



HESI \$99 - For RN HESI Exit Exam

Nursing Preceptorship With Nclex Review (Herzing University)

After an episode requiring hospitalization, the nurse is preparing a client with acute alcoholic hepatitis for discharge. Which instruction is **most** important for the nurse to include in this client's discharge teaching plan?

- A Decrease daily intake of sodium in diet.
- B Take prescribed corticosteroid accurately.
- C Avoid extreme environmental temperatures.
- D Use a walker when weakness occurs.

While completing an admission assessment, the nurse is unable to palpate the left dorsalis pedis (DP) pulse. Which intervention is **most** important for the nurse to implement?

- A Review client's history for vascular disease.
- B Use a doppler to assess an audible DP pulse.
- C Place a mark where DP pulse is auscultated.
- D Assess capillary refill distal to the DP pulse.

Which action is **most** important for the nurse to implement to prevent bleeding in the neonate during the first hour after birth?

- A Replace the umbilical cord clamp close to the infant's body.
- B Administer phytonadione (Vitamin K) IM.
- C Use the axillary method to obtain core body temperature.
- D Provide the first oral fluids using formula.

The nurse is initiating a 24-hour urine collection for a client with an indwelling urinary catheter. After all the urine is emptied from the collection bag, which action is **most** important for the nurse to implement?

- A Label the iced urine specimen container with the client's name and room number.
- B Provide catheter care at the urinary meatus to prevent contamination of the specimens.
- C Place the collection bag in ice and empty the urine every 8 hours into an iced container.
- D Start the collection time now and stop the collection the next day at the same time.

A young client who is being taught to use an inhaler for symptoms of asthma tells the nurse the intention to use the inhaler but, plans to continue smoking cigarettes. In evaluating the client's response, what is the **best initial** action by the nurse?

- A Inform the health care provider of this statement made by the client.
- B Review factors surrounding client's beliefs about smoking cessation.
- C Explain that denial of illness can interfere with the treatment regimen.
- D Revise the plan of care based on the client's plans to continue smoking.

The nurse assesses an adult client 24 hours following abdominal surgery and finds the client's blood pressure is 98/40 mm Hg, The client is tachycardiac, restless, and irritable. Which action should the nurse take **first**?

- A Check under his back for evidence of bleeding.
- B Ensure that the IV is infusing at the prescribed rate.
- C Listen to lung sounds.
- D Notify the healthcare provider of the findings.

A client newly diagnosed with eczema tells the clinic nurse of using a heat lamp to dry the fluid-filled blisters localized in the left antecubital area. How should the nurse respond?

- A Remind the client to restrict the use of heat to 15 to 20 minutes.
- B Encourage the application of topical corticosteroids to eczema.
- C Explain the use of chemical debridement to reduce blistering.
- D Provide a sling so the left arm can be extended and elevated.

A primigravida at 40 weeks gestation is contracting every 2 minutes, and her cervix is 9 cm dilated and 100% effaced. The fetal heart rate is 120 beats/minute. The client is screaming and her husband is alarmed. Which intervention should the nurse implement?

- A Ask the husband to step out.
- B Administer a PRN narcotic.
- C Have delivery table set up.
- D Notify rapid response team.

A client is admitted to the emergency department (ED) with slurred speech and severe lethargy after being found semi-conscious by the roommate. The roommate voices concern about the client's involvement in using drugs. Which approach is **best** for the nurse to take when the client is alert to answer questions about substance use?

- A Begin with questions that are less sensitive in nature.
- B Share personal values to put the client at ease.
- C Get the most difficult questions over with first.
- D Ask questions in a vague, non-specific format.

The nurse orients a client with depression to a new room on the mental health unit. The client states, "It seems strange that I don't have a TV in my room." Which statement is **best** for the nurse to provide?

- A Sometimes clients feel like the TV is sending them messages.
- B You can watch TV as much as you want outside of your room.
- C Watching TV is a passive activity and we want you to be active.
- D It's important to be out of your room and talking to others.

Which group of foods is **best** for the nurse to recommend for clients with a strong family history of colon and rectal cancers?

- A Chicken, rice, and wheat products.
- B Oatmeal, raisins, and fruit with skin.
- C Potatoes, low-fat breads, and applesauce.
- D Lean beef, salads, and baked potatoes.

A client has begun a long-term maintenance therapy with lithium, which has a narrow therapeutic index. Which adverse effect is most important for nurse to include in the teaching plan?

- A Interaction.
- B Dependence.
- C Tolerance.
- D Toxicity.

Following a ureterolithotomy, the client has a ureteral catheter in place. Which intervention should the nurse implement?

- A Report urine leakage around ureteral catheter.
- B Evaluate amount of urinary output hourly.
- C Clamp the catheter for 5 minutes hourly.
- D Secure the ureter catheter to the client's leg.

Which nursing intervention should the nurse implement to prevent the onset of anaphylactic shock in a postoperative client who is receiving intravenous antibiotics?

- A Ensure that drug peak and trough levels were obtained at the correct times.
- B Ensure that the antibiotic is administered with a compatible IV solution.
- C Obtain a complete list of client allergies before administering the antibiotic.
- D Obtain a wound culture before beginning treatment with the antibiotic.

Following a total thyroidectomy, the nurse plans to observe a client for complications. Which finding indicates that the client has developed a complication?

- A Diaphoretic, but denies any headache.
- B Complains of muscle twitching in hands and feet.
- C Complains of back and joint tenderness and pain.
- D Denies muscle spasms in extremities.

A client in the hospital reports to the nurse about feeling upset because no family or friends have visited in two days. The client then begins to shout and toss small objects toward the nurse when approached. Which defense mechanism should the nurse recognize the client is displaying?

- A Projection.
- B Somatization.
- C Undoing.
- D Displacement.

The nurse notes that a postoperative client's oral temperature has changed from 101.2° F (38.4 ° C) to 102.4° F (39.1° C) in the past eight hours. What action should the nurse implement?

- A Bathe the client with water and rubbing alcohol, and report the client's temperature to the healthcare provider.
- B Cover the client with a blanket to reduce chilling, and administer a PRN prescription of acetaminophen.
- C Assess the client's respiratory and pulse rate, breath sounds, and surgical wounds.
- D Document the temperature reading and take the client's temperature again in four hours.

An elderly insulin-dependent client arrives at the diabetic clinic reporting of toenails being too long. The nurse notes the toenails are very thick, scaly, and crusty. Some are so long and are piercing the next toe. Which action should the nurse take?

- A Soak his feet in warm water for 5 minutes and then cut the nails straight across.
- B Cut his nails straight across, then soak his feet for 10 minutes in an antibiotic solution.
- C Advise the client to soften his nails with lotion prior to cutting them.
- D Check his feet for cuts or injury, then refer him to a foot specialist for nail trimming.

Three days after a total hip arthroplasty, a male client complains that his right calf is tender. Which nursing assessment has the **highest** priority?

- A Observe range of motion in both feet.
- B Check affected calf for pretibial edema.
- C Palpate popliteal pulses in both legs.
- D Inspect lower legs for skin lesions.