

ATI Nutrition Practice 2019 B for CMS Prep

A nurse is reviewing the laboratory data of four clients. The nurse should identify that which of the following clients is experiencing fluid overload: A client who has a sodium level of 130 mEq/L

A nurse is planning discharge teaching for a client who is postoperative following placement of a colostomy. Which of the following statements should the nurse plan to include?
"Increase your intake of foods containing pectin."

A nurse is reviewing the laboratory results of a client who has a pressure injury. Which of the following findings should indicate to the nurse that the client is at risk for impaired wound healing?
Albumin 3.0 g/dL

A nurse is providing teaching to a client who is lactating about increasing protein intake. Which of the following foods should the nurse recommend as the best source of protein?
Cottage cheese
The nurse should recommend cottage cheese as the best source of protein because it is a complete protein. Complete proteins contain all nine essential amino acids and provide the best support for human growth and nourishment.

A nurse is creating a plan of care for a client who has anorexia nervosa. Which of the following interventions should the nurse include in the plan?
Assign privileges based on direct weight gain.
The nurse should explain to the client that restrictions and privileges will be dependent on treatment compliance and direct weight gain. This approach involves the client in development of the plan of care and gives them control in achieving desired privileges.

A nurse in an antepartum clinic is teaching a client about nutritional recommendations during pregnancy. Which of the following client statements indicates an understanding of the teaching?
"I should take a daily iron supplement during my pregnancy."
Clients who are pregnant should take 30 mg of iron supplementation daily to reduce the risk for iron-deficiency anemia.

A nurse is admitting a client who has had a fever and diarrhea for the past 3 days. Which of the following findings should indicate to the nurse the client is dehydrated?

Orthostatic hypotension
The nurse should identify a client who is dehydrated can experience orthostatic hypotension due to the fluid loss from the client's body, which causes low blood volume, resulting in low blood pressure.

A nurse is assessing a client who experienced a 5% weight loss in the past 30 days. Which of the following findings should the nurse identify as an indication of malnutrition?
Ankle edema - The nurse should identify that lower extremity edema is a manifestation of malnutrition and is indicative of a protein deficiency in the client.
Hyperreflexia - Paresthesia and weak hand grasps are manifestations of malnutrition.

A nurse is providing information regarding breastfeeding to the parents of a newborn. Which of the following statements should the nurse make?
Breast milk is nutritionally complete for an infant up to 6 months of age.
Breast milk is nutritionally complete to support growth and development of newborns and infants.

A nurse is providing teaching regarding diet modifications to a client who is at a high risk for cardiovascular disease. The client is accustomed to traditional Mexican foods and wants to continue to include them in her diet. Which of the following recommendations should the nurse give the client?

Use canola oil instead of lard for frying - The nurse should teach the client to use monounsaturated fats, such as canola oil, instead of saturated fats, such as lard, to reduce the risk for cardiovascular disease.

Use soy milk instead of cow's milk - The nurse should recognize that soy milk is not part of a traditional Mexican diet and should recommend fat-free or low-fat cow's milk.

A nurse is developing a teaching plan for a client who has dysphagia and is being discharged home with a prescription for a mechanical soft diet. Which of the following foods should the nurse include in the plan?

Mashed potatoes

A mechanical soft diet is a diet of foods with altered texture. It includes cooked fruits and vegetables, foods that are softened with liquids, and foods that are thickened for consistency.

A nurse is caring for a client who has age-related macular degeneration (AMD) and asks the nurse if there are any nutritional changes to consider. Which of the following responses should the nurse make?

"Increase dietary intake of lutein.

Lutein, a carotenoid found in vitamin A, slows the progression of AMD and is found in kale, spinach, collards, and mustard greens.

A nurse is updating a plan of care for a client who is receiving intermittent enteral feedings and is experiencing diarrhea. Which of the following interventions should the nurse include in the plan?

Feed the client in small, frequent volumes.

The nurse should administer the feedings in small, frequent volumes because a large volume or rapid feeding of the formula can cause diarrhea.

A nurse is planning care for a client who is receiving radiation to the neck and has developed stomatitis. Which of the following interventions should the nurse include in the plan?

Relieve mouth pain by consuming frozen foods.

The nurse should encourage the client to consume frozen foods such as frozen bananas, ice cream, or popsicles, which can numb the mouth and help alleviate pain.

A nurse is caring for a client who is being treated for cancer using chemotherapy. Which of the following interventions should the nurse suggest to aid in management of treatment-related changes in taste?

Use plastic utensils. Use of plastic utensils can help minimize a metallic taste that often accompanies chemotherapy treatment.

A nurse is providing discharge teaching to a client who has Parkinson's disease and a prescription for levodopa-carbidopa. Which of the following foods should the nurse instruct the client to consume with the medication?

One slice wheat toast

Absorption of levodopa-carbidopa decreases when consumed with protein. One slice of wheat toast is the lowest source of protein at 3 g per slice.

A nurse in a clinic is reviewing the laboratory findings of a client who has type 2 diabetes mellitus. Which of the following findings indicates the client's plan of care is effective?

HbA1c 6.5%

The nurse should identify that a HbA1c level of less than 7% indicates the plan of care is effective for a client who has type 2 diabetes mellitus.

A nurse is caring for a group of clients. A client who has which of the following conditions has an increased protein requirement?

Pressure injury - A client who has a pressure injury needs additional protein to promote healing.

A nurse is caring for a client who has anemia and a new prescription for an iron supplement. The nurse should recommend the client consume the supplement with which of the following beverages to increase absorption?

Tomato juice - The nurse should recommend the client consume the supplement with beverages containing vitamin C, such as tomato juice or orange juice, because this will enhance the absorption of the iron supplement.

A nurse is providing information about cardiovascular risk to a client who has received a lipid panel report. The nurse should include that which of the following findings is within an expected reference range?

HDL 79 mg/dL

An HDL level greater than 45 mg/dL for a male and greater than 55 mg/dL for a female is within the expected reference range. An HDL of 79 mg/dL indicates the client is at low risk for cardiovascular disease.

A nurse is caring for a client who is receiving total parenteral nutrition (TPN). Which of the following laboratory findings indicates that the TPN therapy is effective?

Prealbumin 30 mg/dL

Prealbumin level is a sensitive indicator of nutritional status. The nurse should identify that a level of 30 mg/dL is within the expected reference range of 15 to 36 mg/dL and indicates the TPN is effective.

A nurse is providing teaching to a client who is currently experiencing an exacerbation of Crohn's disease. Which of the following statements by the client indicates an understanding of dietary practices during acute episodes?

I will follow a high-protein diet

Clients who have Crohn's disease should follow a high-calorie, high-protein diet to prevent malnutrition and attain the required calories to promote healing.

A nurse is teaching a client about managing irritable bowel syndrome (IBS). Which of the following information should the nurse include in the teaching?

Take peppermint oil during exacerbation of manifestations.

The nurse should teach the client to take peppermint oil because peppermint relaxes the smooth muscle of the GI tract and decreases the manifestations of IBS.

A nurse is caring for a client who is prescribed captopril. The nurse should recognize that which of the following foods could cause a potential medication interaction?

Cantaloupe

ACE inhibitors, such as captopril, retain potassium and can lead to hyperkalemia. The nurse should recognize that cantaloupe is a food source high in potassium as one cup contains 473 mg. The client should avoid cantaloupe as well as other foods that are high in potassium while taking an ACE inhibitor

A nurse is providing nutritional teaching to a client who reports wanting to lose weight. The nurse should identify that which of the following client statements indicates an understanding of the teaching?

"I will make a list before I go grocery shopping."

Developing a shopping list allows the client to adhere to meal planning, prevent impulse buying, and purchase only the quantity of food needed.

A nurse is teaching a client who has a BMI of 22 about dietary recommendations during pregnancy. Which of the following statements by the client indicates an understanding of the teaching?

"I should plan to gain a total of 25 to 35 pounds."

The nurse should teach a client whose weight is within the expected reference range to gain 11.3 to 15.9 kg (25 to 35 lb) during pregnancy.