

### HESI MENTAL HEALTH V3 2017 55 QUESTIONS

25. Disturbed thought process.
26. A nurse is explaining a fire drill routine to a group of clients. A client becomes disruptive and continually interrupts the group. What is the nurse's best response?
27. When you interrupt, I cannot explain what to do to the group.
28. When performing a MSE on a client which assessment intervention would best assist the nurse?
29. Ask the client to interpret the proverb a stitch in time saves nine.
30. A client comes in after being in a car accident and is experiencing alcohol withdrawal, magnesium level of 1.1, cardiac dysrhythmias. What would you give first?
31. Magnesium.
32. A woman is just told of her husband's dx of terminal cancer. What would the nurse offer for the spouse (wife)?
33. How would you like to be involved with your husband's care?
34. A nurse is to remove staples from an abdominal incision, the client is very anxious. What is the most important intervention?
35. Attempt to distract the client with general conversation.
36. A man who was stranded on the roof of his house for two days after a natural disaster, months later ...
37. Implement anxiety control strategies
38. A man dx with bipolar disorder states, "I don't understand, I believe in God and have not done anything to deserve this". What is the nurse's best response?
39. You didn't do anything wrong. You have a chemical imbalance in your brain.
40. A client becomes upset when the nurse he requests is not assigned to him, what is the nurse's best response?
41. Advise the client that nursing assignments are not based on client requests.

42. A client needs to wash her hands for two hours before able to go on with her morning. She doesn't want to sit on the chairs in the dayroom for fear of getting dirty. What is this mechanism?
43. **Compulsion.**
44. A client in group is talking about her prostitution, the nurse asks her if she was abused by her parents. She states "my mother ran my father out when I was young". What defense mechanism was used?
45. **Repression.**
46. A woman calls the crisis hotline and says she has a loaded gun and is going to kill herself. To maintain patient confidentiality what would the nurse do?
47. **Contact the person the client chooses to go to the home and remove the weapon.**
48. A client with anger management issues uses belt making and bangs the leather heavily. What defense mechanisms is being used?
49. **Sublimation.**
50. A bipolar client comes into the clinic and tells the nurse that the next time she sees her sister I'm going to kill her. What should the nurse do?
51. **Inform the sister.**
52. What would be the nurse's highest priority for a newly admitted depressed client upon admission?
53. **The nurse should go through the client's belongings.**
54. Who is most prone to being abused (elder abuse)?
55. **Females over 75 living with their families.**
56. A client in the dayroom had tipped over a table and is escalating and has picked up a chair which he is threatening to throw at another client. What should the nurse do first?
57. **Go and get more staff assistance.**
58. A woman who is psychotic is carrying all of her belongings around with her because she is afraid that someone will steal it. What is the best way to establish trust?
59. **Make brief contact with the client throughout the day.**
60. In adolescent group discussing a handout on anger management, a client is becoming increasingly interruptive and talking about his home and pets. What is the nurse's most appropriate response?
61. **Redirect the client to read the handout.**
62. What is the most important intervention for a client with bulimia?
63. **Plan scheduled meals.**
64. A client comes into the ED with DTs. What should the nurse do first?
65. **Administer Ativan.**
66. What are the side effects of Resperdal?
67. **Fever, tachycardia, and sweating.**
68. A client who is refusing to take his medication is wandering on the unit and going in and out of resident's rooms. What is the priority?
69. **Wandering in and out of other client's rooms.**
70. A nurse observes a client in the dayroom talking to himself. What should the nurse do first?
71. **Ask the client if he's currently hearing voices?**

72. A client comes to the nurses' station and told the nurse that her roommate had cut her wrists in the bathroom. After assessing and dressing the wounds, what should the nurse do next?
73. **Move the client to a private room by the nurse's station.**
74. A man comes into the ER after being in a car accident with an alcohol level greater than 2, what should the nurse prepare to administer?
75. **Give Ativan (I DONT THINK THIS ONE IS CORRECT)**
76. What would be proper teaching for a client who is to start taking Antabuse?
77. **Has not had anything alcoholic to drink for the last 48 hours.**
78. Alzheimer's patient-nurse goes to do dressing change and the client refuses. What should the nurse do?
79. **Leave and come back 30 minutes later.**
80. A client is confused in an acute care hospital setting. What would support the dx of delirium instead of dementia?
81. **Delirium: Started in hospital.**
82. An elderly woman is brought to the ER with multiple stages of healing bruises. What should the nurse do?
83. **Take the woman aside and ask her about abuse.**
84. A business man is stressed about his finances, has anxiety and sleeplessness.
85. **Limit intake of sugar and caffeine.**
86. A mother comes into the clinic with her son who is being accused of a crime. She is worried her son will go to jail. What should the nurse say to the mother?
87. **Consequences of enabling behaviors.**
88. What is a common side effect of cocaine use.
89. **Heart attack.**
90. A client on LSD comes into the ER. How do you approach the client?
91. **Talk calmly and soothing to the client.**
92. A client taking Meth and Benzo's, what would the nurse prepare to do for overdose?
93. **Give Narcan.**
94. An alcoholic father tells his wife and children to stay away from him. What is the most important nursing dx?
95. **Risk for injury.**
96. onWhat should you advise a patient a MAOI not to eat?
97. **Cheese, beer, and avocado.**
98. The parents of a teenager who has overdosed what is the first question to ask?
99. **What drug did the client ingest?**
100. A client becomes agitated when the nurse is talking to his wife. He has not eaten in 3 days. What should the nurse do?
101. **Take to quiet room and give PB crackers.**
102. When opening a mental health clinic...
103. **American Nursing Association.**
104. A client with a hx of depression and abusing alcohol with their depression getting worse. What is the most important nursing dx?
105. **Ineffective coping.**

106. A woman is being abused by her husband, the abuse is escalating. What would the nurse ask first?
107. Do you have a plan in place when you are not safe? (SAFETY!!!)
108. A patient has stopped taking Depakote six months ago, what would the nurse assess?
109. Mood.
110. A nurse visits a community half way house with one bathroom. The nurse notices urine all over the walls of the bathroom. The toilet is clogged with feces and paper towels.
111. Infection control.
112. A client with Alzheimer's keeps asking for his mother. What is the nurses appropriate response?
113. Your mothers not here but you are safe.
114. A client is told to come in by friends, clients complaints include losing his job, just got a divorce, single dad with two kids, what would be the best question for nurse to ask?
115. What is troubling you the most?
116. What are the side effects of Lithium?
117. Dehydration, diarrhea, and thirstiness.
118. A client with an anxiety disorder is demonstrating signs of panic. Which intervention would be the most appropriate for the nurse to implement
119. Decrease environmental stimuli and interactions with other people.
120. A client tells the nurse that he is an accomplished writer and that directors of television shows contact him for suggestions on actors and locations. The nurse realizes this client is experiencing the delusion of
121. Grandiosity
122. A client tells the nurse that his father died after the client thought about it for a few days. The nurse suspects the client is delusional and is demonstrating:
123. A magical thinking
124. The nurse overhears a client diagnosed with terminal cancer tell a family member that he will be discharged soon, will return to work, and plans to attend a company event scheduled in a year. The nurse realizes this client is demonstrating the defense mechanism of
125. Denial
126. A female client diagnosed with depression tells the nurse that her husband wants her to “fix herself up” and put on nice clothes. The client continues by saying that she believes her husband is interested in another woman. What should the nurse respond to the client?
127. I can help you shower and get dressed before he comes to visit
128. A client diagnosed with schizophrenia has been refusing prescribed oral medication for several days. The client has broken chair and is coming after another client with the broken chair leg, threatening to do physical harm. What should the nurse do first?
129. Remove the other client from the room.

130. The nurse has identified the diagnosis imbalance Nutrition: More than body requirements for a client diagnosed with bulimia. Which intervention would be appropriate for this diagnosis?
131. **Help client assess situations that precedes bingeing**
132. A client tells the nurse that he has a fear of flying on an airplane but needs to attend a work-related meeting in another part of the country and will have to fly to get there. What can the nurse do to assist this client?
133. **Instruct the client to visualize flying to the meeting destination**
134. During an assessment, a client from the Hispanic culture refuses to maintain eye contact with the nurse. After the nurse overhears the client say “evil eye” to a family member, the nurse realizes the client is demonstrating characteristics of which cultural-specific syndrome?
135. **Induced by witchcraft**
1. A male client with schizophrenia is admitted to the mental health unit after abruptly stopping his prescription for ziprasidone (Geodon) one month ago. Which question is most important for the nurse to ask the client
  2. **Do you hear voices**
  3. A female client with a history of drinking who was admitted 8 hours ago after receiving treatment for minor abrasions occurred from a fall at home. The nurse determines the client's blood alcohol level (BAL) was not analyzed on administration action should the nurse take
  4. **Ask client about alcohol quantity, frequency, and time of last drink**
  5. A male client is admitted to the psychiatric inpatient unit with a bandaged flesh wound after attempting to shoot himself. he is recently divorced one year ago, lost his job four months ago, and suffered a break up of his current relationship last week. What is the most likely source of this client's current feelings of depression
  6. **a sense of loss**
  7. What is the most important goal for a client diagnosed with major depression who has been receiving an antidepressant medication for two weeks
  8. **No attempt to commit suicide**
  9. A male adult comes to the mental health clinic and walks back and forth in front of the office door, but does not enter the office. He then walks around a chair that is in the hallway several times before sitting down in the chair. What action should the nurse take first
  10. **observe the client in the chair**
  11. A male client in the mental health unit is guarded and vaguely answers the nurse's questions. He isolates to his room and sometimes opens the door to peek into the hall. Which problem can the nurse anticipate
  12. **delusions of persecution**