

# NGN 2023 ATI PN FUNDAMENTALS PROCTORED DIFFERENT VERSIONS EXAMS/ ATI PN FUNDAMENTALS STUDYGUIDE/ PN FUNDAMENTALS PRACTICE QUESTIONS GRADED A

## VERSION 1

1. A confused client with carbon monoxide poisoning experiences dizziness when ambulating to the bathroom. The nurse should:
  - A. Put all four side rails up on the bed
  - B. Ask the unlicensed assistive personnel to place restraints on the client's upper extremities
  - C. Request that the client's roommate put the call light on when the client is attempting to get out of bed
  - D. **Check on the client at regular intervals to ascertain the need to use the bathrooms**
2. The nurse should use which type of precautions for a client being admitted to the hospital with suspected tuberculosis?
  - A. Hand hygiene
  - B. Contact precautions
  - C. Droplet precautions
  - D. **Airborne precautions**
3. The nurse is teaching a client with stomatitis about mouth care. Which instruction is most appropriate?
  - A. Drink hot tea at frequent intervals
  - B. Gargle with antiseptic mouthwash
  - C. Use an electric toothbrush
  - D. **Eat a soft, bland diet**
4. A client with cancer of the stomach had a total gastrectomy 2 days earlier. Which indicates the client is ready to try a liquid diet? The client:
  - A. Is hungry
  - B. Has not requested pain medication for 8 hours
  - C. **Has frequent bowel sounds**
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5. A client has returned from surgery during which the jaws were wired as treatment for a fractured mandible. The client is in stable condition. The nurse is instructing the unlicensed assistive personnel (UAP) on how to properly position the client. Which instructions about positioning would be appropriate for the nurse to give to the UAP?
  - A. **Keep the client in a side-lying position with the head slightly elevated**
  - B. Do not reposition the client without the assistance of a registered nurse
  - C. The client can assume any position that is comfortable
  - D. Keep the client's head elevated on two pillows at all times

6. The nurse's best explanation for why the severely neutropenic client is placed in reverse isolation is that reverse isolation helps prevent the spread of organisms:
- To the client from sources outside the client's environment
  - From the client to healthcare personnel, visitors and other clients
  - By using special techniques to handle the client's linens and personal items
  - By using special techniques to dispose of contaminated materials
7. Which statement indicated to the nurse that a client has understood the discharge instructions provided after nasal surgery?
- "I should not shower until my packing is removed."
  - "I will take stool softeners and modify my diet to prevent constipation."
  - "Coughing every 2 hours is important to prevent respiratory complications."
  - "It is important to blow my nose each day to remove the dried secretions."
8. The nurse is suctioning a client who had a laryngectomy. What is the maximum amount of time the nurse should suction the client?
- 10 seconds
  - 20 seconds
  - 25 seconds
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9. A client with a history of asthma is admitted to the emergency department. The nurse notes that the client is dyspneic, with a respiratory rate of 35 breaths/min, nasal flaring, and use of accessory muscles. Auscultation of the lung fields reveals greatly diminished breath sounds. What should the nurse do first?
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15. The nurse is caring for an older adult with mild dementia with heart failure. What nursing care will be helpful for this client in reducing potential confusion related to hospitalization and change in routine? Select all that apply.
- A. Reorient frequently to time, place and situation.
  - B. Put the client in a quiet room furthest from the nursing station.
  - C. Perform the necessary procedures quickly.
  - D. Arrange for familiar pictures or special items at bedside.
  - E. Limit the client's visitors.
  - F. Spend time with the client, establishing a trusting relationship.
16. Which would be most helpful when coaching a client to stop smoking?
- A. Review the negative effects of smoking on the body.
  - B. Discuss the effects of passive smoking on environmental pollution.
  - C. Establish the client's daily smoking pattern.
  - D. Explain how smoking worsens high blood pressure.

17. A nurse is helping a suspected choking victim. The nurse should perform the Heimlich maneuver when the victim:
- A. Starts to become cyanotic
  - B. Cannot speak due to airway obstruction
  - C. Can make only minimal vocal noises
  - D. Is coughing vigorously
18. While the nurse is providing preoperative teaching for a client with peripheral vascular disease who is to have a below-the-knee amputation, the client says, "I hate the idea of being an invalid after they cut off my leg." The nurse's most therapeutic response should be:
- A. "Focusing on using your one good leg will make your recovery easier."
  - B. "Tell me more about how you are feeling."
  - C. "We will talk more about this after your surgery."
  - D. "You are fortunate to have a wife who can take care of you."
19. Which indicates that a client has achieved the goal of correctly demonstrating deep breathing for an upcoming splenectomy? The client:
- A. Breathes in through the nose and out through the mouth
  - B. Breathes in through the mouth and out through the nose
  - C. Uses diaphragmatic breathing in the lying, sitting, and standing positions.
  - D. Takes a deep breath in through the nose, holds it for seconds, and blows it out through pursed lips
20. Which nursing action is most important in preventing cross-contamination?
- A. Changing gloves immediately after use
  - B. Standing 2 feet (61cm) from the client
  - C. Speaking minimally when in the room
  - D. Wearing protective coverings
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Can an RN delegate to the LPN to provide tracheostomy care to a client with pneumonia? Yes.

A nurse on a med-surg unit has received change-of-shift report & will care for 4 clients. Which of the following client's needs may the nurse assign to a assistive personnel (AP)?

- A. Feeding a client who was admitted 24 hrs ago w/aspiration pneumonia
- B. Reinforcing teaching w/a client who is learning to walk using a quad cane

- C. Reapplying a condom catheter for a client who has urinary incontinence
- D. Applying a sterile dressing to a pressure ulcer

C. Reapplying a condom catheter for a client who has urinary incontinence

**Rationale: The application of a condom catheter is a noninvasive, routine procedure that the nurse may delegate to the AP**

A nurse is delegating the ambulation of a client who had knee arthroplasty 5 days ago to an AP. Which of the following information should the nurse share with the AP? Select All.

- A. The roommate is up independently.
- B. The client ambulates w/his slippers on over his antiembolic stockings
- C. The client uses a front-wheeled walker when ambulating
- D. The client had pain medication 30 min ago
- E. The client is allergic to codeine
- F. The client ate 50% of his breakfast this morning

B, C, D

An RN is making assignments for client care to a LPN at the beginning of the shift. Which of the following assignments should the LPN question?

- A. Assisting a client who is 24hr postop to use an incentive spirometer
- B. Collecting a clean-catch urine specimen from a client who was admitted on the previous shift
- C. Providing nasopharyngeal suctioning for a client who has pneumonia
- D. Replacing the cartridge and tubing on a PCA pump

D. Replacing the cartridge and tubing on a PCA pump

**Rationale: The RN is responsible for the PCA pump**

A nurse is preparing an in-service program about delegation. Which of the following elements should she identify when presenting the 5 rights of delegation? Select all.

- A. Right client
- B. Right supervision/evaluation
- C. Right direction/communication
- D. Right time
- E. Right circumstances



B, C, E

**Rational: A and D are rights of medication administration**

A nurse manager of a med-surg unit is assigning care responsibilities for the oncoming shift. A client is awaiting transfer back to the unit from the PACU following thoracic surgery. To which staff member should the nurse assign to this client?

- A. Charge nurse
- B. RN
- C. LPN
- D. AP

B. RN

**Rational: A client returning from surgery requires assessment and establishment of a plan of care. RNs are responsible for this, especially if the client is potentially unstable.**

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A nurse observes an AP reprimanding a client for not using the urinal properly. The AP tells him she will put a diaper on him if he does not use the urinal more carefully next time. Which of the following torts is the AP committing?

- A. Assault
- B. Battery
- C. False imprisonment
- D. Invasion of privacy

A. Assault

**Rational: By threatening the client, the AP is committing assault.**

An adult client who is competent tells the nurse that he is thinking about leaving the hospital against medical advice. The nurse believes that this is not in the client's best interest, so she administers a PRN sedative med that the client has not requested along w/his usual meds. Which of the following tort has the nurse committed?

- A. Assault
- B. False imprisonment
- C. Negligence
- D. Breach of confidentiality

## B. False imprisonment

**Rational: The nurse gave the med as a chemical restraint to keep the client from leaving the facility against medical advice. The client did not consent.**

A client who will undergo neurosurgery the following week tells the nurse in the surgeon's office that he will prepare his advance directives before he goes to the hospital. Which of the following statements by the client indicates to the nurse that he understands advance directives?

- A. "I'd rather have my brother make decisions for me, but I know it has to be my wife."
- B. "I know they won't go ahead w/the surgery unless I prepare these forms."
- C. "I plan to write that I don't want them to keep me on a breathing machine."
- D. "I will get my regular doctor to approve my plan before I hand it in at the hospital."

**C. "I plan to write that I don't want them to keep me on a breathing machine."**

**Rational: The client has the right to decide and specify which medical procedures he wants when a life-threatening situation arrives**

A client is about to undergo an elective surgical procedure. Which of the following actions are appropriate for the nurse who is providing pre-op care regarding informed consent? Select all.

- A. Make sure the surgeon obtained the client's consent
- B. Witness the client's signature on the consent form
- C. Explain the risks and benefits of the procedure
- D. Describe the consequences of choosing not to have the surgery
- E. Tell the client about alternatives to having the surgery

**A, B**

**Rational: The rest of the choices are the surgeon's responsibility, not the nurse**

A nurse has noticed several occasions in the past week when another nurse on the unit seemed drowsy & unable to focus on the issue at hand. Today, she found the nurse asleep in a chair in the break room when she was not on break. Which of the following actions should the nurse take?

- A. Remind the nurse that safe client care is a priority on the unit
- B. Ask others on the team whether they have observed the same behavior