

## ATI ADVANCED MED SURG PROCTORED 2019 EXAM GUIDE

1. A nurse in a burn treatment center is caring for a client who is admitted with severe burns to both lower extremities and is pending an escharotomy. The client's spouse asks the nurse what the procedure entails. Which of the following nursing statements is appropriate?

- a. **“large incisions will be made in the eschar to improve circulation”**
- b. “I can call the doctor back here if you want me to”
- c. “a piece of skin will be removed and grafted over the burned area”
- d. “dead tissue will be surgically removed”

2. A nurse is monitoring the fluid replacement of a client who has sustained burns. Which of the following fluids is used in the first 24 hours following a burn injury?

- a. 5% dextrose in water
- b. 5% dextrose in normal saline
- c. normal saline
- d. **lactated ringers**

3. A nurse is caring for a client who has full-thickness burns all over 75% of his body. Which of the following methods is appropriate to accurately monitor the cardiovascular system?

- a. auscultate cuff blood pressure
- b. palpate pulse pressure
- c. **obtain a central venous pressure**
- d. monitor the pulmonary artery pressure

4. A nurse is assessing the depth and extent of a client who has severe burns to the face, neck, and upper extremities. Which of the following factors is the first priority when assessing the severity of the burn?

- a. Age of the client
- b. Associated medical history
- c. Location of the burn
- d. **Cause of the burn**

5. A client arrives at the emergency dept following an explosion at the chemical plant. He has deep partial and full-thickness chemical burns over more than 25% of his body surface area. What is the nurse's priority intervention?

- a. Initiate fluid resuscitation
- b. Medication for pain
- c. Administer antibiotics

d. **Maintain a patent airway**

6. A nurse is caring for a client who came to the emergency department reporting chest pain. The provider suspects a myocardial infarction. While waiting for the laboratory to report the client's troponin levels, the client asks what this blood test will show. The nurse should explain that troponin is

- a. An enzyme that indicates damage to brain, heart, and skeletal muscle tissues
- b. A protein whose levels reflect the risk for coronary artery disease
- c. **A heart muscle protein that appears in the bloodstream when there is damage to the heart**
- d. A protein that helps transport oxygen throughout the body

7. A nurse is assessing a client who has disseminated intravascular coagulation (DIC). Which of the following should the nurse expect in the findings?

- a. Excessive thrombosis and bleeding
- b. Progressive increase in platelet production
- c. Immediate sodium and fluid retention
- d. **Increased clotting factors**

8. A nurse is about to administer warfarin (Coumadin) to a client who has atrial fibrillation. When the client asks what his medication will do, which of the following is an appropriate nursing response?

- a. It helps convert atrial fibrillation to sinus rhythm
- b. It dissolves clots in the bloodstream
- c. It slows the response of the ventricles to the fast atrial impulses
- d. **It prevents strokes in clients who have atrial fibrillation**

9. A nurse in a cardiac care unit is caring for a client with acute heart failure. Which of the following findings should the nurse expect?

- a. Decreased brain natriuretic peptide (BNP)
- b. **Elevated central venous pressure (CVP)**
- c. Decreased pulmonary pressure
- d. Increases urinary output

10. A client comes into the ED reporting nausea and vomiting that worsens when lying down and without relief from antacids. The provider suspects acute pancreatitis. Which of the following lab test results should the nurse expect to see if the client has acute pancreatitis?

- a. Decreased WBC

- b. **Increased serum amylase**
- c. *Decreased serum lipase*
- d. *Increased serum calcium*

11. A nurse in the ICU is caring for a client who has acute respiratory distress syndrome (ARDS) and is receiving mechanical ventilation via an endotracheal tube. The provider plans to extubate her within the next 24 hours. Which of the following is an important criterion for extubating the client?

- a. *Ability to cough effectively*
- b. **Adequate tidal volume without manually assisted breaths**
- c. *No indication of infection*
- d. *No need for supplemental oxygen*

12. A nurse is caring for a client following a CT scan with dye who suffered from an anaphylactic reaction. Which of the following conditions requires a priority nursing response?

- a. *urticaria*
- b. **stridor**
- c. *tachypnea*
- d. *angioedema*

13. A nurse is caring for a female client who came in to the ED reporting SOB and pain in the lung area. Her heart rate is 110/min, resp. rate 40/min, and blood pressure 140/80 mmHg. Her arterial blood gases are: pH 7.5, PaCO<sub>2</sub> 29 mmHg, PaO<sub>2</sub> 60 mmHg, HCO<sub>3</sub><sup>-</sup> 20 mEq/L, and SaO<sub>2</sub> 86%. Which of the following is the priority intervention?

- a. *Prepare for mechanical ventilation*
- b. **Administer oxygen via face mask**
- c. *Prepare to administer a sedative*
- d. *Monitor for pulmonary embolism*

14. A nurse is monitoring a client who has just had a thoracentesis to remove pleural fluid. Which of the following clinical manifestations indicate a complication that requires notifying the provider immediately?

- a. *Serosanguineous drainage from the puncture site*
- b. *Discomfort at the puncture site*
- c. **Increased heart rate**
- d. *Decreased temperature*

15. A group of college students was attending a weekend football rally when one of the students stumbled and fell into the bonfire. Although several friends quickly

intervened, the client sustained partial-thickness burns to both lower legs, chest, and both forearms. Which of the following is priority nursing action when the client is brought to the ED?

- a. cover the burned area with sterile gauze
- b. **inspect mouth for signs of inhalation**
- c. administer intravenous pain medication
- d. draw blood for a CBC

16. **A** triage nurse in an emergency dept is caring for a client who has gunshot wound to the right side of chest. The nurse notices thick dressing on the chest and sucking noise coming from the wound. The client has a blood pressure of 100/60 mm Hg, a weak pulse rate of 118/min, and a respiratory rate of 40/min. Which of the following actions should the nurse take initially?

- a. Raise the foot of the bed to a 90 degree angle
- b. Remove the dressing to inspect the wound
- c. Prepare to insert a central line
- d. **Administer oxygen via nasal cannula**

17. **A** nurse is suctioning the endotracheal tube of a client who is on a ventilator. The client's heart rate increases from 86/min to 110/min and becomes irregular. The nurse should know that the client requires which of the following?

- a. A cardiology consult
- b. Less frequent suctioning
- c. An antidysrhythmic medication
- d. **Pre-oxygenation prior to suctioning**

18. **The** nurse is caring for a client who is receiving a blood transfusion. The transfusion started 30 minutes ago at a rate of 100 mL/hr. The client begins to complain of low back pain and headache and is increasingly restless. What is the first nursing action?

- a. **Stop the transfusion, disconnect the blood tubing, and begin a primary infusion of normal saline solution**
- b. Slow the infusion and evaluate the vital signs and the client's history of transfusion reactions
- c. Slow the infusion of blood and begin infusion of normal saline solution from the Y connector.
- d. Recheck the unit of blood for correct identification numbers and crossmatch information

19. **A** client with a diagnosis of disseminated intravascular coagulation (DIC) has the following assessment findings: blood pressure of 76/56, temperature 102.6

degrees, resp. 24 breath/min., with complaints of severe neck and back pain. Which nursing action should the nurse implement first?

- a. **Administer acetaminophen (Tylenol) PO.**
- b. Administer ibuprofen (Motrin) PO.
- c. Draw coagulation study blood work in the AM
- d. Give morphine sulfate IV

20. **The** nurse administering albuterol (Proventil) via a metered-dose inhaler (MDI) to a client who has a history of coronary artery disease is now in congestive heart failure. What side effects will be particularly important to observe for when the client takes the medication?

- a. **Tremors and central nervous system stimulation**
- b. Tachycardia and chest discomfort
- c. Development of oral candidiasis
- d. An increase in blood pressure

21. **The** nurse is assessing a client who is on a ventilator and has an endotracheal tube in place. What data confirms that the tube has migrated too far into the trachea?

- a. **Decreased breath sounds are heard over the left side of the chest**
- b. Increased rhonchi are present at the lung bases bilaterally
- c. Ventilator pressure alarm continues to sound
- d. Client is able to speak and coughs excessively

22. **What** is the desired action of dopamine (Intropin) when administered in the treatment of shock?

- a. **It increases myocardial contractility**
- b. It is associated with fewer severe allergic reactions
- c. It causes rapid vasodilation of the vascular bed
- d. It supports renal perfusion by dilation of the renal arteries

23. The nurse is monitoring an IV infusion of sodium nitroprusside (Nirpride). Fifteen minutes after the infusion is started, the client's BP goes from 190/120 mm Hg to 120/90 mm Hg. What is the priority nursing action?

- a. Recheck the BP and call the doctor
- b. **Decrease the infusion rate and recheck the blood pressure in 5 minutes**
- c. Stop the medication and keep the IV open with D5W.
- d. Assess the client's tolerance of the current level of BP

24. **Norepinephrine** (Levophed) has been ordered for a client in hypovolemic shock. Before administering the drug, the nurse should make sure that the client has:

- a. A heart rate of less than 120 beats/min
- b. Urine output of at least 30 mL/hr.
- c. Received adequate anticoagulation
- d. **Been receiving adequate IV fluid replacement**

25. The client returns to his room after a thoracotomy. What will the nursing assessment reveal if hypovolemia from excessive blood loss is present?

- a. **CVP of 3 cm H<sub>2</sub>O and urine output of 20 mL/hr**
- b. Jugular vein distention with the head elevated 45 degrees
- c. Chest tube drainage of 50 mL/hr in the first 2 hours
- d. Persistent increased BP and increased pulse pressure

26. **The** nurse is performing an assessment and finds the client has cold, clammy skin, pulse of 130 beats/min and weak, blood pressure of 84/56 mm Hg, and urinary of 20 mL for the past hour. The nurse would interpret these findings as suggestive of which pathophysiology?

- a. Reduction of circulation to the coronary arteries, this increasing the preload
- b. Decreased glomeruli filtration rate, resulting in volume overload
- c. Stimulation of the sympathetic nervous system, causing severe vasoconstriction
- d. **Decrease in the cardiac output and inadequate tissue perfusion**

27. **The** nurse applies a Nitro-Dur patch on a client who has undergone cardiac surgery. What nursing observation indicates that a Nitro-Dur patch is achieving the desired effect?

- a. Chest pain is completely relieved
- b. **Client performs activities of daily living without chest pain**
- c. Pain is controlled with frequent changes of patch
- d. Client tolerates increased activity without pain

28) **The** V/S of a client with Cardiac disease are as follows: BP 102/76 mm/hg, Pulse 52, RR 16. Atropine is administered IV push. What nursing assessment indicates a therapeutic response to the medication?

- A. **Pulse rate has increased to 70 beats/min**
- B. *systolic BP has increased by 20*
- C. *pupils are dilated*
- D. *oral secretions have decreased*

29) An older adult client comes into ER stating that he has no appetite, is nauseated, his heart feels funny and has noticed a haziness in his vision. The client states that he has been taking an antihypertensive drug and digitalis for more than a year. Based on the presenting symptoms, what would be the priority nursing action?

- A. **Obtain an order for an EKG and serum potassium and digitalis levels**
- B. *Perform a neurological assessment to determine whether he has one side weakness.*
- C. *Assess lungs for decreased breath sounds and/or adventitious breath sounds.*
- d. *Obtain an order for an EKG*

30) the nurse is administering alteplase to a client who has been diagnosed with acute coronary syndrome. What are important nursing implications for this medication?

- A. *Monitor the ECG for dysrhythmias*
- B. **Place the client on bleeding precautions**
- C. *monitor urine output hourly*
- D. *Monitor for activity tolerance*

31) The nurse is caring for a client who underwent cardiac catheterization 1 hour ago. What is an important nursing measure at this time?

- A. *Measure urinary output hourly and maintain continuous cardiac monitoring*
- B. *Encourage client to perform slow pressure exercise of the affected side to promote circulation.*
- C. **Maintain pressure over catheter insertion site and determine distal circulation status.**
- D. *Evaluate apical pulse and determine presence of pulse deficit.*

32. The nurse in a cardiac stepdown unit has received a hand-off shift report for these clients. Which client should be assess first?

- A. **a client who has just returned from a coronary arteriogram with placement of an intracoronary stent.**
- B. *A client who is in heart failure and has gained 2 pnds in the last 24 hours.*
- C. *a client with endocarditis who has temperature elevation of 100F and P 100 beats/min*

D. A client who was cardioverted from atrial fibrillation 24 hours ago and has had 3 atrial premature

33) **What** ECG changes would reflect myocardial ischemia in a client who has been admitted for observation after experiencing an episode of chest pain?

- A. Prolonged PR interval
- B. Wide QRS complex
- C. **ST-Segment elevation or depression**
- D. Tall, peaked T-waves

34) **A** new employee at a facility needs a hepatitis vaccine. Which statement reflects accurate understanding of the immunization?

- A. I need to get 6 shots of hep C
- B. Once I receive the Hep vaccine I will always be immune
- C. **I will receive 3 injections over a period of months, which should protect me from hep B**
- D. Hep vaccine is an oral vaccine with live attenuated virus

35) **While** talking with a client with a diagnosis of end stage liver disease. The nurse notices the client is unable to stay awake and seems to fall asleep in the middle of a sentence. The nurse recognizes these symptoms to be indicative of what condition?

- A. Hyperglycemia
- B. Increased bile production
- C. **Increased blood ammonia levels**
- D. Hypocalcemia

36) The nurse is caring for a client with chronic hep B. What will the teaching plan for this client include?

- A. **use a condom for sexual intercourse**
- B. Report any clay-colored stools.
- C. Eat a high protein diet
- D. Perform daily urine bilirubin checks

37. **A** patient with massive trauma and possible spinal cord injury is admitted to the emergency department (ED). Which finding by the nurse will help confirm a diagnosis of neurogenic shock?

- a. cool clammy skin
- b. inspiratory crackles
- c. **apical heart rate of 48 beats/min**
- d. temperature 101.2° F



38. A patient with septic shock has a urine output of 20 mL/hr for the past 3 hours. The pulse rate is 120 and the central venous and pulmonary artery wedge pressure are 4. Which of these orders by the health care provider will the nurse question?

- a. **Give furosemide (Lasix) 40 mg IV**
- b. increase normal saline infusion to 150 mL/hr
- c. Administer hydrocortisone (SoluCortef) 100 mg IV
- d. Prepare to give drotrecogin alpha (Xigris) 24 mcg/kg/hr

39. **After** receiving 1000 mL of normal saline, the central venous pressure for a patient who has septic shock is 10 mmHg, but the blood pressure is still 82/40 mm Hg. The nurse will anticipate the administration of which of the following?

- a. Nitroglycerin (Tridil)
- b. Sodium nitroprusside (Nipride)
- c. Drotrecogin alpha (Xigris)
- d. **Norepinephrine (Levophed)**

40. **Which** of these findings is the best indicator that the fluid resuscitation for a patient with hypovolemic shock has been successful?

- a. hemoglobin is within normal limits
- b. **Urine output is 60 mL over the last hour**
- c. Pulmonary artery wedge pressure (PAWP) is 10 mmHg
- d. Mean arterial pressure (MAP) is 55 mm Hg

41. Which interventions will the nurse include in the plan of the care for a patient who has cardiogenic shock?

- a. Avoid elevating head of bed
- b. Check temperature every 2 hours
- c. **Monitor breath sounds frequently**
- d. Assess skin for flushing and itching

42. **Which** assessment is most important for the nurse to make in order to evaluate whether treatment of a patient with anaphylactic shock has been effective?

- a. Pulse rate
- b. Orientation
- c. Blood pressure
- d. **Oxygen saturation**

43. When caring for the patient who has septic shock, which assessment finding is most important for the nurse to report to the health care provider? (TB ch.67 Q. 17)

- a. BP 92/56 mm Hg
- b. **Skin cool and clammy**
- c. apical pulse 118 beats/min
- d. Arterial oxygen saturation 91%

44. During change-of-shift report, the nurse learns that a patient has been admitted with dehydration and hypotension after having vomiting and diarrhea for 3 days. Which findings is most important for the nurse to report to the HCP?

- a. Decreased bowel sounds
- b. Apical pulse 110 beats/min
- c. Pale, cool, and dry extremities
- d. **New onset of confusion and agitation**

45. A patient is admitted to the burn unit with burns the upper body and head after a garage fire. Initially, wheezes are heard, but an hour later, the lung sounds are decreased and now wheezes are audible. What is the best action for the nurse to take?

- a. encourage the patient to cough and auscultate the lungs again
- b. **Notify the HCP and prepare for endotracheal intubation**
- c. Document the results and continue to monitor the patient's resp. rate
- d. Reposition pt in high-Fowler's position and reassess breath sounds

46. **During** the emergent phase of burn care, which nursing action will be most useful in determining whether the patient is receiving adequate fluid infusion?

- a. Check skin turgor
- b. Monitor daily weight
- c. Assess mucous membranes
- d. **Measures hourly urine output**

47. **After** receiving change-of-shift report, which of these patients should the nurse assess first?

- a. **A patient with smoke inhalation who has wheezes and altered mental status**
- b. A patient with full-thickness leg burns who has a dressing change scheduled
- c. A patient with abdominal burns who is complaining of level 8 (0 to 10 scale) pain.
- d. A patient with 40% total body surface area (TBSA) burns who is receiving IV fluids at 500 mL/hr