

NUR105_M4EQ0077

1.25 points possible (graded, results hidden)

Ten minutes after starting a transfusion of packed red cells the patient reports back pain. The RN notes an oral temperature of 101.3° F and a heart rate of 114 beats per minute. What is the RN's priority response?

- Obtain an ECG.
- Flush the IV line with normal saline.
- Notify the physician.
- Discontinue the transfusion. submitted

You have used 1 of 1 attempt Some problems have options such as save, reset, hints, or show answer. These options follow the Submit button.

Answer submitted.

NUR105_M4EQ0078

1.25 points possible (graded, results hidden)

The RN encourages the postoperative patient to use the incentive spirometer. He states "I don't like this thing. What good does it do anyway?" What is the appropriate RN response?

- "It helps reduce spasm in the alveolar capillaries."
- "It is used to reduce the risk of atelectasis and pneumonia."
- "Incentive spirometry is used to strengthen the muscles of respiration."
- "Incentive spirometry promotes thinning of secretions to clear the airway." submitted

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Answer submitted.

NUR105_M4EQ0079

1.25 points possible (graded, results hidden)

The RN is caring for an acutely ill patient with chronic pulmonary disease and notes labored respiration. How would the RN position the patient to promote ventilation of the lung?

- Partially supine with a small pillow supporting the head.
- Right Sims position with the knees flexed.
- Leaning forward with arms resting on over bed table. submitted
- Semi-Fowlers with arms positioned at shoulder level.

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Answer submitted.

NUR105_M4EQ0152

1.25 points possible (graded, results hidden)

When assessing a 9-month-old, which finding would require the RN to collect additional data?

- Abdominal breathing.
- Irregular depth of respirations.
- Round chest with visible ribs. submitted
- Respiratory rate of 44.

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Answer submitted.

NUR105_M4EQ0153

1.25 points possible (graded, results hidden)

Which instruction would the RN give to a patient when auscultating the lungs?

- Take a deep breath in and hold it. submitted
- Breathe slowly in and out.
- Breathe in through the nose, and then cough.
- Take a slow, deep breath in through your mouth.

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Answer submitted.

NUR105_M4EQ0082

1.25 points possible (graded, results hidden)

A patient uses a peak flow meter at home to monitor airflow. Which statement indicates an understanding of the purpose of the procedure?

- “The airways to my lungs must be really wide open today; I set a new personal high this morning.” submitted
- “Clamping down on the mouthpiece to my peak flow meter really makes me be able to take a very deep breath.”

“I keep my meter next to my bed so I can use it when I am all stretched out just before I put out the light.”

“I only had to exhale into my flow meter one time last night because I matched my best flow level on the first try.”

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Answer submitted.

NUR105_M4EQ0083

1.25 points possible (graded, results hidden)

Which expected outcome is most appropriately applied to a patient with a nursing diagnosis of Impaired gas exchange?

The patient respirations will be quiet and of normal depth.

The patient’s pulse oximetry readings will be 95% or greater. submitted

The patient will have a decrease in cyanosis within 2 hours.

The patient will be maintained in an upright sitting position.

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Answer submitted.

NUR105_M4EQ0084

1.25 points possible (graded, results hidden)

Which assessment data supports the nursing diagnosis Ineffective airway clearance?

Use of pursed lip breathing after activity.

Episodes of non-productive cough with minimal expectoration.

Shallow, irregular, hyperventilation pattern. submitted

Arterial blood gas analysis indicating respiratory acidosis.

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Answer submitted.

NUR105_M4EQ0154

1.25 points possible (graded, results hidden)

The RN is performing an assessment on a 5-year-old child. Which is an abnormal finding?

Diaphragmatic breathing.

- Respiratory rate of 24.
- Enlarged tonsils.
- Retractions of upper chest muscles. submitted

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Answer submitted.

NUR105_M4EQ0086

1.25 points possible (graded, results hidden)

Which of the following delivery methods provides the most precise amount of oxygen?

- Partial rebreather
- Simple face mask submitted
- Nasal cannula
- Venturi mask

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Answer submitted.

NUR105_M4EQ0087

1.25 points possible (graded, results hidden)

The RN is caring for a patient with long term pulmonary disease who is receiving oxygen 2 liters per minute via nasal cannula continuously at home. Which of the following statements indicates the patient needs additional teaching?

- "I'll check behind my ears for soreness every day."
- "I'll clean the nasal cannula with soap and warm water if it becomes soiled."
- "If I get short of breath, I can turn the oxygen up to 4 liters per minute until I feel better." submitted
- "It's important to keep the oxygen away from people who are smoking cigarettes."

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Answer submitted.

NUR105_M4EQ0088

1.25 points possible (graded, results hidden)

The RN wants to obtain non-invasive estimate of arterial blood oxygen saturation (SaO₂). Which diagnostic test or procedure would be performed?

- Chest X-Ray
- Pulse Oximetry submitted
- Peak Flow Meter
- Arterial Blood Gas Analysis

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Answer submitted.

NUR105_M4EQ0155

1.25 points possible (graded, results hidden)

Which lifestyle modification would be included in the teaching plan for a woman who experiences urinary incontinence?

- Modify diet to avoid constipating foods.
- Encourage the use of a bladder diary. submitted
- Use absorbent pads on furniture and bed.
- Decrease oral fluid intake.

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Answer submitted.

NUR105_M4EQ0160

1.25 points possible (graded, results hidden)

Following surgery a patient voids small, frequent amounts of urine. Upon further assessment, the RN applies the nursing diagnosis, Urinary Retention. Which of the following evaluation statements would indicate progress toward resolution of the problem?

- Urine volume is greater than 125 mL with each patient's voiding. submitted
- Patient urinates three in times in a 24 hour period.
- The patient's post voiding residual volume is less than 150 mL.
- Patient verbalizes hesitancy and urgency is decreased.

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Answer submitted.

NUR105_M4EQ0092

1.25 points possible (graded, results hidden)

The parents of an 11-month-old are worried their infant is constipated because there may be two days without a bowel movement. Which is an appropriate RN response related to this concern?

- “If the baby is constipated small amounts of liquid stool seep from the anus.”
- “As long as the stool is soft your baby is not constipated.” submitted
- “Five to seven days between bowel movements is not uncommon for infants of this age.”
- “You do not worry about it unless your baby grunts and grimaces when defecating.”

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Answer submitted.

NUR105_M4EQ0094

1.25 points possible (graded, results hidden)

The RN is discussing prevention of constipation with a patient. Which statement would indicate the need for further teaching?

- “I will exercise regularly 3 to 5 times per week.”
- “I will avoid consuming large amounts of caffeine and sugar.”
- “I will take a stool softener if I do not have a bowel movement each day.” submitted
- “I will eat at least 20-35 grams of fiber every day.”

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Answer submitted.

NUR105_M4EQ0095

1.25 points possible (graded, results hidden)

Which instruction would the RN provide when teaching a patient about changing an ostomy appliance?

- Apply lotion to the peristomal skin and let dry thoroughly before applying a new appliance.
- Cut a circular opening on the back of the appliance $\frac{1}{4}$ inch larger than the stoma diameter.
- After removing the used appliance, cleanse the stoma with mild soap and water. submitted
- Ease the appliance over the stoma and press smoothly to the skin holding for 30-60 seconds.

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Answer submitted.

NUR105_M4EQ0096

1.25 points possible (graded, results hidden)

During the instillation of a large-volume enema, the patient says, “I have cramps and have to let the fluid out.” Which is the appropriate action for the RN to take?

- Withdraw the enema tube 2-3 inches.
- Decrease the height of the solution bag.
- Put the patient on a bed pan. submitted
- Increase the flow rate of the solution.

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Answer submitted.

NUR105_M4EQ0165

1.25 points possible (graded, results hidden)

A patient has not had a bowel movement for three (3) days and requests a laxative. The RN notes a PRN order for bisocodyl (Dulcolax) in the patient’s medical record. Which of the following demonstrates safe nursing judgment?

- Administer the laxative to the patient. submitted
- Consult with the health care provider about the medication.
- Instruct the UAP to have the patient drink more fluids.
- Discuss dietary modification with the dietitian.

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Answer submitted.

NUR105_M4EQ0098

1.25 points possible (graded, results hidden)

Which patient outcome is appropriate for a patient with the nursing diagnosis Constipation related to inadequate fiber intake?

- Respond to the urge to defecate.
- Have a soft formed stool within two days.
- Eat five servings of vegetables daily. submitted

Verbalize correct use of stool softeners.

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Answer submitted.

NUR105_M4EQ0099

1.25 points possible (graded, results hidden)

The RN assesses a patient who verbalizes “a loss of urine without even realizing my bladder is full.” The RN begins to plan teaching for which type of incontinence?

Urge

Reflex submitted

Transient

Stress

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Answer submitted.

NUR105_M4EQ0100

1.25 points possible (graded, results hidden)

Which question would the RN ask when assessing a patient’s usual urination pattern?

“How many caffeinated beverages do you drink daily?”

“Have you noticed a change in the appearance of your urine?”

“Have you ever had surgery on your urinary tract?”

“Do you get up to urinate during the night?” submitted

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Answer submitted.

NUR105_M4EQ0101

1.25 points possible (graded, results hidden)

The RN is providing care for a patient who has a wound and requires a high protein diet. Which statement indicates the patient understands the function of proteins?

“My stomach needs protein to absorb water to increase fecal bulk.”

“Increasing my weight with protein will insulate my body.”

“Proteins enable tissue growth and repair.” submitted

“Proteins provide support to internal organs.”

You have used 1 of 1 attempt Some problems have options such as save, reset, hints, or show answer. These options follow the Submit button.

Answer submitted.

NUR105_M4EQ0162

1.25 points possible (graded, results hidden)

A patient on continuous enteral tube feedings reports nausea. Which intervention is collaborative and would require the RN to contact the provider?

Slow the rate of the feeding. submitted

Administer a prn antiemetic.

Flush the tubing with water.

Aspirate the residual gastric contents.

You have used 1 of 1 attempt Some problems have options such as save, reset, hints, or show answer. These options follow the Submit button.

Answer submitted.

NUR105_M4EQ0103

1.25 points possible (graded, results hidden)

During a home visit the family caretaker informs the RN the patient reports nausea and bloating following intermittent tube feedings. The RN collects additional data to determine if which of the following has occurred?

Tube placement may have been disrupted.

The feeding may have been administered too rapidly. submitted

Ratio of fluid intake to protein content of the feeding may be inadequate.

Dumping syndrome may have developed.

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Answer submitted.

NUR105_M4EQ0158

1.25 points possible (graded, results hidden)

The RN is conducting a nutritional assessment on a newly admitted patient. What can be delegated to the Licensed Practical Nurse/Licensed Vocational Nurse?

- Collaborate with the dietitian.
- Collect nutritional history. submitted
- Analyze lab results
- Perform physical assessment

You have used 1 of 1 attempt Some problems have options such as save, reset, hints, or show answer. These options follow the Submit button.

Answer submitted.

NUR105_M4EQ0105

1.25 points possible (graded, results hidden)

Which information must be documented in the patient's health record following insertion of a nasogastric tube for temporary enteral nutrition? **Select all that apply.**

- The nare in which the tube was inserted.
- The length of the tube from the tip of the nose.
- Patient's response to the procedure.
- Type of feeding solution that will be ordered.
- Date and time of insertion.

submitted

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Answer submitted.

NUR105_M4EQ0106

1.25 points possible (graded, results hidden)

The spouse of a patient receiving total parenteral nutrition (TPN) via the subclavian vein requests the catheter changed to an arm vein so it will be more comfortable. On which principle will the RN base a response?

- The intravenous insertion sites must be changed daily with peripheral veins.
- There is a high risk of infection associated with arm veins and TPN administration.
- TPN solutions are hypertonic and need to be infused through a high flow vein for dilution. submitted

submitted

- TPN administration rate must flow into a large vein to allow time for patient adaptation.