

HESI PN EXIT EXAM V3 LATEST VERSION 2022-2024 ALL 110 QUESTIONS AND VERIFIED RATIONALED ANSWERS GRADED A

1. An adult client experiences a gasoline tank fire when riding a motorcycle and is admitted to the emergency department (ED) with full thickness burns to all surfaces of both lower extremities. What percentage of body surface area should the nurse document in the electronic medical record (EMR)?

 - 9 %
 - 18 %
 - **36 %**
 - 45 %
 - Rational: according to the rule of nines, the anterior and posterior surfaces of one lower extremity is designated as 18 % of total body surface area (TBSA), so both extremities equals 36% TBSA, other options are incorrect.
2. The nurse is preparing a 4-day-old infant with a serum bilirubin level of 19 mg/dl (325 micromol/L) for discharge from the hospital. When teaching the parents about home phototherapy, which instruction should the nurse include in the discharge teaching plan?

 - **Reposition the infant every 2 hours.**
 - Perform diaper changes under the light.
 - Feed the infant every 4 hours.
 - Cover with a receiving blanket.
 - Rational: An infant, who is receiving phototherapy for hyperbilirubinemia, should be repositioned every two hours. The position changes ensure that the phototherapy lights reach all of the body surface areas. Bathing, feedings, and diaper changes are ways for the parents to bond with the infant, and can

occur away from the treatment. Feedings need to occur more frequently than every 4 hours to prevent dehydration. The infant should wear only a diaper so that the skin is exposed to the phototherapy.

3. A 13 years-old client with non-union of a comminuted fracture of the tibia is admitted with osteomyelitis. The healthcare provider collects bone aspirate specimens for culture and sensitivity and applies a cast to the adolescent's lower leg. What action should the nurse implement next?

- Administer antiemetic agents
- Bivalve the cast for distal compromise
- Provide high- calorie, high-protein diet
- **Begin parenteral antibiotic therapy**
- **Rationale:** The standard of treatment for osteomyelitis is antibiotic therapy and immobilization. After bone and blood aspirate specimens are obtained for culture and sensitivity, the nurse should initiate parenteral antibiotics as prescribed.

4. The nurse is preparing a community education program on osteoporosis. Which instruction is helpful in preventing bone loss and promoting bone formation?

- **Recommend weight bearing physical activity**

5. A client with a history of chronic pain requests a nonopioid analgesic. The client is alert but has difficulty describing the exact nature and location of the pain to the nurse. What action should the nurse implement next?

- **Administer the analgesic as requested**

6. A male client receives a thrombolytic medication following a myocardial infarction. When the client has a bowel movement, what action should the nurse implement?

- **Send stool sample to the lab for a guaiac test**

- Observe stool for a day-colored appearance.
- Obtain specimen for culture and sensitivity analysis
- Assess for fatty yellow streaks in the client's stool.

- Rationale: Thrombolytic drugs increase the tendency for bleeding. So guaiac (occult blood test) test of the stool should be evaluated to detect bleeding in the intestinal tract.
7. The mother of a child with cerebral palsy (CP) asks the nurse if her child's impaired movements will worsen as the child grows. Which response provides the best explanation?
- **Brain damage with CP is not progressive but does have a variable course**
8. During shift report, the central electrocardiogram (EKG) monitoring system alarms. Which client alarm should the nurse investigate first?
- **Respiratory apnea of 30 seconds**
9. In early septic shock states, what is the primary cause of hypotension?
- Peripheral vasoconstriction
 - **Peripheral vasodilation**
 - Cardiac failure
 - A vagal response
10. Rationale: Toxins released by bacteria in septic shock create massive peripheral vasodilation and increase microvascular permeability at the site of the bacterial invasion
11. **When planning care for a client with acute pancreatitis, which nursing intervention has the highest priority?**

- **Withhold food and fluid intake.**

- Initiate IV fluid replacement.
- Administer antiemetic as needed.
- Evaluate intake and output ratio.
- **Rational:** The pathophysiologic processes in acute pancreatitis result from oral fluid and ingestion that causes secretion of pancreatic enzymes, which destroy ductal tissue and pancreatic cells, resulting in auto digestion and fibrosis of the pancreas. The main focus of the nursing care is reducing pain caused by pancreatic destruction through interventions that decrease GI activity, such as keeping the client NPO. Other choices are also important intervention but are secondary to pain management.

12. A 56-years-old man shares with the nurse that he is having difficulty making decision about terminating life support for his wife. What is the best initial action by the nurse?

- **Provide an opportunity for him to clarify his values related to the decision**

- Encourage him to share memories about his life with his wife and family
- Advise him to seek several opinions before making decision
- Offer to contact the hospital chaplain or social worker to offer support.
- **Rationale:** When a client is faced with a decisional conflict, the nurse should first provide opportunities for the client to clarify values important in the decision. There may also be beneficial once the client has clarified the values that are important to him in the decision-making process.

13. A client is being discharged home after being treated for heart failure (HF). What instructions should the nurse include in this client's discharge teaching plan?

- **Weigh every morning**

- Eat a high protein diet
- Perform range of motion exercises
- Limit fluid intake to 1,500 ml daily

14. A woman just learned that she was infected with *Helicobacter pylori*. Based on this finding, which health promotion practice should the nurse suggest?

- **Encourage screening for a peptic ulcer**

15. A client who recently underwent a tracheostomy is being prepared for discharge to home. Which instruction is most important for the nurse to include in the discharge plan?

- **Teach tracheal suctioning techniques**

16. A child with heart failure is receiving the diuretic furosemide (Lasix) and has serum potassium level 3.0 mEq/L. Which assessment is most important for the nurse to obtain?

- **Cardiac rhythm and heart rate.**

- Daily intake of foods rich in potassium.

- Hourly urinary output
- Thirst and skin turgor.

17. The nurse notes a depressed female client has been more withdrawn and non-communicative during the past two weeks. Which intervention is most important to include in the updated plan of care for this client?

- Encourage the client's family to visit more often
- Schedule a daily conference with the social worker
- Encourage the client to participate in group activities

- **Engage the client in a non-threatening conversation.**

- **Rationale:** Consistent attempts to draw the client into conversations which focus on non-threatening subjects can be an effective means of eliciting a response, thereby decreasing isolation behaviors. There is not sufficient data to support the effectiveness of A as an intervention for this client. Although B may be indicated, nursing interventions can also be used to treat this client. C is too threatening to this client.

18. A client with rheumatoid arthritis (RA) starts a new prescription of etanercept (Enbrel) subcutaneously once weekly. The nurse should emphasize the importance of reporting a problem to the healthcare provider?

- Headache
- Joint stiffness

- **Persistent fever**

- Increase hunger and thirst
- **Rationale:** Enbrel decreases immune and inflammatory responses, increasing the client's risk of serious infection, so the client should be instructed to report a persistent fever, or other signs of infection to the

healthcare provider.

19. The nurse is assessing an older adult with type 2 diabetes mellitus. Which assessment finding indicates that the client understands long-term control of diabetes?

- The fasting blood sugar was 120 mg/dl this morning.
- Urine ketones have been negative for the past 6 months
- **The hemoglobin A1C was 6.5g/100 ml last week**
- No diabetic ketoacidosis has occurred in 6 months.
- Rationale: A hemoglobin A1C level reflects the average blood sugar the client had over the previous 2 to 3 months, and a level of 6.5 g/100 ml suggests that the client

understand long-term diabetes control. Normal value in a diabetic patient is up to 6.5 g/100 ml.

20. An older male client is admitted with the medical diagnosis of possible cerebral vascular accident (CVA). He has facial paralysis and cannot move his left side. When entering the room, the nurse finds the client's wife tearful and trying unsuccessfully to give him a drink of water. What action should the nurse take?

- **Ask the wife to stop and assess the client's swallowing reflex**

21. A client diagnosed with calcium kidney stones has a history of gout. A new prescription for aluminum hydroxide (Amphogel) is scheduled to begin at 0730. Which client medication should the nurse bring to the healthcare provider's attention?

- **Allopurinol (Zyloprim)**

- Aspirin, low dose
- Furosemide (Lasix)
- Enalapril (Vasotec)

22. A male client's laboratory results include a platelet count of 105,000/mm³. Based on this finding, the nurse should include which action in the client's plan of care?

- Cluster care to conserve energy
- Initiate contact isolation
- **Encourage him to use an electric razor**
- Assess him for adventitious lung sounds

- Rationale: This client is at risk for bleeding based on his platelet count (normal 150,000 to 400,000/ mm³). Safe practices, such as using an electric razor for shaving, should be encouraged to reduce the risk of bleeding.

23. A client is admitted to the hospital after experiencing a brain attack, commonly referred to as a stroke or cerebral vascular accident (CVA). The nurse should request a referral for speech therapy if the client exhibits which finding?

- Abnormal responses for cranial nerves I and II
- **Persistent coughing while drinking**
- Unilateral facial drooping
- Inappropriate or exaggerated mood swings

24. At 1615, prior to ambulating a postoperative client for the first time, the nurse reviews the client's medical record. Based on data contained in the record, what action should the nurse take before assisting the client with ambulation:

- **Remove sequential compression devices.**
- Apply PRN oxygen per nasal cannula.
- Administer a PRN dose of an antipyretic.
- Reinforce the surgical wound dressing.
- Rationale: Sequential compression devices should be removed prior to ambulation and there is no indication that this action is contraindicated. The client's oxygen saturation levels have been within normal limits for the previous four hours, so supplemental oxygen is not warranted.

25. Which assessment finding for a client who is experiencing pontine myelinolysis should the nurse report to the healthcare provider?