

CRITICAL CARE HESI PRACTICE QUESTIONS & ANSWERS

(43 Q&A)

1. What assessment findings should the nurse document in the electronic medical record for a client who is experiencing autonomic dysreflexia after a TANSWER-4 spinal cord injury

ANSWER-Severe hypertension, diaphoresis, and flushing above the lesion

2. As the nurse is turning a client with a chest tube, the chest tube becomes dislodged from the pleural space. What action should the nurse take first?

ANSWER-Have the client exhale forcefully and tape 3 sides of a sterile gauze over the insertion site

3. The nurse plans to administer a low dose prescription for dopamine (Intropin) to a client who is in septic shock. Which physiological parameter should the nurse use to evaluate a therapeutic response to dopamine?

ANSWER-Urinary Output

4. The nurse assesses a male client postoperatively who has an arterial line in the radial artery. Assessment findings include pallor, parasthesia, and slow capillary refill in the client's right hand fingers. What action should the nurse plan?

ANSWER-Notify the HCP

5. A male client is admitted to the cardiac intensive unit with chest pain that began twelve hours ago. The nurse recognizes increased ventricular ectopy? Based on this assessment finding, what actions is most important for the nurse to implement?

ANSWER-Initiate the unit's antiarrhythmic protocol if symptomatic.

6. The nurse is assessing a client who was admitted 24 hours ago to the critical care unit following a motorcycle collision. Which client finding requires intervention by the nurse to reduce the risk for complication related to increased intracranial pressure?

ANSWER-Change of PaCo₂ to 55 mm Hg following ventilator setting adjustments

7. A client is receiving cardiopulmonary resuscitation. After asystole is confirmed in two leads and sending for the transcutaneous pacemaker, which intravenous medication should be administered?

ANSWER-Epinephrine

8. The nurse performs a prescribed neurological check at the beginning of the shift on a client who was admitted to the hospital with a subarachnoid brain attack (stroke). The client's Glasgow coma scale is 9. What information is most important for the nurse to determine?

ANSWER-The client's previous GCS score