

RN ATI concept-based assessment, proctored exam for level 2|Test Bank|2022

✓ ATI Concept-based assessment online practice A Level 2

✓ RN Concept-Based Assessment Level 2 Online Practice B

✓ RN Concept-Based Assessment Level 2

✓ ATI RN Concept-Based Assessment Level 2 Practice A

Question:-A nurse is assessing a client who has been taking antacids frequently for gastrointestinal distress. The assessment findings include drowsiness, muscle weakness, bradycardia, and hypotension. Which of the following electrolyte imbalance should the nurse suspect?

- a. hypophosphatemia
- b. hypochloremia
- c. hypomagnesemia
- d. hypernatremia **{{Correct Ans- c**

The nurse should identify that frequent ingestion of antacids and laxatives that contain Mg can cause hypermagnesemia. Manifestations include hypotension, bradycardia, absent deep tendon reflexes, weak skeletal muscle contractions, ECG changes, lethargy, and drowsiness that can progress to coma.

Question:-A nurse is assessing a client who has developed type 1 herpes simplex virus. Which of the following image should the nurse identify as this type of viral infection?

- a. oral resin or thrush on the oral mucous membrane
- b. rash which consists of blisters on one side of the body
- c. cold sore on lips
- d. rash between toes **{{Correct Ans- c**

Herpes simplex virus infection is a common viral infection in adults. The nurse should identify that this image indicates the type 1 herpes simplex viral infection because the infection causes a recurring cold sore.

Question:-A nurse is planning care for a client who has pneumonia. Which of the following interventions should the nurse include in the plan?

- a. direct the client to perform IS Q2H.
- b. titrate O2 to maintain the client's O2 saturation level at 90%.
- c. teach the client how to cough up secretions.
- d. maintain the client in a low-Flower's position. **{{Correct Ans- c**

The nurse should instruct the client how to cough and breathe deeply to expel productive secretions and clear the airway for optimal breathing.

Question:-a nurse is teaching a client who has asthma about using metered-dose inhaler. which of the following client statements indicates an understanding of the teaching?

- a. 'I'll roll the canister b/w my palms a few times before using it.'
- b. 'I'll take a deep breath and blow it out before I inhale the medication.'
- c. 'I'll hold the mouthpiece 3 inches in front of my mouth before depressing the canister.'
- d. 'I'll hold my breath for up to 5 seconds after inhaling the medications.' **{{Correct Ans- b**

The client should take a deep breath while sitting or standing then exhale forcefully when preparing to self-administer the inhalant meds.

Question:-a nurse is teaching a female adult client who is obese about disease management. which of the following information should the nurse include in the teaching?

- a. average body fat for women is 15%.
- b. obesity can cause osteoporosis.
- c. morbid obesity is measured as a BMI over 40.

d. coronary artery disease increase with a waist size of 81.28 cm (32 in). **{{Correct Ans- c**

The nurse should instruct the client that the expected reference range for a healthy weight is a BMI of 25 or less. A client who has a BMI of 40 or greater is considered morbidly obese.

Question:-a nurse is planning care for a client who has chemotherapy-induced anemia and is starting epoetin. which of the following interventions should the nurse include in the plan?

a. shake the medication vial prior to drawing up the medication.

b. withhold epoetin if Hgb is < 9 g/dL.

c. initiate contact isolation.

d. monitor for HTN. **{{Correct Ans- d**

The nurse should monitor the client's blood pressure while receiving epoetin to identify and treat HTN. HTN and cardiovascular events, such as MI and stroke, are adverse effects of epoetin.

Question:-a nurse is teaching about foot care w/ a group of older adults who have T1DM. which of the following information should the nurse include in the teaching?

a. soak feet daily to soften calluses.

b. apply a heating pad to the feet to improve circulation.

c. choose sandals w/ open toes to wear in the summer.

d. trim toenails straight across to prevent ingrown toenails. **{{Correct Ans- d**

The nurse should instruct the clients to trim toenails straight across to prevent ingrown toenails that increase the risk for tissue breakdown and infection.

Question:-a nurse is providing discharge planning for a client who has GDM. which of the following interventions should the nurse identify as the priority?

- a. determine the client's knowledge regarding GDM.
- b. explaining the effects of GDM on the pregnancy and fetus w/ the client.
- c. discuss dietary meal plans for GDM w/ the client.
- d. tell the client about manifestation of hypoglycemia **{{Correct Ans- a**

The first action the nurse should take when using the nursing process is to assess the client. it is important for the nurse to determine the client's knowledge level re: the disease process. this provides the nurse w/ info re: where to start w/ the client teaching process.

Question:-a nurse is teaching a client who has TB about taking rifampin. which of the following instructions should the nurse include?

- a. 'expect this med to give your urine a greenish tinge.'
- b. 'do not drink alcohol while taking this med.'
- c. 'take this med w/ food.'
- d. 'take a stool softener for the duration of therapy w/ this med' **{{Correct Ans- b**

The nurse should instruct the client that rifampin could cause liver damage. alcohol intensifies this risk. rifampin is contraindicated for clients who have liver disease or consume alcohol in excess.

Question:-a nurse has arrived at the site of an accident where a client has sustained a traumatic amputation of the big toe. Identify the sequence of steps the nurse should take to treat the MSK trauma.

- a. apply direct pressure w/ layers of dry cloth.
- b. call 911 and examine the amputation site.
- c. place the toe in a bag and place the bag in 1 part ice and 3 parts water.
- d. elevate extremity above the client's heart.
- e. find the toe and wrap it in sterile gauze or a clean cloth. **{{Correct Ans- b > a > .e > b > c**

Question:-a nurse is planning care for a client who is post-op and has developed LLE DVT. which of the following interventions should the nurse include in the plan of care?

- a. initiate complete bed rest.
- b. massage the LLE 3x/day.
- c. make sure the client's legs are elevated while in bed.
- d. apply cold compresses to the LLE Q2H. **{{Correct Ans- c**

The nurse should ensure the client elevates her legs in bed and wears antiempolic stockings to help prevent venous insufficiency.

Question:-a nurse is teaching a client who has atherosclerosis about self-care. which of the following instructions should the nurse include in the teaching?

- a. consume 5 - 7 servings of red meat /wk.
- b. limit daily calorie intake from saturated fat to 18%.
- c. increase the fiber intake at least 30 g/day.
- d. exercise 2 days/wk for at least 60 min. **{{Correct Ans- c**

The nurse insruct the clinet to ↑ daily fiber intake to at least 30 g. fiber assists in the elimination of lipids and minimize the development of atherosclerosis.

Question:-a nurse is improving post-op ed for a client following a laparoscopic chlecystectomy for cholelithiasis. which of the following client statements indicates an undersanding of the teaching?

- a. 'the adhesive handages on my incision willll fall off as the incision heals.'
- b. 'I will be able to take a shower in 1 wk.'
- c. 'I will need to follow a liquid diet for the first days after surgery.'

d. 'I can begin to resume my normal activity level in 2 weeks.' **{{Correct Ans- a**

The nurse should instruct the client that the small adhesive bandages will lose their adhesiveness in 7 - 10 days. the client can then remove the bandages or allow the bandages to fall off over time as the incision heals.

Question:-a nurse is assessing a client who has a K level of 2.6 mg/dL and is receiving KCl by continuous IV infusion. which of the following findings should the nurse identify as an indication that the K infusion has brought the client's K level back to the expected reference range?

a. the client's ECG shows inverted T waves.

b. the client's bowel sounds become hyperactive.

c. the client's hand grasp becomes stronger.

d. the client's standing systolic BP is w/in 30 mm of her sitting systolic BP. **{{Correct Ans- c**

The nurse should identify that hypokalemia can cause a decrease of skeletal muscle strength. an improvement in the client's hand grasp indicates that the KCl infusion is correcting this electrolyte imbalance.

Question:-a nurse is caring for a client who has generalized anxiety disorder and is experiencing a mild level of anxiety. which of the following manifestations should the nurse expect?

a. CP

b. hallucinations

c. feels unreal

d. follows directions **{{Correct Ans- d**

The nurse should expect a client with a mild level of anxiety to be able to follow directions and focus on the nurse's instructions. other manifestations the nurse should expect include restlessness, heightened perception, and ability to problem solve.

Question:-a nurse in an ED is assessing a client who is experiencing mild hypothermia. which of the following manifestations should the nurse expect?

- a. stupor
- b. decreased pulse
- c. slurred speech
- d. dysrhythmias **{{Correct Ans- c**

the nurse should expect a client who is experiencing mild hypothermia to exhibit manifestations such as slurred speech, shivering, decreased coordination, and diuresis.

Question:-a nurse is reviewing the medical record of a client who has a family hx of gallstones. which of the following findings should the nurse identify as a risk factor of developing cholecystitis?

- a. client is an adult male.
- b. client is taking atorvastatin.
- c. client is of Asian descent.
- d. client has a hx of asthma. **{{Correct Ans- b**

the nurse should identify that increased serum cholesterol and taking cholesterol lowering meds, such as atorvastatin, increases the client's risk of developing cholecystitis.

Question:-a nurse is teaching disease management techniques to a client who has COPD. Which of the following instructions should the nurse include in the teaching?

- a. avoid activities that ↑ the respiratory rate.
- b. use pursed-lip breathing when feeling SOB.
- c. consume a diet high in carbs for ↑ed energy.
- d. limit fluid intake to 1.5 L/dy. **{{Correct Ans- b**

the nurse should instruct the client how to use diaphragmatic and pursed-lip breathing to control breathing when feeling dyspneic.

Question:-a nurse is assessing a 1-hr old NB who has hypothermia, w/ a temp of 36.1 C (97 F). which of the following manifestations should the nurse expect?

- a. hypoglycemia
- b. flushed skin
- c. tachycardia
- d. hypertonicity **{{Correct Ans- a**

the nurse should expect an infant who has hypothermia to have hypoglycemia. other manifestations of hypothermia include apnea, central cyanosis, hypotonia, irritability, lethargy, weak cry or suck, poor weight gain, and hypoxia.

Question:-a nurse on a ped unit is admitting a school-age child who has pertussis. which of the following actions should the nurse take?

- a. place the child in a room equipped w/ a positive-pressure airflow system.
- b. place the child in a room equipped w/ a negative-pressure airflow system.
- c. initiate droplet precautions for the child.
- d. initiate contact precautions for the child. **{{Correct Ans- c**

the nurse should initiate the droplet precautions for a child w/ pertussis, which is spread by large droplets in the air; therefore, the nurse should wear a surgical mask w/in 1 m (3.3 ft) of the child.

Question:-a nurse is caring for a client receiving heparin therapy and has an aPTT of 92 sec. Which of the following medications should the nurse anticipate the provider might Rx for the client?

- a. leucovorin

b. vitamin K

c. deferoxamine

d. protamine **{{Correct Ans- d**

when there are manifestations of a heparin overdose, the nurse should anticipate that the provider might prescribe protamine to inactivate the heparin. in addition, the nurse should decrease or stop the heparin therapy for a period of time and recheck the aPTT level prior to restarting the heparin. the effects of protamine will last up to 2 hrs.

* VK only reverses the effect of warfarin, not heparin.

Question:-a nurse is admitting a client w/ an acute bacterial wound infection and a temp of 39.8 C (103.6 F). which of the following actions should the nurse take?

a. obtain a wound culture 30 min after initiating IV antibiotics.

b. place a fan on the lowest setting in the client's room.

c. apply a cooling blanket directly on the client's skin.

d. set the temp of the client's room to 22.2 C (72 F). **{{Correct Ans- d**

the nurse should set the temp of the client's room at 21 - 27 C (70 - 80 F). this promotes a reduction in the client's fever w/o causing shivering. by combining nonpharmacological interventions w/ antipyretics, the nurse can reduce the client's fever.

Question:-a nurse is assessing a client who has L-sided HF. which of the following should the nurse expect? (select all that apply.)

a. nocturia

b. dependent edema

c. dyspnea

d. hacking cough

e. anorexia **{{Correct Ans-** a, c, d

L-sided HF causes oliguria by day; nocturia by night.

A hospice nurse is caring for a preschooler who has a terminal illness. One of the child's parents tells the nurse that it is too difficult to cope any longer and has decided to move out of the house. Which of the following responses should the nurse make? **{{Correct Ans-** A: "Let's talk about a few ways you have dealt with stress in the past."

A nurse is teaching a client ways to prevent osteoporotic fractures due to osteoporosis. Which of the following information should the nurse include in the teaching? **{{Correct Ans-** A: "Maintain bone health by eating fruits, vegetables, and protein."

A nurse is teaching a client who has hypothyroidism about taking levothyroxine. Which of the following statements should the nurse make? **{{Correct Ans-** B: "This medication causes adverse effects if the dosage is too high or too low."

A nurse in an emergency department is assessing a preschooler who has severe dehydration as a result of gastroenteritis and is receiving isotonic IV fluids. Which of the following findings should the nurse identify as an indication that the treatment is effective? **{{Correct Ans-** D: Brisk skin turgor

A nurse is caring for a client who has left hemiparesis following a stroke. Which of the following actions should the nurse take? **{{Correct Ans-** B: Encourage the client to use wide-grip utensils when eating with the right hand.

A nurse is teaching about herbal supplements with a group of newly licensed nurses. Which of the following herbal supplements should the nurse include in the teaching for treating hyperlipidemia? **{{Correct Ans-** D: Garlic

A nurse is admitting a client who has an acute bacterial wound infection and a temperature of 39.8° C (103.6° F). Which of the following actions should the nurse take? **{{Correct Ans-** D: Set the temperature of the client's room to 22.2° C (72°

A nurse is planning care for a client who had surgery for osteomyelitis from a past musculoskeletal trauma to the lower leg. Which of the following interventions should the nurse include in the plan of care? **Correct Ans-** C: Check for paresthesia of the affected leg.

A nurse is assessing the eyes and ears of a 2-year-old toddler at a well-child visit. Which of the following findings should the nurse report to the provider? **Correct Ans-** B: Presence of strabismus

A nurse is teaching a client who has atherosclerosis about self-care. Which of the following instructions should the nurse include in the teaching? **Correct Ans-** C: Increase fiber intake to at least 30 g per day.

A nurse is assessing a client who has an ulcer due to peripheral vascular disease. Which of the following findings should the nurse identify as an indication that the client has a venous ulcer rather than an arterial ulcer? **Correct Ans-** B: Discoloration and edema of the right ankle

A nurse is providing discharge teaching to a client who is postoperative following a transurethral resection of the prostate (TURP) for treatment of benign prostatic hyperplasia. Which of the following instructions should the nurse include in the teaching? **Correct Ans-** D: "Perform Kegel exercises several times throughout the day."

A nurse is assessing a client who has left-sided heart failure. Which of the following findings should the nurse expect? (Select all that apply.) **Correct Ans-** A: Nocturia

C: Dyspnea

D: Hacking cough

A nurse is assessing a client who is 1 hour postoperative following a transurethral resection of the prostate (TURP) for treatment of benign prostatic hyperplasia. For which of the following assessment findings should the nurse notify the provider? **Correct Ans-** C: The catheter tubing has multiple red clots.

A nurse is teaching a client who has gastroesophageal reflux disease about ways to prevent reflux. Which of the following information should the nurse include in the teaching? **{{Correct Ans- D: Plan to finish eating at least 3 hr before bedtime.**

A nurse is providing teaching for a client who has a new diagnosis of benign prostatic hyperplasia (BPH). Which of the following instructions should the nurse include to promote elimination? **{{Correct Ans- B: "Void as soon as you feel the urge."**

A nurse is assessing for manifestations of hyponatremia in a client who has been taking twice the prescribed dose of a diuretic. Which of the following findings should the nurse expect? **{{Correct Ans- C: Decreased level of consciousness**

A nurse is teaching a client who has asthma how to use a peak flow meter. Which of the following statements should the nurse identify as an indication the client understands the teaching? **{{Correct Ans- C: "I will base my peak flow meter score on the best of three attempts."**

A nurse is assessing a school-age child who has diabetes mellitus and a blood glucose level of 250 mg/dL. Which of the following findings should the nurse expect? **{{Correct Ans- B: Fruity breath odor**

A nurse is assessing a 1-hour-old newborn who has hypothermia, with a temperature of 36.1° C (97° F). Which of the following manifestations should the nurse expect? **{{Correct Ans- A: Hypoglycemia**

A nurse is teaching a client who has type 1 diabetes mellitus about actions to take when having manifestations of hypoglycemia with a glucometer reading between 40 and 60 mg/dL. Which of the following instructions should the nurse include? **{{Correct Ans- D: Drink 120 mL (4 oz) of fruit juice.**

A nurse is leading a small group discussion in an acute care mental health facility when one client suddenly begins to experience a panic attack. Which of the following actions should the nurse take? **{{Correct Ans- B: Remain with the client until manifestations subside.**

A nurse in an emergency department is caring for a client who has heat stroke. Which of the following actions should the nurse take to treat this form of hyperthermia? **Correct Ans-** A: Apply ice packs to the client's axillae, neck, groin, and chest.

A nurse in a provider's office is completing a preoperative screening for a client who is scheduled for a knee arthroplasty later that week. Which of the following findings requires the nurse's intervention? (Click on the exhibit button for additional information about the client. There are three tabs that contain separate categories of data.) **Correct Ans-** D: Coagulation time

A nurse is planning care for a client who has pneumonia. Which of the following interventions should the nurse include in the plan? **Correct Ans-** C: Teach the client how to cough up secretions.

A nurse is reviewing the medical record of a client who has a peptic ulcer. Which of the following findings is a priority to report to the provider? **Correct Ans-** B: Hemoglobin 7.6 mg/dL

A nurse is caring for a client who has a fear of open spaces. Which of the following clinical names for this fear should the nurse document in the client's medical record? **Correct Ans-** B; Agoraphobia

A nurse on a pediatric unit is admitting a school-age child who has pertussis. Which of the following actions should the nurse take? **Correct Ans-** C: Initiate droplet precautions for the child.

A nurse is teaching a client who has tuberculosis about taking rifampin. Which of the following instructions should the nurse include? **Correct Ans-** B: "Do not drink alcohol while taking this medication."

A nurse is caring for a client who has Cushing's disease. The nurse should identify that the client is at risk for which of the following acid-base imbalances? **Correct Ans-** B: Metabolic alkalosis

A nurse is planning care for a client who has chemotherapy-induced anemia and is starting epoetin. Which of the following interventions should the nurse include in the plan? **Correct Ans-** D: Monitor for hypertension.

A nurse is assessing a client for manifestations of grief after having a colostomy for removal of colon cancer. Which of the following findings indicates to the nurse that the client has accepted the loss? **Correct Ans-** B: Touches the colostomy stoma when the bag is changed

A nurse is caring for a client who has respiratory depression following opioid administration to control cancer-related pain. The client's ABG results are pH 7.28, PaCO₂ 49 mm Hg, and HCO₃ 24 mEq/L. Based on these findings, the nurse should identify that the client has which of the following acid-base imbalances? **Correct Ans-** C: Respiratory acidosis

A nurse is teaching a female adult client who is obese about disease management. Which of the following information should the nurse include in the teaching? **Correct Ans-** C: Morbid obesity is measured as a BMI over 40.

A nurse is assessing a client who is 1 day postoperative following open ileostomy placement to treat an inflammatory bowel disorder. Which of the following findings is the priority for the nurse to report to the provider? **Correct Ans-** C: The stoma is purple in color.

A nurse is reviewing the urinalysis results of a client who has completed a 14-day course of ciprofloxacin to treat pyelonephritis. Which of the following values should indicate to the nurse that the client has a continuing infection? **Correct Ans-** C: Positive leukocyte esterase

A community health nurse is teaching a group of older adult clients about interventions to prevent pneumonia. Which of the following instructions should the nurse include in the teaching? **Correct Ans-** C: "Wash your hands when you return home from running errands."

A nurse is providing discharge teaching for a client who has a hearing impairment. Which of the following actions should the nurse take? **Correct Ans-** A: Encourage the client to repeat what the nurse has said.

A nurse is providing postoperative education for a client following a laparoscopic cholecystectomy for cholelithiasis. Which of the following client statements indicates an understanding of the teaching?

Correct Ans- A: "The adhesive bandages on my incision will fall off as the incision heals."

A school nurse is assessing a school-age child who has erythema infectiosum (fifth disease). Which of the following manifestations should the nurse expect? **Correct Ans-** C: Facial eruption

A nurse is planning care for a client who has renal calculi. Which of the following interventions should the nurse include to promote elimination of the calculi? **Correct Ans-** C: Encourage intake of at least 3 L of fluid each day.

A nurse is caring for a client who has generalized anxiety disorder and is experiencing a mild level of anxiety. Which of the following manifestations should the nurse expect? **Correct Ans-** D: Follows directions

A nurse on a mental health unit is developing a plan of care for a client who is experiencing a panic level of anxiety. Which of the following actions should the nurse identify as a priority? **Correct Ans-** B: Protect the client from harm.

A nurse is providing home care instructions to a client who had a short-arm plaster cast applied for a wrist fracture. Which of the following instructions should the nurse include? **Correct Ans-** C: Elevate the wrist above heart level.

A nurse is caring for a middle adult female client who has atrial fibrillation and is taking warfarin. The nurse should recognize which of the following as an adverse effect of the medication and notify the provider? **Correct Ans-** B: Increased menstrual flow

A nurse is planning care for a client who is postoperative and has developed left lower leg deep-vein thrombosis. Which of the following interventions should the nurse include in the plan of care? **Correct Ans-** C: Make sure the client's legs are elevated while in bed.

A nurse is providing discharge planning for a client who has gestational diabetes. Which of the following interventions should the nurse identify as a priority? **{{Correct Ans- A: Determine the client's knowledge regarding gestational diabetes.**

A nurse is assessing a client who reports vision impairment and is diagnosed with primary open-angle glaucoma (POAG). Which of the following findings should the nurse expect? **{{Correct Ans- A: Progressive loss of peripheral vision**

A nurse in an emergency department is assessing a client who has hyperthermia. Which of the following findings should the nurse identify as an indication that the client has heat exhaustion? **{{Correct Ans- B: Vomiting**

A nurse is developing an in-service for a group of coworkers about adolescents' reactions to death. Which of the following information should the nurse include when discussing an adolescent's response to death? **{{Correct Ans- D: Adolescents often alienate themselves from their peers when grieving.**

A nurse is providing teaching to a client who is experiencing malabsorption related to lactose intolerance. Which of the following foods should the nurse recommend to the client as the best nondairy source of calcium? **{{Correct Ans- B: Collard greens**

A nurse is caring for a client who is receiving heparin therapy and has an aPTT of 92 seconds. Which of the following medications should the nurse anticipate the provider might prescribe for the client? **{{Correct Ans- D: Protamine**

A nurse is assessing a client who is postoperative following the placement of an ileostomy due to complication of ulcerative colitis. In which of the following areas should the nurse expect the ileostomy to be located? (You will find hot spots to select in the artwork below. Select only the hot spot that corresponds to your answer.) **{{Correct Ans- C: Right lower abdomen inferior to umbilicus.**

A nurse is providing teaching to the parent of an infant who has gastroesophageal reflux about home care. Which of the following statements by the parent indicates an understanding of the teaching? **{{Correct Ans- D: "I should add 1 teaspoon of rice cereal to my infant's formula."**

A nurse is reviewing the laboratory report of a client who is taking exenatide to treat type 2 diabetes mellitus. The nurse should recognize that which of the following laboratory results is an indication of an adverse reaction to the medication? **{{Correct Ans- D: Lipase 185 units/L**

A nurse is assessing a client who is receiving morphine via a PCA pump to manage postoperative pain. The client has a heart rate of 66/min and a respiratory rate of 9/min. Which of the following medications should the nurse anticipate the provider will prescribe for the client? **{{Correct Ans- A: Naloxone**

A nurse is reviewing the medical record of a client who has a family history of gallstones. Which of the following findings should the nurse identify as a risk factor for developing cholecystitis? **{{Correct Ans- B: Client is taking atorvastatin.**

A nurse is assessing a client whose ABG results are pH 7.51, PaCO₂ 29 mm Hg, and HCO₃ 24 mEq/L. Which of the following findings should the nurse expect? **{{Correct Ans- A: Paresthesias**

A nurse is providing teaching to a client who has diabetes mellitus and a new prescription for extended-release metformin. Which of the following client statements indicates an understanding of the teaching? **{{Correct Ans- C: "I will call the doctor if I have muscle pain in my back."**

A nurse is assessing a client who has a potassium level of 2.6 mg/dL and is receiving potassium chloride by continuous IV infusion. Which of the following findings should the nurse identify as an indication that the potassium infusion has brought the client's potassium level back to the expected reference range? **{{Correct Ans- C: The client's hand grasp becomes stronger.**

A nurse is caring for a client who has cellulitis of the lower extremity. Which of the following actions should the nurse take? (Select all that apply.) **{{Correct Ans- C: Elevate the affected area 15.24 cm (6 in) above the heart**

.E: Administer cefazolin intermittent IV bolus

The nurse in an emergency department was caring for an adolescent who died following a motor vehicle crash. Which of the following reactions should the nurse expect the client's 10-year-old sibling to exhibit? **Correct Ans-** B: The sibling is curious about what will happen to the client's body.

A nurse is caring for a preschooler who has a terminal illness. Which of the following reactions to death should the nurse expect the preschooler to exhibit? (Select all that apply.) **Correct Ans-** D: Believes death is a temporary type of sleep

E: Believes that their own thoughts can cause death

A nurse in an emergency department is caring for a client whose ABG results are pH 7.31, PaCO₂ 50 mm Hg, and HCO₃ 25 mEq/L after experiencing an airway obstruction. Which of the following interventions is the nurse's priority for the client? **Correct Ans-** A: Apply oxygen therapy to the client.

A nurse is developing a plan of care for a preschooler who has heart failure. Which of the following interventions should the nurse include in the plan? **Correct Ans-** D: Offer small, frequent meals based on the child's endurance level.

A nurse is providing discharge teaching for a client who had lithotripsy to break up calculi in the right kidney. Which of the following findings should the nurse instruct the client to report to the provider? **Correct Ans-** D: Painful urination

A nurse is teaching the parent of a school-age child who has pediculosis capitis about treating this parasitic infestation. Which of the following instructions should the nurse include? **Correct Ans-** A: Wash bedding, clothes, and towels in hot water in a washing machine.

A nurse is teaching a client who has asthma about using a metered-dose inhaler. Which of the following client statements indicates an understanding of the teaching? **Correct Ans-** B: "I'll take a deep breath and blow it out before I inhale the medication."

A nurse is assessing a client who has COPD and is receiving nebulized acetylcysteine. Which of the following findings should the nurse expect if the medication has been effective? **Correct Ans-** D: Mucus is thin and white in color.

A nurse is assessing a client who has Graves' disease. Which of the following findings should the nurse expect? **Correct Ans-** C: Exophthalmos

A nurse is admitting a client who has just been diagnosed with active tuberculosis and has experienced a 5.9 kg (13 lb) weight loss during the past 3 weeks. Which of the following actions should the nurse take first? **Correct Ans-** D: Initiate airborne precautions.

A nurse is planning care to prevent hospital-acquired methicillin-resistant Staphylococcus aureus (MRSA) infection for a client who is immunocompromised. Which of the following interventions should the nurse include to prevent this antibiotic-resistant infection? **Correct Ans-** B: Bathe the client with chlorhexidine wipes.

A nurse is assessing a client who has a calcium level of 6.3 mg/dL. Which of the following findings should the nurse expect? **Correct Ans-** A: Circumoral tingling

A nurse is teaching a male client who has hypertension about dietary guidelines to help manage his disorder. Which of the following instructions should the nurse include? **Correct Ans-** A: Reduce sodium intake to 1,500 mg/day or less.

A nurse is providing dietary teaching for a client who has hyperlipidemia due to nephrotic syndrome. Which of the following instructions should the nurse include in the teaching? **Correct Ans-** A: Less than 30% of daily calories should come from fat.

A nurse is teaching a client who is at moderate risk for osteoporosis about ways to help prevent this chronic disease. Which of the following instructions should the nurse include? (Select all that apply.) **Correct Ans-** B: Increase dairy product intake.

C: Engage in weight-bearing exercises regularly.

E: Reduce excessive caffeine intake

A nurse has arrived at the site of an accident where a client has sustained a traumatic amputation of the big toe. Identify the sequence of steps the nurse should take to treat the musculoskeletal trauma. (Move the steps into the box on the right, placing them in the order of performance. Use all the steps.)

{{Correct Ans- A: Call 911 and examine the amputation site.

B: Apply direct pressure with layers of dry cloth

.C: Elevate the extremity above the client's heart.

D: Find the toe and wrap it in sterile gauze in a clean cloth.

E: Place the toe in a bag and place the bag in 1 part ice and 3 parts water

A nurse is teaching about foot care with a group of older adults who have type 1 diabetes mellitus. Which of the following information should the nurse include in the teaching? **{{Correct Ans- D:** Trim toenails straight across to prevent ingrown toenails.

A nurse is assessing an older adult client who is experiencing malnutrition. Which of the following findings should the nurse expect? **{{Correct Ans- D:** Brittle hair

A nurse is assessing a client who reports gastrointestinal distress. Which of the following findings should indicate to the nurse that the client has cholecystitis? **{{Correct Ans- B:** Abdominal pain that radiates to the right shoulder

A nurse is assessing a client who has social phobia and reports feeling fear and panic when at social gatherings. Which of the following medications should the nurse expect the provider to prescribe? **{{Correct Ans- C:** Paroxetine

A nurse in an emergency department is caring for a client who reports abdominal pain, vomiting, and appears dehydrated. The client's ABG results are pH 7.28, PaCO₂ 36 mm Hg, and HCO₃ 14 mEq/L. Based on these findings, the nurse should identify that the client has which of the following acid-base imbalances? **{{Correct Ans- A:** Metabolic acidosis

A nurse is teaching an older adult client who has peripheral neuropathy about a new prescription for duloxetine. Which of the following client statements indicates an understanding of the teaching?

Correct Ans- A: "It might take several weeks to notice an improvement in my symptoms."

A nurse is teaching a client who has a new prescription for finasteride to treat benign prostatic hyperplasia. Which of the following instructions should the nurse include in the teaching? **Correct Ans-**

A: "You might need to take the medication for several months before seeing any relief."

A nurse is teaching a client who has a deep-vein thrombosis about a new prescription for warfarin.

Which of the following client statements indicates an understanding of the teaching? **Correct Ans-** B: "I should contact my provider if I notice a pink-tinged color to my urine."

A nurse is caring for a client who has had prolonged vomiting, has an NG tube for gastric decompression, and is receiving total parenteral nutrition. The client's ABG results are pH7.48, PaCO₂ 50 mm Hg, and HCO₃ 30 mEq/L. Based on these findings, the nurse should identify that the client has which of the following acid-base imbalances? **Correct Ans-** A: Metabolic alkalosis

A nurse is providing discharge teaching to an older adult client who had surgery to treat visual impairment due to cataracts. Which of the following client statements indicates an understanding of the teaching? **Correct Ans-** D: "It might take 4 to 6 weeks for my vision to fully improve."

A nurse is providing teaching to a client who has chronic obstructive pulmonary disease (COPD). Which of the following statements should indicate to the nurse that the client understands the teaching?

Correct Ans- B: "I should make my abdomen rise with each inhalation."

A nurse is reviewing the medical record of a client who is receiving total parenteral nutrition. Which of the following actions should the nurse take? (Click on the exhibit button for additional information about the client. There are three tabs that contain separate categories of data.) **Correct Ans-**

Administer the prescribed regular insulin

A nurse is assessing a 3-month-old infant who has gastroenteritis with severe dehydration. Which of the following findings should the nurse expect? **Correct Ans-** D: Absence of tears

A nurse is teaching disease management techniques to a client who has COPD. Which of the following instructions should the nurse include in the teaching? **Correct Ans-** B: Use pursed-lip breathing when feeling short of breath.

A nurse is teaching a client who has hypertension and a new prescription for atenolol. Which of the following information should the nurse include in the teaching? **Correct Ans-** D: "You should contact your provider if your pulse rate drops below 60 per minute."

A nurse is assessing a school-age child who has appendicitis with possible perforation. Which of the following findings should the nurse identify as a manifestation of peritonitis? **Correct Ans-** A: Abdominal distention

A nurse is assessing a client who has been taking antacids frequently for gastrointestinal distress. The assessment findings include drowsiness, muscle weakness, bradycardia, and hypotension. Which of the following electrolyte imbalances should the nurse suspect? **Correct Ans-** C: Hypermagnesemia

A nurse is providing teaching to a client who has a hearing impairment and has a new prescription for a hearing aid. Which of the following client statements indicates an understanding of the teaching? **Correct Ans-** C: "I will make sure the hearing aid is off before inserting it in my ear."

A nurse in an emergency department is assessing a client who reports severe constipation. The nurse should identify which of the following findings as an indication that the client might have a small-bowel obstruction? **Correct Ans-** D: Visible peristaltic waves in the upper abdomen

A nurse is discussing lactose-free foods with a client who is experiencing malabsorption due to lactose intolerance. Which of the following foods should the nurse recommend? **Correct Ans-** B: Soy milk

A nurse is teaching a client who has scabies about a new prescription for lindane lotion. Which of the following client statements indicates an understanding of the treatment for this parasitic infection? **Correct Ans-** C: "I will wash the lotion off 12 hours after I apply it." **Correct Ans-** C: "I will wash the lotion off 12 hours after I apply it."

A nurse is assessing a client who has pernicious anemia. Which of the following findings should the nurse expect? **Correct Ans-** A: Numbness of hands

A nurse is assessing a client who has developed type 1 herpes simplex virus. Which of the following images should the nurse identify as this type of viral infection? **Correct Ans-** C: Lips with white and red sores.

A nurse is teaching a client who has asthma about medications to treat an acute asthma attack. Which of the following medications should the nurse include in the teaching? **Correct Ans-** C: Albuterol

A nurse in a provider's office is assessing a preschooler who has developed contact dermatitis following exposure to poison ivy. Which of the following statements should the nurse make to the child's parent regarding disease management? **Correct Ans-** D: "Place your child in an oatmeal bath using tepid water for 15 minutes."

A nurse is planning care for a client who has generalized anxiety disorder. Which of the following interventions should the nurse include in the client's plan of care? **Correct Ans-** B: Reframe situations in a positive manner for the client.

A nurse in an emergency department is assessing a client who has type 1 diabetes mellitus. Which of the following findings should the nurse identify as an indication that the client has diabetic ketoacidosis? **Correct Ans-** C: Blood glucose 396 mg/dL

A nurse in an emergency department is assessing a client who is experiencing mild hypothermia. Which of the following manifestations should the nurse expect? **Correct Ans-** C: Slurred speech

A nurse is caring for a toddler who sustained a left lower leg fracture in a motor vehicle crash. The toddler, who has light-pigmented skin, received a cast 24 hours ago. Which of the following assessment findings from the casted leg should the nurse report to the provider? **Correct Ans-** C: The toddler's toe movement is limited.

A nurse is providing teaching to an adolescent client who has methicillin-resistant *Staphylococcus aureus*. Which of the following instructions should the nurse provide to prevent the spread of this infection? **Correct Ans-** D: "Do not return to football practice until the infection has healed."

A school nurse is teaching an adolescent who has diabetes mellitus about preventing hypoglycemia during and after baseball practice. Which of the following instructions should the school nurse include? **Correct Ans-** B: "Consume an extra snack before practice."

A nurse is assessing a client who has appendicitis. Which of the following findings should the nurse report to the provider immediately? **Correct Ans-** B: Board-like abdomen

A nurse is assessing a client who reports a new onset of joint pain and stiffness. Which of the following findings should the nurse identify as an indication of osteoarthritis? **Correct Ans-** A: Joint pain improves with rest.

RN Concept-Based Assessment Level 2 Online Practice B

Question:-A nurse is caring for a client who has DVT and is receiving heparin via continuous IV infusion. The client has a positive fecal occult blood test and abdominal tenderness upon palpation. Which of the following prescriptions should the nurse expect the provider to prescribe?

- a. vitamin K
- b. protamine sulfate
- c. flumazenil
- d. acetylcysteine **Correct Ans-** b.

The nurse should expect the provider to Rx protamine sulfate to reverse the anticoagulant effects of the heparin. A client who is receiving heparin is at risk for ↑ed bleeding w/ manifestations such as abdominal pain, frank or occult blood in stools, petechae (溢血点), and changes in LOC.

*flumazenil reverses the sedative effects of benzodiazepines.

*acetylcysteine for acetaminophen OD.

Question:-A nurse is reviewing the lab report of a client who is taking atorvastatin. Which of the following findings should the nurse identify as an indication that the medication is having an adverse effect?

- a. LDL 100 mg/dL
- b. total cholesterol of 199 mg/dL
- c. aspartate aminotransferase (AST) 45 units/L
- d. creatinine kinase (CK) 120 units/L **{{Correct Ans- c.**

The nurse should identify an aspartate aminotransferase level of 45 units/L is reater than the expected reference range of 0 - 35 units/L and indicates hepatotoxicity, an adverse effect of atorvastatin.

Question:-a nurse is participating in a health fairl by providing screening for osteoporosis. Which of the following should the nurse recognize as a risk factor for the disease?

- a. BMI 26 or above
- b. exessive sun exposure
- c. frequent weight-bearing exercise
- d. hip fracture 6 months ago **{{Correct Ans- d.**

The nurse should recognize that a client who has a hx of hip fracture, esp. after the age of 50, is at greater risk for developing regional osteoporosis.

Question:-A nurse in an ED is reviewing the lab report of a client who has hyperventilation. The client's ABG results are pH 7.50, PaCO₂ 29 mm Hg, and HCO₃ 25 mEq/L. The nurse should interpret that these values are an indication of which of the following AB imbalance?

- a. metabolic alkalosis
- b. metabolic acidosis
- c. resp. alkalosis
- d. resp. acidosis **{{Correct Ans- c.**

The nurse should interpret that the client's ABG values indicate resp. alkalosis, which can be caused by hyperventilation as excessive loss of CO₂ occurs w/ rapid resp. Lab values will reflect an ↑ed pH and a ↓ed PaCO₂. The client's HCO₃ level is w/in expected reference range.

Question:-A nurse is providing teaching about home care to the parent of a child who has pediculosis capitis. Which of the following information should the nurse include?

- a. Soak the child's combs and brushes in hot water in 5 min.
- b. Rinse the child's hair each day w/ 236.5 mL (1 cup) of vinegar.
- c. Seal the child's nonwashable toys in plastic bags for 7 days.
- d. Comb the child's hair daily w/ an extra fine-tooth comb. **{{Correct Ans- d.**

The nurse should instruct the parent to remove nits from the child's hair each day by combing her hair w/ an extra fine-tooth comb. The parent also remove nits w/ tweezers or fingernails.

Question:-A nurse in an ED is caring for a client who has appendicitis. Which of the following actions should the nurse take?

- a. Restrict oral intake to clear fluids.

- b. Place a heating pad on the client's abdomen.
- c. Place the client in semi-Fowler's position.
- d. Administer an enema. **{{Correct Ans- c.**

The nurse should place the client in semi-Fowler position to contain abdominal drainage in the lower abdomen and prevent it from seeping into peritoneum.

Question:-A nurse is assessing a client who has developed C. diff as an adverse effect to ciprofloxacin. Which of the following meds should the nurse expect the provider to Rx to treat the C. diff?

- a. vancomycin
- b. Mg hydroxide
- c. rifampin
- d. metocloramide **{{Correct Ans- a.**

The nurse should expect the provider to Rx vancomycin to treat C. diff.

Question:-A nurse is reviewing the lab results of an adult male client who has HLD and is making lifestyle changes to improve his cholesterol levels. Which of the following indicates to the nurse that the client has achieved a therapeutic response?

- a. LDL 168 mg/dL
- b. HDL 50 mg/dL
- c. total cholesterol 268 mg/dL
- d. triglycerides 250 mg/dL **{{Correct Ans- b.**

This finding indicates that the client has achieved a therapeutic response from a lifestyle change because the HDL is w/in the expected reference range of greater than 45 mg/dL for an adult male client.

Question:-A nurse is providing teaching about home care to the parent of an adolescent who has infectious mononucleosis. Which of the following manifestations should the nurse instruct the parent to report to the provider?

- a. swollen cervical lymph nodes
- b. esudate on tonsils
- c. lack of energy
- d. onset of abdominal pain **{{Correct Ans- d.**

The nurse should instruct the parent to report the onset of abdominal pain to the provider because this is an indication of splenomegaly (脾腫). Splenic hemorrhage or rupture can occur and is usually caused by trauma.

Question:-A nurse is assessing a client who has peripheral arterial disease. Which of the following findings should the nurse expect?

- a. brown discoloration of the lower extremities
- b. superficial ulcer on the medial aspect of the ankle
- c. dependent rubor
- d. telangiectasias **{{Correct Ans- c.**

The nurse should expect redness to the lower extremities, or dependent rubor (発赤), when the client's legs are dangling or in a dependent position.

Question:-A nurse is assessing a client who has hypermagnesemia. Which of the following manifestations should the nurse expect?

- a. hyperactive deep tendon reflexes
- b. abdominal distension
- c. bradycardia
- d. positive Trousseau's sign **{{Correct Ans- c.**

the nurse should expect to find bradycardia in a client who has hypermagnesemia, as well as other cardiac manifestations, incl. peripheral vasodilation and hypotension d/t a ↓ed membrane excitability. Clients who have severe hypermagnesemia are at an increased risk of card. arrest.

Question:-A nurse is providing teaching for a client following cataract surgery. Which of the following statements indicate to the nurse that the client understands the teaching?

- a. "I will have my best vision 3 weeks after my surgery."
- b. "I should report a creamy white discharge from my eye to my doctor."
- c. "I should avoid getting water in my eyes until the second day after surgery."
- d. "I should avoid using the vacuum cleaner for several days." **{{Correct Ans- d.**

The nurse should instruct the client to avoid using the vacuum cleaner for several weeks. the forward flexion and rapid, jerking movements that occur while vacuuming can ↑ intraocular pressure.

Question:-A nurse is assessing a preschool-age child who has chickenpox. The parent asks the nurse how to treat the child's fever. Which of the following responses should the nurse make?

- a. "Avoid giving aspirin to your child."

- b. "Place your child in a cool bath for 20 minutes 2x/day."
- c. "Lower the room temp to stimulate shivering."
- d. "Give eight doses of acetaminophen in 24 hrs according to the child's weight." **{{Correct Ans- a.**

The nurse should instruct the parent to not administer aspirin to the child to treat a fever. Aspirin ↑s the risk of Reye syndrome in children and adolescents who have viral infections, such as chickenpox.

Question:-A nurse is admitting a client who has peptic ulcer disease and an upper GI bleed. Which of the following manifestations should the nurse expect? (Select all that apply.)

- a. dark, tarry stools
- b. bright red emesis
- c. ↑ed HR
- d. ↑ed BP
- e. bounding peripheral pulses **{{Correct Ans- a, b, c**

Question:-A nurse in a community health clinic is reviewing data from medical records of four clients. Which of the following communicable disease requires reporting by the nurse?

- a. gonorrhea
- b. herpes genitalis
- c. HPV
- d. bacterial vaginosis **{{Correct Ans- a.**

Gonorrhea is an infectious condition listed on the nationally Notifiable Infectious Conditions Listing. the nurse should report this communicable disease to the CDC.