

ATI FUNDAMENTALS PROCTORED EXAM COMPLETE QNS & ANS WITH RATIONALES FINAL LATEST 2023

1*A nurse is teaching a client how to self-administer insulin. Which of the following actions should the nurse take to evaluate the client's understanding of the process within the psychomotor domain of learning? **Have the client demonstrates the procedure.**

Having the client demonstrate the procedure provides the nurse the ability to evaluate the client's understanding within the psychomotor domain of learning.

2*A nurse is preparing to administer a cleansing enema to a client. Which of the following actions should the nurse plan to take? **Position the client on his left side.**

Positioning is an important aspect of administering an enema. Having the client lie on his left side facilitates the flow of the enema solution into the sigmoid and descending colon.

3*A client who reports shortness of breath requests her nurse's help in changing positions. After repositioning the client, which of the following actions should the nurse take next?

Observe the rate, depth, and character of the client's respirations.

The nurse should apply the nursing process priority-setting framework when caring for this client. The nurse can use the nursing process to plan client care and prioritize nursing actions. Each step of the nursing process builds on the previous step, beginning with assessment or data collection. Before the nurse can formulate a plan of action, implement a nursing intervention, or notify a provider of a change in the client's status, the nurse must first collect adequate data from the client. Assessing or collecting additional data will provide the nurse with knowledge to make an appropriate decision; therefore, the first action the nurse should take is to assess the client's respiratory status.

4*A nurse is caring for a client who has bilateral casts on her hands. Which of the following actions should the nurse take when assisting the client with feeding?

Sit at the bedside while feeding the client.

The nurse should avoid appearing to be in a hurry. Sitting at the bedside provides the client with the nurse's full attention during the feeding.

5*A nurse is caring for a client who, while sitting in a chair, starts to experience a seizure. Which of the following actions should the nurse take?

Lower the client to the floor and place a pad under the clients head.

To reduce the risk of injury to the client, the nurse should lower the client to the floor and place a pillow or other soft object under the client's head.

6*A home health nurse is planning to provide health promotion activities for a group of clients in the community. Which of the following activities is an example of the nurse promoting primary prevention?

Educating clients about the recommended immunization schedule for adults.

Primary prevention includes health education about disease prevention.

7*An assistive personnel (AP) is assisting a nurse with the care of a female client who has an indwelling urinary catheter. Which of the following actions by the AP indicates for further teaching?

The AP hangs the collection bag at the level of the bladder.

The AP should place the drainage bag below the level of the bladder to ensure proper drainage by gravity.

8*A nurse is performing a neurological assessment for a client. Which of the following examinations should the nurse use to check the client's balance? **Romberg Test**

When using the Romberg test, the nurse instructs the client to stand with his feet together and arms at sides, first with his eyes open and then with eyes closed. The inability to maintain balance is a positive Romberg test.

9*A nurse is providing discharge teaching to a client who is recovering from lung cancer. The provider instructed the client that he could resume lower-intensity activities of daily living. Which of the following activities should the nurse recommend to the client? **Washing dishes**

Washing dishes requires a low level of activity and is appropriate for this client.

10* A nurse is planning to perform passive range-of-motion exercises for a client. Which of the following actions should the nurse take? **Repeat each joint motion five times during each session**

To maintain the client's joint mobility the nurse should repeat each motion three to five times.

11* A nurse is planning care for a client who has a single-lumen nasogastric (NG) tube for gastric decompression. Which of the following actions should the nurse include in the plan of care? (Select all that apply.)

Provide oral hygiene frequently

Measure the amount of drainage from the NG tube every shift

Secure the NG tube to the client's gown

12* A nurse is reviewing the laboratory values for a client who has a positive Chvostek's sign. Which of the following laboratory findings should the nurse expect? **Decrease calcium**

Calcium is necessary for nerve conduction and muscle contractions. When the client's total calcium level is below 8.4 mg/dL, tetany and muscle spasms may occur. The nurse should tap the facial nerve in front of the client's ear. If facial muscle twitching follows this stimulus, it is a positive Chvostek's sign and an indication of hypocalcemia.

13* A nurse is caring for a client who has a prescription for a vest restraint. Which of the following actions should the nurse take? **Tie the restraint with a quick-release knot**

The nurse should use a quick-release knot that can be untied easily in case the client's well-being requires quickly removing the restraints.

14* A nurse is reviewing the correct use of a fire extinguisher with a client. Which of the following actions should the nurse direct the client to take first? **Remove the safety pin from the extinguisher**

Evidenced-based practice indicates removing the safety pin from the extinguisher is the first action to take when using a fire extinguisher; therefore, this is the action the nurse should instruct the client to take first.

15* A nurse is caring for a client who is receiving a blood transfusion. The client reports flank pain and the nurse notes reddish-brown urine in the client's urinary bag. The nurse recognizes these manifestations as which of the following types of transfusion reaction?

Hemolytic

A hemolytic reaction occurs when the client's blood is incompatible with the donor's blood. Chills, low back pain, hypotension, and tachycardia are indications of a hemolytic transfusion reaction.

16* A nurse in the emergency department is caring for a client who has abdominal trauma. Which of the following assessment findings should the nurse identify as an indication of hypovolemic shock? **Tachycardia**

Due to the decrease in circulating blood volume that occurs with internal bleeding, the oxygen-carrying capacity of the blood is reduced. The body attempts to relieve the hypoxia by increasing the heart rate and cardiac output, along with increasing the respiratory rate.

17* A nurse in a provider's office is assessing a client who has heart failure. The client has gained weight since her last visit and her ankles are edematous. Which of the following findings by the nurse is another clinical manifestation of fluid volume excess? **Bounding pulse**

Bounding pulse is an expected finding of fluid volume excess.

18* A nurse is caring for a client who has clostridium difficile and is in contact isolation. Which of the following actions should the nurse take? **Wear gloves when changing the client's gown**

19* A nurse is reviewing measures to prevent back injuries with assistive personnel (AP). Which of the following instructions should the nurse include?

When lifting an object, spread your feet apart to provide a wide base of support.

The AP should spread his feet apart because a wide base of support increases stability.

20*A nurse on a telemetry unit is caring for a client who had a myocardial infarction. The client states "All this equipment is making me nervous." Which of the following responses should the nurse make?

"All of this equipment can be frightening."

This statement is therapeutic because the nurse is reflecting the client's statement. The client is feeling fearful, and this response shows that the nurse understands those feelings, which will encourage the client to communicate more.

21*A nurse is using the I-SBAR communication tool to provide the client's provider with information about the client. The nurse should convey the client's pain status in which portion of the report? **Assessment**

The nurse provides information about assessment findings in this portion of the report. This includes vital signs, pain assessment, and changes in assessment findings.

22An adolescent client in an outpatient mental health facility tells the nurse that it is hard to follow his treatment plans because his friends discourage him. Which of the following statements should the nurse make? **"Tell me more about how your friends discourage you."**

23*A nurse is caring for a client who is 48 hr postoperative following a small bowel resection. The client reports gas pain in the periumbilical area. The nurse should plan care bases on which of the following factors contributing to this postoperative complications? **Impaired peristalsis of the intestines**

Normal bowel function is delayed for up to several days following a bowel resection. When peristalsis is absent or sluggish, intestinal gas builds up, producing pain and abdominal distention. The nurse should plan to assist the client to ambulate to promote peristalsis.

24*A hospice nurse is reviewing religious practices of a group of clients with newly licensed nurse indicates an understanding of the teaching? **"People who practice Judaism stay with the body of the deceased until burial."**

In the Jewish faith, a family member often stays with the body until burial occurs.