

HESI Mental Health RN Questions and Answers from V1-V3 **Test Banks and Actual Exams (Latest Update 2020) Rated A+**

1. During admission to the psychiatric unit, a female client is extremely anxious and states that she is worried about the sun coming up the next day. What intervention is most important for the RN to implement during the admission process?

- A. Assist the client in developing alternative coping skills.
- B. Remain calm and use a matter of fact approach.
- C. Ask the client why she is so anxious
- D. Administer a PRN sedative to help relieve her anxiety.

2. A female client is brought to the emergency department after police officers found her disoriented, disorganized, and confused. The RN also determines that the client is homeless and is exhibiting suspiciousness. The client's plan of care should include what priority problem?

- A. Acute confusion.
- B. Ineffective community coping
- C. Disturbed sensory perception.
- D. Self-care deficit.

3. The occupational health nurse is working with a female employee who was just notified that her child was involved in a MVA and taken to the hospital. The employee states, "I can't believe this. What should I do?" Which response is best for the RN to provide in this crisis?

- A. Tell me what you think should happen.
- B. How serious was the collision?
- C. What do you think you should do?
- D. Call for transportation to the hospital.

4. A client tells the RN that he has an IQ of 400+ and is a genius and an inventor. He also reports that he is married to a female movie star and thinks that his brother wants a sexual relationship with her. What is the priority nursing problem for admission to the psychiatric unit?

- A. Ineffective sexual patterns.
- B. Impaired environmental interpretation.
- C. Disturbed sensory perception.
- D. Compromised family coping.

5. The RN is providing care for a client diagnosed with borderline personality disorder who has self-inflicted lacerations on the abdomen. Which approach should the RN use when changing this client's dressing?

- A. Provide detailed thorough explanations when cleansing wound.
- B. Perform the dressing change in a non-judgmental manner.
- C. Ask in a non-threatening manner why the client cut own abdomen.
- D. Request another staff member assist with the dressing change.

6. While sitting in the day room of the mental health unit, a male adolescent avoids eye contact, looks at the floor, and talks softly when interacting verbally with the RN. The two trade places, and the RN demonstrates the client's behaviors. What is the main goal of this therapeutic technique?

- A. Initiate a non-threatening conversation with the client.
- B. Dialog about the ineffectiveness of his interactions.
- C. Allow the client to identify the way he interacts.
- D. Discuss the client's feelings when he responds.

7. An antidepressant medication is prescribed for a client who reports sleeping only 4 hours in the past 2 days and weight loss of 9 lbs within the last month. Which client goal is most important to achieve within the first three days of treatment?

- A. Meet scheduled appointment with dietitian.
- B. Sleep at least 6 hours a night.
- C. Understands the purpose of the medication regimen.
- D. Describes the reasons for hospitalization.

8. When preparing to administer to domestic violence screening tool to a female client, which statement should the RN provide?

- A. If your partner is abusing you, I need to ask these questions.
- B. State law mandates that I ask if you are a victim of domestic violence.
- C. The HCP provider needs to know if you are experiencing any domestic abuse.
- D. All clients are screened for domestic abuse because it is common in our society.

9. A young adult female visits the mental health clinic complaining of diarrhea, headache, and muscle aches. She is afebrile, denies chills, and all laboratory findings are within normal limits. During the physical assessment, the client tells the RN that her sister thinks she is neurotic and calls her a hypochondriac. Which response is best for the RN to provide?

- A. Unless your sister has a medical education, ignore her comments.
- B. I can hear that your sister comments are over-whelming you.
- C. Do you think it's possible that you might be a hypochondriac?
- D. Besides your sister's comments, what in your life is troubling you?

10. The RN is leading a group on the inpatient psychiatric unit. Which approach should the RN use during the working phase of group development?

- A. Establishing a rapport with group members.
- B. Clarifying the nurse's role and clients' responsibilities.
- C. Discussing ways to use new coping skills learned.
- D. Helping clients identify areas of problem in their lives.

11. A male client with schizophrenia is demonstrating echolalia, which is becoming annoying to other clients on the unit. What intervention is best for the RN to implement?

- A. Isolate the client from the other clients.
- B. Administer PRN sedative.
- C. Avoid recognizing the behavior.
- D. Escort the client to his room.

12. A client is admitted for bipolar disorder and alcohol withdrawal, depressive phase. Based on which assessment finding will the RN withhold the clonidine (Catapres) prescription?