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NEW GENERATION HESI PATHOPHYSIOLOGY TEST BANK WITH CORRECT ANSWERS | REAL EXAMS

1. After talking with the healthcare provider, a male client continues to have questions about the results of a prostatic surface antigen (PSA) screening test and asks the nurse how the PSA levels become elevated. The nurse should explain which pathophysiological mechanism?

- A.** As the prostate gland enlarges, its cells contribute more PSA in the circulating blood. **Correct**
- B.** The PSA levels normally rise and fall, so multiple testings overtime are necessary.
- C.** Low PSA levels indicate that the prostate gland is not functioning properly.
- D.** The PSA blood test is used to determine dosage for Viagra prescriptions.

PSA is a glycoprotein found in prostatic epithelial cells, and elevations are used as a specific tumor markers. Elevations in PSA are related to gland volume, i.e., benign prostatic hypertrophy, prostatitis, and cancer of the prostate, indicating (tumor) cell load (A). PSA levels are also used to monitor response to therapy. (B, C, and D) provide incorrect information.

Awarded 0.0 points out of 1.0 possible points.

2. A 26-year-old male client with Hodgkin's disease is scheduled to undergo radiation therapy. The client expresses concern about the effect of radiation on his ability to have children. What information should the nurse provide?

- A.** The radiation therapy causes the inability to have an erection.
- B.** Radiation therapy with chemotherapy causes temporary infertility.
- C.** Permanent sterility occurs in male clients who receive radiation. **Correct**
- D.** The client should restrict sexual activity during radiotherapy.

Low sperm count and loss of motility are seen in males with Hodgkin's disease before any therapy. Radiotherapy often results in permanent aspermia, or sterility (C). (A, B, and D) are inaccurate.

Awarded 0.0 points out of 1.0 possible points.

3. The nurse hears short, high-pitched sounds just before the end of inspiration in the right and left lower lobes when auscultating a client's lungs. How should this finding be

recorded?

- A. Inspiratory wheezes in both lungs.
- B.** Crackles in the right and left lower lobes. **Correct**
- C. Abnormal lung sounds in the bases of both lungs.
- D. Pleural friction rub in the right and left lower lobes.

Fine crackles (B) are short, high-pitched sounds heard just before the end of inspiration that are the result of rapid equalization of pressure when collapsed alveoli or terminal bronchioles suddenly snap open. Wheezing (A) is a continuous high-pitched squeaking or musical sound caused by rapid vibration of bronchial walls that are first evident on expiration and may be audible. Although (C) describes an adventitious lung sound, this documentation is vague. (D) is a creaking or grating sound from roughened, inflamed surfaces of the pleura rubbing together heard during inspiration, expiration, and with no change during coughing.

Awarded 0.0 points out of 1.0 possible points.

4.

A client is admitted to the Emergency Department with a tension pneumothorax. Which assessment should the nurse expect to identify?

- A. An absence of lung sounds on the affected side.
- B. An inability to auscultate tracheal breath sounds.
- C. A deviation of the trachea toward the side opposite the pneumothorax. **Correct**
- D. A shift of the point of maximal impulse to the left, with bounding pulses.

Tension pneumothorax is caused by rapid accumulation of air in the pleural space, causing severely high intrapleural pressure. This results in collapse of the lung, and the mediastinum shifts toward the unaffected side, which is subsequently compressed (C). (A, B, and D) are not demonstrated with a tension pneumothorax.

Awarded 0.0 points out of 1.0 possible points

5.

A client who is receiving a whole blood transfusion develops chills, fever, and headache 30 minutes after the transfusion is started. The nurse should recognize these symptoms as characteristic of what reaction?

- A. A mild allergic reaction.
- B. A febrile transfusion reaction. **Correct**
- C. An anaphylactic transfusion reaction.
- D. An acute hemolytic transfusion reaction.

Symptoms of a febrile reaction (B) include sudden chills, fever, headache, flushing and muscle pain. An allergic reaction (A) is the response of histamine release which is characterized by flushing, itching, and urticaria. An anaphylactic reaction (C) exhibits an exaggerated allergic response that progresses to shock and possible cardiac arrest. An acute hemolytic reaction (D) presents with fever and chills, but is hallmarked by the onset of low back

pain, tachycardia, tachypnea, vascular collapse, hemoglobinuria, dark urine, acute renal failure, shock, cardiac arrest, and even death.

Awarded 0.0 points out of 1.0 possible points.

6. The nurse is analyzing the waveforms of a client's electrocardiogram. What finding indicates a disturbance in electrical conduction in the ventricles?

- A. T wave of 0.16 second.
- B. PR interval of 0.18 second.
- C. QT interval of 0.34 second.
- D. QRS interval of 0.14 second. **Correct**

The normal duration of the QRS is 0.04 to 0.12 second, so a prolonged QRS (D) indicates an electrical anomaly in the ventricles. The T wave is normally 0.16 seconds (A). The PR interval range is 0.12 to 0.20 second (B). The QT interval should be 0.31 to 0.38 second (C).

Awarded 0.0 points out of 1.0 possible points.

7.

Several hours after surgical repair of an abdominal aortic aneurysm (AAA), the client develops left flank pain. The nurse determines the client's urinary output is 20 ml/hr for the past 2 hours. The nurse should conclude that these findings support which complication?

- A. Infection.
- B. Hypovolemia.
- C. Intestinal ischemia.
- D. Renal artery embolization. **Correct**

Postoperative complications of surgical repair of AAA are related to the location of resection, graft, or stent placement along the abdominal aorta. Embolization of a fragment of thrombus or plaque from the aorta into a renal artery (D) can compromise blood flow in one of the renal arteries, resulting in renal ischemia that precipitates unilateral flank pain. Intraoperative blood loss or rupture of the aorta anastomosis can cause acute renal failure related to hypovolemia (B), which involves both kidneys and causing bilateral flank pain. (A and C) are not associated with these symptoms.

Awarded 0.0 points out of 1.0 possible points.

8.

A client with a markedly distended bladder is diagnosed with hydronephrosis and left hydroureter after an IV pyelogram. The nurse catheterizes the client and obtains a residual urine volume of 1650 ml. This finding supports which pathophysiological cause of the client's urinary tract obstruction?

- A. Obstruction at the urinary bladder neck. **Correct**
- B. Ureteral calculi obstruction.

- C. Ureteropelvic junction stricture.
- D. Partial post-renal obstruction due to ureteral stricture.

Hydroureter (dilation of the renal pelvis), vesicoureteral reflux (backward movement of urine from the lower to upper urinary tracts), and hydronephrosis (dilation or enlargement of the renal pelvis and calyces) result from post-renal obstruction which can consequently result in chronic pyelonephritis and renal atrophy. Ascending urinary reflux occurs when normal ureteral peristaltic pressure is met with an increase in urinary pressure occurring during bladder filling if the urinary bladder neck is obstructed (A). A large residual urine does not occur with (B, C, and D) because the urine can not get to the bladder.

Awarded 0.0 points out of 1.0 possible points.

9.

The nurse is planning care for a client who has a right hemispheric stroke. Which nursing diagnosis should the nurse include in the plan of care?

- A. Impaired physical mobility related to right-sided hemiplegia.
- B. Risk for injury related to denial of deficits and impulsiveness. **Correct**
- C. Impaired verbal communication related to speech-language deficits.
- D. Ineffective coping related to depression and distress about disability.

With right-brain damage, a client experience difficulty in judgment and spatial perception and is more likely to be impulsive and move quickly, which placing the client at risk for falls (B). Although clients with right and left hemisphere damage may experience impaired physical mobility, the client with right brain damage will manifest physical impairments on the contralateral side of the body, not the same side (A). The client with a left-brain injury may manifest right-sided hemiplegia with speech or language deficits (C). A client with left- brain damage is more likely to be aware of the deficits and experience grief related to physical impairment and depression

Awarded 0.0 points out of 1.0 possible points.

10.

The nurse is teaching a client with maple syrup urine disease (MSUD), an autosomal recessive disorder, about the inheritance pattern. Which information should the nurse provide?

- A. This recessive disorder is carried only on the X chromosome.
- B. Occurrences mainly affect males and heterozygous females.

- C.** Both genes of a pair must be abnormal for the disorder to occur. **Correct**
- D.** One copy of the abnormal gene is required for this disorder.

Maple syrup urine disease (MSUD) is a type of autosomal recessive inheritance disorder in which both genes of a pair must be abnormal for the disorder to be expressed (C). MSUD is not an x-linked (A and B) dominant or recessive disorder or an autosomal dominant inheritance disorder. Both genes of a pair, not (D), must be present.

Awarded 0.0 points out of 1.0 possible points.

11.

A female client tells the nurse that she does not know which day of the month is best to do breast self-exams (BSE). Which instruction should the nurse provide?

- A. Midway between menstrual cycles.
- B. One week before your period.
- C. The first day of your period.
- D. Five to seven days after menses cease. **Correct**

Due to the effect of cyclic ovarian changes on the breast, the best time for breast self-examination (BSE) is 5 to 7 days after menstruation stops (D) because physiologic alterations in breast size and activity reach their minimal level after menses. (A and B) can vary from month to month and do not provide a consistent day of the month for the client to remember to do BSE. (C) is commonly the day of the menstrual cycle that the breast are most affected by hormonal influence.

Awarded 0.0 points out of 1.0 possible points.

12.

A client reports unprotected sexual intercourse one week ago and is worried about HIV exposure. An initial HIV antibody screen (ELISA) is obtained. The nurse teaches the client that seroconversion to HIV positive relies on antibody production by B lymphocytes after exposure to the virus. When should the nurse recommend the client return for repeat blood testing?

- A. 6 to 18 months.
- B. 1 to 12 months.
- C. 1 to 18 weeks.
- D. 6 to 12 weeks. **Correct**

Although the HIV antigen is detectable approximately 2 weeks after exposure, seroconversion to HIV positive may take up to 6 to 12 weeks (D) after exposure, so the client should return to repeat the serum screen for the presence of HIV antibodies during that time frame. (A) will delay treatment if the client tests positive. (B and C) may provide inaccurate results because the time frame may be too early to reevaluate the client.

Awarded 0.0 points out of 1.0 possible points.

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