ATI FUNDAMENTALS 2019 PROCTORED EXAM QUESTIONS & ANSWERS

2. A nurse is caring for a client who is scheduled to have his alanine aminotransferase (ALT) level checked. The client asks the nurse to explain the laboratory test. Which of the following is an appropriate response by the nurse?

a. "This test will indicate if you are at risk for developing blood clots
b. "This test will determine if your heart is performing properly"
c. ***"This test will provide information about the function of your liver"***

- **Rationale**: ALT test measures amount of enzyme in blood. ALT mainly found in liver
- **Rationale**: Leadership 7.0. ALT and AST measure you liver function. Creatinine and BUN measure your kidney function

d. "This test is used to check how your kidneys are working"

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3. A nurse is caring for a client who has a prescription for morphine 5mg IM accidentally administers the whole 10 mg from the single-dose vial. Which of the following actions should the nurse take **first**?

a. Notify the client's provider.
b. Report the incident to the pharmacy.
c. Complete an incident report.
d. ***Measure the client's respiratory rate.***

- **Rationale**: morphine OD = pulmonary edema • fills lungs w/ fluid • leading cause of death for OD
- **Rationale**: Morphine can cause respiratory depression if given too much. Also you should ALWAYS ASSESS the patient first when a med error is performed to make sure med error doesn't put the client's health in risk.

4. A nurse is preparing to administer diphenhydramine 20 mg orally to a 6-year-old child who has difficulty swallowing pills. Available is diphenhydramine 12.5 mg/5 mL oral syrup. Which of the following images shows the correct # of mL the nurse should administer? (Round the answer to the nearest whole number.)

Click on the syringe that has 8 mL of med.

20 mg x (5mL/12.5mg) = 8 mL

5. A nurse is caring for a 6-year-old child who has a new prescription for cefoxitin 80 mg/kg/day administered intravenously every 6 hour. The child weighs 20 kg. How much cefoxitin should the nurse administer with each **dose**? (Round the answer to the nearest whole number. Use a leading zero if it applies. Do not use a trailing zero.)

- So it says each dose for the final answer, but we are given 80 mg/kg/**day.**
- 80 x 20 = 1600 / 4 (dose is given every 6 hours a day) = 400 mg
  - **Rationale**: 80 mg x 20 kg = 1,600 • 1,600/4 x day (q6h) = 400 mg

6. A nurse is preparing to administer IV fluids to a client. The nurse notes sparks when plugging in the IV pump. Which of the following actions should the nurse take first?

a. Label the pump with a defective equipment sticker.
b. ***Unplug the pump***.

c. Obtain a replacement pump.

d. Notified the biomedical department to fix the pump.

- **Rationale**: Prioritization question. YOU WILL FIRST UNPLUG the IV pump to avoid causing a fire.

7. A nurse is caring for a client who has a surgical wound. Which of the following laboratory values places the client at risk for poor wound healing?

a. ***Serum albumin 3 g/dL***

b. Total lymphocyte count 2400 mm3

c. HCT 42%

d. HGB 16g/dL

- **Rationale**: Albumin in low. Normal range is 3.5 to 5.5 g/dL. Low albumin places the client at risk for poor wound healing. The other lab values are within normal limits.

8. A nurse is preparing to check a client's blood pressure. Which of the following actions should the nurse take? **Chapter 27 Vitals signs page 244**

a. **Apply the cuff above the client's antecubital fossa.**

b. Use a cuff with a width that is about 60% of the client's arm circumference. - width of the cuff should be 40 % of arm circumference

c. How the clients sit with his arm resting above the level of his heart. - MUST BE AT HEART LEVEL

d. Release the pressure on the client's arm 5 to 6 mm per second. - pressure release should not be more than 2 to 3 mm hg per second

- **Rationale**: ATI FUNDA says 40% of the arm circumference pg. 139. Release the pressure no faster than 2 to 3 mm Hg per second. Apply the BP cuff 2.5 cm (1 in) above the antecubital space with the brachial artery in line with the marking on the cuff. Apply the BP cuff 2.5 cm (1 in) above the antecubital space with the brachial artery in line with the marking on the cuff.

9. A nurse is preparing to perform nasal tracheal suctioning for a client. Which of the following is an appropriate action for the nurse to take? **Chapter 53 Airway management page 563**

a. Hold the suction catheter with the clean non-dominant hand.

b. Apply suctioning for 20 to 30 seconds. - 10 -15 seconds is the maximum.

c. Place the catheter in a location that is clean and dry for later use new line. - NEVER EVER REUSE THE SUCTION CATHETER . you throw it away after being used.

d. **Use surgical asepsis when performing the procedure. - book say medical asepsis which is maybe the same thing .**

- **Rationale**: sterile technique for trachea
- **Rationale**: ATI FUNDA. PG. 316 Use surgical asepsis for all types of suctioning. No longer than 10-15 seconds to avoid hypoxemia

10. A nurse is documenting client care. Which of the following abbreviations should the nurse use?ati book was not thorough so i had to go on different sites for charts - not confident with this, please double check.

a. "SS" for sliding scale

b. **"BRP" for bathroom privileges**

c. "OJ" for orange juice- do not

d. "SQ" for subcutaneous- do not

12. A nurse is collecting A blood pressure reading from a client who is sitting in a chair period the nurse determines that the clients BP is 158/96 mmhg. which of the following actions should the nurse take?

- **a.** Ensure that the width of the BP cuff is 50% of the client's upper arm circumference. It says 40%
- **b.** Reposition the client Supine and recheck her BP. BP. → ORTHOSTATIC HYPOTENSION
- **c.** **Recheck the clients BP and her other arm for comparison.**
- **d.** Request that another nurse check the the clients BP in 30 minutes. → 15 minutes

13. A nurse is caring for a client who has left lower atelectasis. in which of the following positions should the nurse place the client for postural drainage? **Chapter 53 Airway Management page 562**

- **a.** Supine and low-Fowler's position
- **b.** **Right lateral in Trendelenburg position**
- **c.** Side lying with the right side of the chest elevated
- **d.** Prone with pillows under the extremities

14. A nurse is receiving the prescription for a client who is experiencing **dysphagia following a stroke.** Which of the following prescriptions should the nurse clarify?

- **a.** Dietitian consult
- **b.** Speech therapy referral
- **c.** Oral suction at the bedside
- **d.** **Clear liquids- liquids must be THICK. Clear liquids can cause aspiration**
- **Rationale**: ATI MS. Pg. 83 food levels for dysphagia include pureed, mechanically altered, advanced/mechanically soft, and regular.

15. A nurse is administering a large volume enema to a client. Identify the sequence of steps the nurse should follow after preparation and lubricating the enema set.**(ati funds video enema)**

1. Administer the enema solution.**(2)**
2. Remove the enema tube from the clients rectum.**(4)**
3. Wrap the end of the enema tube with a disposable tissue.**(5)**
4. Insert the enema tube into the client's rectum.**(1)**
5. Clamp the enema tube.**(3)**

16. A nurse is inserting an NG tube for a client who requires gastric decompression. Which of the following actions should the nurse take to **verify proper placement of the tube?**

- **a.** Place the end of the NG tube in water to observe for bubbling.
- **b.** Auscultate 2.5 cm (1 in) above the umbilicus while injecting 15 mL of sterile water. AIR NOT WATER OR BY ASPIRATING GASTRIC FOR PH.
- **c.** Assess the client's gag reflex.
- **d.** **Measure the pH of the gastric aspirate.**

17. A nurse is teaching a group of newly licensed nurses about the Braden Scale. Which of the following responses by the newly licensed nurse indicates an understanding of the teaching?

- **a.** "The client's age is part of the measurement." - rationale is same as b.
- **b.** **"The scale measures six elements."**

- **Rationale:** The six elements are 1. Sensory Perception, 2. Moisture, 4. activity, 5. mobility ,6. nutrition , 7. friction and shear.

c. "The higher the score, the higher the pressure ulcer risk."- the higher the score the better chance the patient has of NOT getting an ulcer . score of 12 or less is high risk. Anything above 18 is healthy.

d. "Each element has a range from 1 to 5 points."- each elements is scored from 1-4 actually .

18. A nurse is caring from a client who has a tracheostomy. Which of the following actions should the nurse take?

a. **Clean the skin around the stoma with normal saline.**

b. Secure the tracheostomy ties with one finger to fit snugly underneath. → 2 snug fingers widths under neck strap

c. Soak the outer cannula in warm tap water. STERILE NS

d. Use a cotton tip applicator to clean the inside in the **inner** cannula. <to clean OUTER cannula surfaces, cllity-approved solution>ean the inside with the faci

- **Rationale**: according to POTTER, funda pg. 866 using NS-saturated cotton-tipped sterile swabs and 4x4 gauze, clean exposed outer cannula surfaces and soma under faceplate, extending 5-10cm (2-4in) in all directions from stoma.

19. A nurse is documenting in a client's medical record . Which of the following entries should the nurse record?

a. "Incision without redness or drainage."

b. "Drink adequate amounts of fluid with meals." WHATS THE AMOUNT

c. "Oral temperature slightly elevated at 0800." WHATS THE TEMP

d. "Administered pain medication."

<Any action & change to the client's condition should be recorded>

20. A staff nurse is teaching a newly hired nurse about alternatives to the use of restraints on clients who are confused. Which of the following instructions should the nurse include?

a. "Use full-length side rails on the client's bed."

b. "Check on the client frequently while he is in the restroom."

c. **"Encourage physical activity throughout the day to expand energy."**

d. "Remove clocks from the client's room."

21. A nurse in an emergency department is assessing a client who reports RIGHT lower quadrant pain, nausea and vomiting for the past 48 hr. Which of the following actions should the nurse take first?

a. **Auscultate bowel sounds.**

b. Administer an antiemetic.

c. Offer a pain med.

d. Palpate the abdomen.

Possible appendicitis "nausea/vomiting" with RLQ pain.
(IAPP) INSPECTION. AUSCULTATE. PERCUSS. PALPATE- FOR BOWEL

22. A nurse is assessing a client's extraocular eye movements. Which of the following should the nurse take?

a. **Instruct the clients to follow a finger through the six cardinal fields of gaze.**

- **Rationale**: Cardinal fields of gaze test for cranial nerves 3, 4, and 6 which are for eye movement

b. Hold a finger 46 cm (18 in) in front of the client's eyes.

c. Ask the clients to cover her right eye during assessment of her left eye.
d. Position the client's 6.1 m (20 feet) away from the Snellen chart. (This is for cranial nerve 2)

23. A nurse is providing a teaching to a client who had a new medication prescription. Which of the following manifestations of a **mild allergic reaction** should the nurse include?

a. **Urticaria**
b. Ptosis
c. Nausea
d. Hematuria

24. A provider prescribes cold application for a client who reports ankle joint stiffness. Which of the following assessments findings should the nurse identify as a **contraindication** to the application of cold?

a. **Cap refill 4 seconds** -ITS CONTRAINDICATED TO USE APPLICATION OF COLD
b. 7.5 cm (3 in) diameter bruise on the ankle IT HELPS ON BRUISE
c. Warts on the affected ankle
d. 2+ pitting edema -HELPS REDUCE INFLAMMATION (EDEMA)

25. A nurse is caring for a client who has TB. Which of the following precautions should the nurse plan to implement when working with the client? Chapter 11 fundamentals 9.0 infection control **page 52**

a. **Airborne**
- **Rationale**: measle, varicella, pulmonary or laryngeal tuberculosis

b. Droplet-streptococcal pharyngitis or pneumonia, Haemophilus influenzae type B, scarlet fever, rubella, pertussis, mumps, mycoplasma pneumonia, meningococcal pneumonia and sepsis, pneumonic plague).
c. Protective
d. Contact

26. A nurse is performing a dressing change on a client and observes granulation tissue. Which of the following findings should the nurse document? Chapter 55 Pressure ulcers, wounds and wound management? fundamentals pdf **page 330**

a. Stringy, white tissue- same as slough. Means that it is sepatated from the body.
b. **Translucent, red tissue- red means healthy and its healing**
c. Soft, yellow tissue= means presence of slough and drainage.
d. Thick, black tissue- black is necrotic = eschar is present and needs removal

27. A nurse is screening several clients at a neighborhood health fair. Which of the following assessments findings is the ***priority*** for referral for further care?

a. **Blood glucose 45 mg/dL**
- **Rationale:** low/hypoglycemia may lead to shock
- level is abnormally low, [74-106 mmol/L]

b. Blood pressure 148/92 mm Hg STAGE 1 HYPERTENSION
c. Body mass index 28 kg/m2 OVERWEIGHT
d. Heart rate 105/min

28. A nurse is planning care for a client who has a new prescription for parenteral nutrition (PN) in 20% dextrose and fat emulsions. Which of the following is an appropriate action to include in the plan of care?

- **a.** Obtain a random blood glucose daily.
- **b.** Change the PN infusion bag every 48 hr. CHANGE Q24HR
- **c.** Prepare the client for a central venous line.
- **d.** **Administer the PN and fat emulsion separately.**

ATI FUNDA PG. 298 Administer separate IV line below the filter using a Y-connector or as a admixture to PN solution (3-in-1 admixture consisting dextrose, AA, and Lipids

29. A nurse is providing teaching about health promotion guidelines to a group of young adult male clients. Which of the following guidelines should the nurse include?

- **a.** "Obtain a tetanus booster every 5 years."
- **b.** "Obtain a herpes zoster immunization by age 50."
- **c.** "**Have a dental examination every 6 months."(funds ati pg 201 says they need dental cause they are prone to infection)**
- **d.** "Have a testicular examination every 2 years."

30. A home health nurse is teaching a new caregiver how to care for a client who has had a tracheostomy for 1 year. Which of the following instructions should the nurse include?

- **a.** "Use tracheostomy covers when going outdoors." Google
- **b.** **"Maintain sterile technique when performing tracheostomy care."**
- **c.** "Remove the outer cannula for routine cleaning."
- **d.** "Clean around the stoma with povidone-iodine." NS

31. A nurse in the emergency department is measuring a client's oral temperature using an electronic thermometer. Which of the following actions should the nurse take? **Chapter 27 Vital sigsn p.133**

- **a.** Provide oral hygiene prior to measuring the client's temperature.
- **b.** **Ask the client if he has smoked within the past 30 min**
- **c.** Attach the red tip probe to the thermometer unit.
- **d.** Place the tip of the probe along the client's buccal mucosa.- must be unde the tongue in the posterior sublingual pocket lateral to the center of the lower jaw.

32. A nurse is caring for a client who had a stroke and **requires assistance with morning ADLs**. Which of the following interprofessional team members should the nurse consult?

- **a.** Registered dietician- helps with healthy food planning.
- **b.** **Occupational therapist** **chapter 2 page 7 the interprofessional team.**
- **c.** Speech-language pathologist- yes the question said stroke , but the question wants who will help him with every day ADLS. speech patho help them if they have a hard time swallowing.
- **d.** Physical therapist- is used of the patients cannot even move his muscles.

33. MISSING

34. A nurse overhears a colleague informing a client that **he will administer her medication by injection if she**

refuses to swallow her pills. The nurse should recognize that the colleague is committing which of the following torts?

a.) Defamation- you embarass someone by making fun of them.
b.) Malpractice- you did something by accident
c.) Assault- verbal threatening
d.) Battery- actually causing physical harm or trauma.

35. A nurse is caring for clients who is prescribed a buccal medication. Which of the following client statements indicates that the client understands how to take this medication?

- **a.** "I will first dissolve the tablet in water."
- **b.** **"I will insert the tablet between my cheek and teeth."**
- **c.** "I will place the tablet under my tongue."- this is sublingual
- **d.** "I will chew the tablet."- this is oral

36. A nurse is admitting a client who is malnourished. The client states my wedding ring is loose and I'm worried I will lose it if it falls off. Which of the following is an appropriate response by the nurse?

- **a.** "I can pin it to your hospital gown, so you won't lose it."
- **b.** "I will place it in your drawer, so it won't get lost."
- **c.** "I will hold onto it until a family member can take it home."
- **d.** **"I can put it in a locked storage unit for you."**

37. A nurse is changing a client's colostomy pouch and notices peristomal skin irritation. Which of the following actions should the nurse take?

- **a.** Change the pouch once every 24 hour.
- **b.** Apply the pouch while the skin Barrier is still damp.(no)
- **c.** Rub the peristomal skin dry after cleaning. (No it will irritate skin more)
- d. **Ensure the pouch is 0.32 cm (1/8 in) larger than the stoma**.

rationale : ATI FUNDA PG 241

38. A nurse is preparing change of shift report after the night shift using one sbar communication tool. which of the following data should the nurse include when reporting ***background*** information?

- **a.** "Blood pressure 160/92 mm Hg"- part of ASSESSMENT
- **b.** "Start first dose of penicillin at 1200"-
- **c.** "Pain rating of 5 on a scale from 0 to 10"
- **d.** **"Code status: do-not-resuscitate"**

39. A nurse is caring for a client who has extracellular fluid volume deficit. Which of the following findings should the nurse expect? **Chapter 57 fluid volume imbalances page 343.**

- **a.** **Postural hypotension**
- **b.** Distended neck veins
- **c.** Dependent edema
- **d.** Bradycardia - would be TACHY since SNS system kicks in when detects low blood volume TACHYCARDIA is for fluid overload.

Isnt wherever the water goes the sodium follows. The lady on ati gave me a remediation hw about manifestation of hypernatremia: hyperthermia, tachycardia, and orthostatic hypotension. Therefore it's

opposite→ bradycardia. TBC by the group