radio"/>
Assess the client for suicidal ideations.	<input checked="" type="radio"/>	<input type="radio"/>
Place the client in a room near the activity room.	<input type="radio"/>	<input checked="" type="radio"/>



A nurse is caring for a client on a psychiatric unit.

Exhibit 1 Exhibit 2 Exhibit 3 Exhibit 4

Nurses' Notes

0700:

Client is admitted to the unit. They deny suicidal ideations at this time. Client states, "I am an assistant to a powerful spirit." Client is poorly groomed and has body odor.

0900:

Called to the client's room. Client states, "I cannot believe you put me in a room with spiders on the wall." Client requests immediate transfer to another room.

1200:

Psychiatrist is at the bedside evaluating the client. After history and physical, psychiatrist states that they have diagnosed the client with schizophrenia. Client is to be started on medication and milieu therapy.

Question: 6 of 180

A nurse is caring for a client on a psychiatric unit.

Exhibit 1 Exhibit 2 Exhibit 3 Exhibit 4

History and Physical

0700:

Majority of client's history is obtained from client's parent who presents with client today. According to the parent, client has been acting strangely for a few months. Client's symptoms have been progressively worsening.

In the last month, the client has been seeing things that are not present and believes that they are in a close relationship with "a powerful spirit." Client has not been bathing regularly for the last few weeks.

Client has no significant health history. Client reports that they do not take illicit substances or drink alcohol. Client's grandparent has a history of schizophrenia.



A nurse is caring for a client on a psychiatric unit.

Exhibit 1 Exhibit 2 Exhibit 3 Exhibit 4

Laboratory Results

0700:

Urine drug screen: negative (negative)

Question: 7 of 180

Time Remaining: 03:50:38
Pause Remaining: 00:05:00

PAUSE



A nurse is caring for a client who is near the end of life and is on complete bed rest. The client states that he needs to have a bowel movement, and the nurse offers a bed pan. The client states, "I've always used the bathroom." Which of the following responses should the nurse make?



- "Tell me what concerns you have about using a bed pan."
- "Make sure to use nearby furniture to support yourself when walking to the bathroom."
- "I will have the physical therapist ambulate you to the bathroom."
- "You have to use the bed pan for your own safety."

CONTINUE

Question: 8 of 180

Time Remaining: 03:47:24
Pause Remaining: 00:05:00

PAUSE



A nurse is caring for a client who is in labor.

Exhibit 1 Exhibit 2

Nurses' Notes

0900:

Contractions occurring every 3 to 4 min, lasting 80 to 90 seconds. Client rates pain with contractions as 10 on a scale of 0 to 10 and requests an epidural. Contractions approximately 4 min apart. Vaginal examination reveals cervix dilated 5 cm, 80% effaced, -1 station, vertex presentation. FHR baseline 142/min with moderate variability. IV fluid bolus initiated.

0930:

Epidural inserted by anesthesiology. Client reports pain as 2 on a scale of 0 to 10.

0950:

Spontaneous rupture of membranes with clear fluid.

Select the 5 actions the nurse should take.



- Increase the flow rate of the maintenance IV fluid.
- Have the charge nurse notify the provider.
- Place the client in a Trendelenburg position.
- Exert upward pressure on the presenting part.
- Attempt to push the umbilical cord back into the cervix.
- Administer oxygen at 10 L/min via nonrebreather face mask.

Question: 8 of 180

A nurse is caring for a client who is in labor.

Exhibit 1 Exhibit 2

Vital Signs

0900:

Temperature 36.5° C (97.7° F)
BP 130/84 mm Hg
Heart rate 108/min
Respiratory rate 18/min
Oxygen saturation 98% on room air

0930:

BP 120/78 mm Hg
Heart rate 96/min
Respiratory rate 18/min
Oxygen saturation 98% on room air

1000:

BP 118/84 mm Hg
Heart rate 95/min
Respiratory rate 19/min
Oxygen saturation 97% on room air

A nurse is caring for a client who is in labor.

Exhibit 1 Exhibit 2

Nurses' Notes

0900:

Contractions occurring every 3 to 4 min, lasting 80 to 90 seconds. Client rates pain with contractions as 10 on a scale of 0 to 10 and requests an epidural. Contractions approximately 4 min apart. Vaginal examination reveals cervix dilated 5 cm, 80% effaced, -1 station, vertex presentation. FHR baseline 142/min with moderate variability. IV fluid bolus initiated.

0930:

Epidural inserted by anesthesiology. Client reports pain as 2 on a scale of 0 to 10.

0950:

Spontaneous rupture of membranes with clear fluid.

1000:

Variable decelerations noted on the electronic fetal heart rate monitor tracing. FHR baseline 140/min. Deceleration 90/min, lasting 30 seconds. Loop of umbilical cord visible at vaginal introitus.

Question: 9 of 180

Time Remaining: 02:47:13
Pause Remaining: 00:05:00

PAUSE



A nurse is providing an in-service about client evacuation during a fire. Which of the following clients should the nurse instruct the staff to evacuate first?



- A client who uses a wheelchair and is confused
- A client who is bedridden and wears a hearing aid
- A client who is ambulatory and receiving oxygen
- A client who has a fracture and is in balance suspension traction

CONTINUE

Question: 10 of 180

Time Remaining: 03:45:41
Pause Remaining: 00:05:00

PAUSE



A nurse is caring for a client who is 4 days postpartum following a cesarean birth.

Exhibit 1 Exhibit 2 Exhibit 3

Nurses' Notes

Today
0800:

Client reports not feeling well with headache, body aches, and chills. Left breast red and tender with swollen, tender lymph nodes in the left axilla. Incision edges well-approximated without erythema or drainage. Small amount of lochia rubra noted.

0830:

Provider notified of findings. Prescriptions received.

A nurse is caring for a client who is 4 days postpartum following a cesarean birth.

Exhibit 1 Exhibit 2 Exhibit 3

Laboratory Results

3 days ago:

Hgb 12.0 g/dL (14 to 18 g/dL)
Hct 40% (42% to 52%)
WBC count 20,500/mm³ (6,200 to 17,000/mm³)

Today
0900:

Hgb 12.2 g/dL (14 to 18 g/dL)
Hct 41% (42% to 52%)
WBC count 34,500/mm³ (6,200 to 17,000/mm³)

For each potential assessment finding, click to specify if the assessment finding is consistent with mastitis or endometritis. Each finding may support more than 1 disease process.



Assessment Findings	Mastitis	Endometritis
Foul-smelling lochia	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Painful, tender breast	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Temperature	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chills	<input checked="" type="checkbox"/>	<input type="checkbox"/>

A nurse is caring for a client who is 4 days postpartum following a cesarean birth.

Exhibit 1 Exhibit 2 Exhibit 3

Vital Signs

Today
0800:

BP 116/81 mm Hg
Heart rate 104/min
Temperature 38.8° C (101.9° F)
Respiratory rate 19/min

Question: 11 of 180

Time Remaining: 03:44:53
Pause Remaining: 00:05:00

PAUSE



A nurse is assessing a client who has a possible right pneumothorax. Which of the following findings should the nurse expect?

.....

Reduced right-sided breath sounds

Intercostal retractions

High-pitched stridor

Paradoxical chest movement

A nurse is caring for a client in the emergency department.

Exhibit 1 Exhibit 2 Exhibit 3

Vital Signs

1100:

Temperature 36.8° C (98.2° F)
Heart rate 92/min
Respiratory rate 28/min
BP 145/90 mm Hg
Oxygen saturation 87% on room air

1145:

Temperature 36.2° C (97.2° F)
Heart rate 88/min
Respiratory rate 22/min
BP 140/90 mm Hg
Oxygen saturation 92% on room air

A nurse is caring for a client in the emergency department.

Exhibit 1 Exhibit 2 Exhibit 3

Nurses' Notes

1100:

The client reports shortness of breath and difficulty sleeping. The client feels tired very quickly and occasionally feels nauseous. The client reports experiencing intermittent chest tightness and a cough that is aggravated by exercise. The client has a productive cough and irregular breathing pattern. Crackles and wheezing present on auscultation. The client has a history of smoking a pack of cigarettes per day for the past 35 years. There is no clubbing of the fingers. The client appears anxious.

1130:

Administered albuterol and oxygen per provider's prescription. The client is instructed to perform pursed-lip breathing.

1230:

The client is breathing with minimal effort and coughing has decreased.

Which of the following interventions should the nurse include in the plan of care?

Select all that apply.



- Increase oxygen flow rate to 4 L/min.
- Assess the client's breath sounds.
- Perform chest percussion and vibration.
- Place the client in a supine position.
- Restrict the client's fluid intake.
- Instruct the client to perform diaphragmatic breathing.

A nurse is caring for a client in the emergency department.

Exhibit 1 Exhibit 2 Exhibit 3

Provider Prescriptions

1115:

Oxygen 2 L/min via nasal cannula
Albuterol 2.5 mg via nebulization every 1 to 4 hr PRN
Ipratropium metered-dose inhaler 2 inhalations 4 times daily

Question: 13 of 180

Time Remaining: 03:42:23
Pause Remaining: 00:05:00

PAUSE



A nurse is caring for a client who is postoperative following a liver biopsy. In which of the following positions should the nurse place the client immediately following the procedure?

.....

- Prone
- Trendelenburg
- High-Fowler's

Right lateral

Question: 14 of 180

Time Remaining: 03:42:17
Pause Remaining: 00:05:00

PAUSE



A nurse is caring for a client who states he recently purchased lavender oil to use when he gets the flu. The nurse should recognize which of the following findings as a potential contraindication for using lavender?

.....

The client has a history of alcohol use disorder.

- The client has a history of asthma.
- The client takes vitamin C daily.
- The client takes furosemide twice daily.

Question: 15 of 180

Time Remaining: 03:42:11
Pause Remaining: 00:05:00

PAUSE



A nurse is providing discharge teaching to a client following a total gastrectomy. The nurse should instruct the client about which of the following medications?

.....

- Ranitidine
- Vitamin B₁₂
- Vitamin K
- Metoclopramide

Question: 16 of 180

Time Remaining: 03:41:59
Pause Remaining: 00:05:00 PAUSE 

A nurse is teaching a newly licensed nurse about caring for clients in the emergency department. Which of the following actions should the nurse include when teaching about interacting with a client who is aggravated, pacing, and speaking loudly?



- Initiate seclusion protocol.
- Use a face shield with a mask when providing care to the client.
- Tell the client, "You seem to be very upset."
- Engage the panic alarm.

Question: 17 of 180


Time Remaining: 03:41:14
Pause Remaining: 00:05:00 PAUSE 

A nurse is teaching a client about family planning using the basal body temperature method. Which of the following instructions should the nurse include in the teaching?



- "Take your temperature immediately after waking and before getting out of bed."
- "Take your temperature within 30 minutes after your first morning void."
- "Take your temperature 1 hour after getting out of bed."
- "Take your temperature every night before going to bed."

Question: 18 of 180

Time Remaining: 03:40:42
Pause Remaining: 00:05:00 PAUSE 

A nurse is reading a tuberculin skin test for a client who received a purified protein derivative test 72 hr ago. Which of the following findings indicates a positive test?



- An induration measuring 10 mm
- An induration measuring 5 mm
- A reddened area measuring 10 mm
- A reddened area measuring 5 mm

Question: 19 of 180


Time Remaining: 03:40:05
Pause Remaining: 00:05:00 PAUSE 

A nurse is providing teaching about home safety to the adult child of an older adult client who is postoperative following knee replacement surgery. Which of the following instructions should the nurse include?



- Encourage the client to avoid wearing shoes at home.
- Place a throw rug over electrical cords.
- Mark the edges of the doorway to the house with tape.
- Ensure that area rugs have rubber backs.

Question: 20 of 180

Time Remaining: 03:37:00
Pause Remaining: 00:05:00 PAUSE 

A nurse is caring for a client who has heart failure. Which of the following manifestations should the nurse expect?



- Crackles in lungs
- Decreased thirst
- Poor skin turgor
- Tachycardia

Question: 21 of 180

Time Remaining: 03:36:30
Pause Remaining: 00:05:00 PAUSE 

A nurse is assessing a client who received hydromorphone 4 mg IV 15 min ago. The client has a respiratory rate of 10/min. The nurse should prepare to administer which of the following medications?



- Acetylcysteine
- Protamine
- Naloxone
- Flumazenil

Question: 22 of 180

Time Remaining: 03:36:11
Pause Remaining: 00:05:00

PAUSE



A nurse is planning care for a school-age child who is 4 hr postoperative following appendicitis. Which of the following actions should the nurse include in the plan of care?



- Apply a warm compress to the operative site once daily.
- Administer analgesics on a scheduled basis for the first 24 hr.
- Give cromolyn nebulized solution every 8 hr.
- Offer small amounts of clear liquids 6 hr following surgery.

Question: 23 of 180

Time Remaining: 03:35:49
Pause Remaining: 00:05:00

PAUSE



A nurse is caring for a client whose child died from cancer. The client states, "It's hard to go on without him." Which of the following questions should the nurse ask the client first?



- "What has helped you through difficult times in the past?"
- "Has anyone in your family committed suicide?"
- "Is there anyone you would like involved in your care?"
- "Are you thinking about ending your life?"

Question: 24 of 180

Time Remaining: 03:35:05
Pause Remaining: 00:05:00

PAUSE



A nurse is teaching a client about advance directives. Which of the following statements by the client indicates an understanding of the teaching?



- "A living will is a document that includes my wishes about health care decisions."
- "My provider will make my health care decisions if I complete advance directives."
- "Advance directives outline who inherits my material possessions in the event of my death."
- "My partner needs to be present as a witness when I sign a living will."

Question: 25 of 180

Time Remaining: 03:34:59
Pause Remaining: 00:05:00

PAUSE



A nurse is providing teaching to a client who is at 14 weeks of gestation about findings to report to the provider. Which of the following findings should the nurse include in the teaching?

.....

- Bleeding gums
- Fatness upon rising
- Urinary frequency
- Swelling of the face

Swelling of the face

Question: 26 of 180

Time Remaining: 03:34:54
Pause Remaining: 00:05:00

PAUSE



A nurse is providing discharge instructions to a client who has a new prescription for haloperidol. Which of the following adverse effects should the nurse instruct the client to report to the provider?

.....

- Weight gain
- Dry mouth
- Shuffling gait
- Sedation

Shuffling gait

Question: 27 of 180

Time Remaining: 03:33:15
Pause Remaining: 00:05:00

PAUSE



A charge nurse is monitoring a newly licensed nurse who is caring for a client who is receiving total parenteral nutrition (TPN). Which of the following statements by the newly licensed nurse indicates an understanding of the procedure?

.....

- "I will hang a new bag of TPN and IV tubing every 24 hours."
- "I will obtain the client's weight every other day."
- "I will monitor the client's blood glucose level every 8 hours."
- "I will increase the rate of the TPN infusion to ensure the correct amount is given."

"I will monitor the client's blood glucose level every 8 hours."

CONTINUE

Question: 28 of 180

Time Remaining: 03:32:54
Pause Remaining: 00:05:00



A nurse is caring for a client who is in active labor and notes the FHR baseline has been 100/min for the past 15 min. The nurse should identify which of the following conditions as a possible cause of fetal bradycardia?



- Maternal hypoglycemia
- Chorioamnionitis
- Fetal anemia
- Maternal fever

Question: 29 of 180

Time Remaining: 03:29:08
Pause Remaining: 00:05:00



A nurse is assessing a client who has histrionic personality disorder. Which of the following manifestations should the nurse expect?



- Suspicious of others
- Callousness
- Self-centered behavior
- Violates other's rights

Question: 30 of 180

Time Remaining: 03:29:01
Pause Remaining: 00:05:00



A nurse in an emergency department is caring for a 3-year-old child who has suspected epiglottitis. Which of the following actions should the nurse take?



- Prepare to assist with intubation.
- Obtain a throat culture.
- Suction the child's oropharynx.
- Prepare a cool mist tent.



A nurse is caring for a client who is pregnant.

Exhibit 1 Exhibit 2 Exhibit 3

Diagnostic Results

Day 1, 1000:

Appearance cloudy (clear)
Color yellow (yellow)
pH 5.9 (4.6 to 8)
Protein 3+ (negative)
Specific gravity 1.013 (1.005 to 1.03)
Leukocyte esterase negative (negative)
Nitrites negative (negative)
Ketones negative (negative)
Crystals negative (negative)
Casts negative (negative)
Glucose trace (negative)
WBC 5 (0 to 4)
WBC casts none (none)
RBC 1 (less than or equal to 2)
RBC casts none (none)

A nurse is caring for a client who is pregnant.

Exhibit 1 Exhibit 2 Exhibit 3

Vital Signs

Day 1, 0900:

Temperature (oral) 36.9° C (98.4° F)
Heart rate 72/min
Respiratory rate 16/min
BP 162/112 mm Hg
Oxygen saturation 97% on room air

Question: 31 of 180

Time Remaining: 03:27:07
Pause Remaining: 00:05:00

PAUSE



A nurse is caring for a client who is pregnant.

Exhibit 1 Exhibit 2 Exhibit 3

Nurses' Notes

Day 1, 0900:

Client is at 31 weeks of gestation and presents with a severe headache unrelieved by acetaminophen. Client also reports urinary frequency and decreased fetal movement. Client is a G3 P2 with one preterm birth.

The nurse is reviewing the client's medical record.

Select 4 findings that indicate a potential prenatal complication.

.....

- Urine protein
- Fetal activity
- Blood pressure
- Urine ketones
- Respiratory rate
- Report of headache
- Gravida/parity

The nurse is continuing to care for the client.

Exhibit 1 Exhibit 2 **Exhibit 3**

Diagnostic Results

Day 1, 1000:

- Appearance cloudy (clear)
- Color yellow (yellow)
- pH 5.9 (4.6 to 8)
- Protein 3+ (negative)
- Specific gravity 1.013 (1.005 to 1.03)
- Leukocyte esterase negative (negative)
- Nitrites negative (negative)

Day 1, 1000:

- Appearance cloudy (clear)
- Color yellow (yellow)
- pH 5.9 (4.6 to 8)
- Protein 3+ (negative)
- Specific gravity 1.013 (1.005 to 1.03)
- Leukocyte esterase negative (negative)
- Nitrites negative (negative)
- Ketones negative (negative)
- Crystals negative (negative)
- Casts negative (negative)
- Glucose trace (negative)
- WBC 5 (0 to 4)
- WBC casts none (none)
- RBC 1 (less than or equal to 2)
- RBC casts none (none)

Day 1, 1030:

CBC:

- Hemoglobin 18.0 g/dL (12 to 16 g/dL)
- Hematocrit 35% (37 to 47%)
- Platelets 98,000/mm³ (150,000 to 400,000/mm³)
- BUN 19 mg/dL (10 to 20 mg/dL)
- Creatinine 0.8 mg/dL (0.5 to 1 mg/dL)
- WBC 8,000/mm³ (5,000 to 10,000/mm³)
- Glucose 85 mg/dL (74 to 106 mg/dL)

Liver Enzymes:

- Alanine aminotransferase (ALT) 40 units/L (4 to 36 units/L)
- Aspartate aminotransferase (AST) 42 units/L (0 to 35 units/L)
- Total bilirubin 1.2 mg/dL (0.3 to 1 mg/dL)

The nurse is reviewing the assessment findings.

For each assessment finding, click to specify if the finding is consistent with preeclampsia or HELLP syndrome. Each finding may support more than one disease process.

.....

Assessment Findings	Preeclampsia	HELLP syndrome
Hemoglobin	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alanine aminotransferase (ALT)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Blood pressure	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Platelet count	<input type="checkbox"/>	<input type="checkbox"/>

The nurse is continuing to care for the client.

Exhibit 1 **Exhibit 2** Exhibit 3

Vital Signs

Day 1, 0900:

- Temperature (oral) 36.9° C (98.4° F)
- Heart rate 72/min
- Respiratory rate 16/min
- BP 162/112 mm Hg
- Oxygen saturation 97% on room air

Day 1, 0930:

- Temperature (oral) 37.1° C (98.8° F)
- Heart rate 84/min
- Respiratory rate 18/min
- BP 166/110 mm Hg
- Oxygen saturation 99% on room air

The nurse is continuing to care for the client.

Exhibit 1

Exhibit 2

Exhibit 3

Vital Signs

Day 1, 0900:

Temperature (oral) 36.9° C (98.4° F)
Heart rate 72/min
Respiratory rate 16/min
BP 162/112 mm Hg
Oxygen saturation 97% on room air

Day 1, 0930:

Temperature (oral) 37.1° C (98.8° F)
Heart rate 84/min
Respiratory rate 18/min
BP 166/110 mm Hg
Oxygen saturation 99% on room air

Question: 33 of 180

Time Remaining: 03:23:13
Pause Remaining: 00:05:00

PAUSE



The nurse is continuing to care for the client.

Exhibit 1

Exhibit 2

Exhibit 3

Nurses' Notes

Day 1, 0900:

Client is at 31 weeks of gestation and presents with a severe headache unrelieved by acetaminophen. Client also reports urinary frequency and decreased fetal movement. Client is a G3 P2 with one preterm birth.

Day 1, 0930:

Client reports a constant and throbbing headache and rates it as a 6 on a scale of 0 to 10. Denies visual disturbances. +3 pitting edema in bilateral lower extremities. Patellar reflex 4+ without the presence of clonus. Client reports occasional nighttime leg cramps. Reports three fetal movements within the last 30 min. External fetal monitor applied with a baseline FHR 140/min with occasional accelerations and moderate variability. No uterine contractions noted.

Drag words from the choices below to fill in each blank in the following sentence.

.....

The client is at greatest risk for developing _____ and _____

cardiac insufficiency

Conditions

preeclampsia



hypertension



heart failure

