

HESI MENTAL HEALTH V2 2017 55 QUESTIONS

A female client on a psychiatric unit is sweating profusely while she vigorously does pushups and then runs the length of the corridor several times before crashing in to the furniture in the sitting room. Picking herself up, she begins to toss chairs aside, looking for a red one to sit in. When another client objects to the disturbances, the client shouts, "I am the boss here. I do what I want." Which nursing problem best supports these observations

-Risk for other related violence related to disruptive behavior

8. A female client engages in repeated checks of door and window locks. Behavior that prevents her from arriving on time and interferes with her ability to function effectively. What action should the nurse take?

-plan a list of activities to be carried out daily

9. The nurse is preparing medications for a client with disorder and notices that the antipsychotic medication was discontinued several days ago. Which medication should also be discontinued?

-Benztropine (Cogentin)

10. The nurse is teaching a client about the initiation of a prescribed abstinence therapy using disulfiram (Antabuse). What information should the client acknowledge understanding

-remain alcohol free for 12 hours prior to the first dose

11. A male client with bipolar disorder tells the nurse that he needs to "make some deals so that he can improve his retirement savings." Based on this information, which client outcome should the nurse include in the plan of care

-delay business decisions until his mania subsides

12. teenaged girl self induced vomiting

-frequency of bingeing and purging behaviors

13. Pt is getting oriented to the unit and replies "there are no TVs in the room" What is the nurse's best respond?

-it is important to be out of your room and talking to others

14. A male adult is admitted because of an acetaminophen (Tylenol) overdose. After transfer to the mental health unit, the client is told he has liver damage. Which information is most important for the nurse to include in the client's discharge plan?

-do not take any over the counter meds

15. The nurse documents the mental status of a female client who has been hospitalized for several days by court order, The client states, "I don't need to be here" and tells the nurse that she believes that the television talks to her. The nurse should document these assessment findings in which section of the mental status exam?

-insight and judgement

16. A client who has agoraphobia (a fear of crowds) is beginning desensitization with the therapist, and the nurse is reinforcing the process. Which intervention has the highest priority for this client's plan of care?

-establish trust by providing a calm, safe environment

17.

ECT therapy is not working, pt is non responsive to treatment what question should the nurse ask?

-have you taken erectile dysfunction meds

18. adolescent teen interrupts group about pets at home

-redirect him to read from materials

19. depressed pt in bed all weekend, nurse finds pt still in bed on her shift, what is the best action to take?

-get client out of bed and active

20. postpartum depression Sign & Symptoms (3)

-disturbed sleep, sadness, poor concentration

21. ECT pre treatment teaching

-NPO after midnight

24. client who refuses antipsychotic medication disrupt group activities nurse decides client needs constant observation based on?

-wanders into client's room

25. recurrent negative symptoms of chronic schizophrenia and medication risperdal. walks laterally contracted position, something has made his body contort

-administer the prescribed anticholinergic benztropine (cogentin) for dystonia

26. depression remains in bed most of the day, declines activities and refuses meals

-refusal to address nutritional needs

27. Victim of intimate partner violence what 3 things should you do? **SELECT ALL THAT APPLY** (only 3 correct answers)

1. establish a code with family and friends to signify violence,

2. plan an escape route to use if the abuser blocks main exit,

3. have a bag ready that has extra clothes for self and children

28. patient taking sertraline (zoloft) for postpartum depression, nursing teaching

-contact healthcare provider if having suicidal thoughts (black box warning)

29. client sitting in corner of day room during admission assessment, what nursing action

-ask client simple questions

30. Psychomotor retardation, hypersomnia, and amotivation; what nursing intervention?

-teach client to have daily structured activities

31. Client makes a statement I feel like im going to die, what level of Anxiety is it?

-moderate anxiety

32. TOOL assessment

- *cut down on your drinking, people annoyed you, felt bad or guilty about your drinking, drink first thing in the morning hangover (Eye-opener)*

33. What documentation to include for abuse pts

-*photographs*

34. Male nurse swings on female nurse for pushing him out of the way of a gurney. What is the kind of abuse?

-*abused by mother as a child*

35. Anorexic pt asking to work as a cook what is the nurse best response?

-*encourage to work as a secretary*

36. Client overdose on acetaminophen (Tylenol). What should the nurse monitor next?

-*check for more narcotic effects*

37. Client is increasing getting aggressive

- *remove other pts to another area*

38. Angry pt because of coworkers, then a car accident, what is the nurse best response?

-*“several things made you angry?”*

39. The nurse is teaching a pt about disulfiram (Antabuse)

-*Refrain from alcohol 12 hrs prior to first dose*

On admission to a residential care facility, an elderly female client tells the nurse that she enjoys cooking, quilting, and watching television. Twenty-four hours after admission, the nurse notes that the client is withdrawn and isolated. It is best for the nurse to encourage this client to become involved in which activity?

- A) Clean the unit kitchen cabinets.
- B) Participate in a group quilting project.
- C) Watch television in the activity room.
- D) Bake a cake for a resident's birthday.

A male adolescent is admitted with bipolar disorder after being released from jail for assault with a deadly weapon. When the nurse asks the teen to identify his reason for the assault, he replies, "Because he made me mad!" Which goal is best for the nurse to include in the client's plan of care? The client will

- A) outline methods for managing anger.
- B) control impulsive actions toward self and others.
- C) verbalize feelings when anger occurs.
- D) recognize consequences for behaviors exhibited.

A 35-year-old male client who has been hospitalized for two weeks for chronic paranoia continues to state that someone is trying to steal his clothing. Which action should the nurse implement?

- A) Encourage the client to actively participate in assigned activities on the unit.
- B) Place a lock on the client's closet.
- C) Ignore the client's paranoid ideation to extinguish these behaviors.
- D) Explain to the client that his suspicions are false.

A nurse working on a mental health unit receives a community call from a person who is tearful and states, "I just feel so nervous all of the time. I don't know what to do about my problems. I haven't been able to sleep at night and have hardly eaten for the past 3 or 4 days." The nurse should initiate a referral based on which assessment?

- A) Altered thought processes.
- B) Moderate levels of anxiety.
- C) Inadequate social support.
- D) Altered health maintenance.