ATI RN FUNDAMENTAL PROCTORED EXAM WITH NGN: LATEST VERSIONS

ATI RN FUNDAMENTALS PROCTORED EXAM

VERSION 1

A nurse is reviewing safety precautions w/a group of young adults at a community health fair. Which of the following recommendations should the nurse include specifically for this age group? Select all.

A. Install bath rails & grab bars in bathrooms

B. Wear a helmet while skiing
C. Install a carbon monoxide detector
D. Secure firearms in a safe location

E. Remove throw rugs from the home

B, C, D

Rational: A is recommended for older adults and E as well for risk of falls

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A nurse is reviewing the CDC's immunization recommendations w/a young adult client. Which of the following recommendations should the nurse include in this discussion? Select all.

A. Human papillomavirus
B. Measles, mumps, rubella
C. Varicella
D. Haemophilus influenzae type b

E. Polio

A, B, C

Rational: D is not for after 18 months of age and polio is also given as a child and not usually beyond 18 yrs old

A nurse is caring for an 82-yr-old client in the ER who has an oral body temp of 38.3 C (101 F), a pulse rate of 114/min, & a RR of 22/min. He is restless & his skin is warm. Which of the following are appropriate nursing interventions for this client? Select all.

A. Obtain culture specimens before initiating antimicrobials

B. Restrict the client's oral fluid intake
C. Encourage the client to limit activity & rest
D. Allow the client to shiver to dispel excess heat

E. Assist the client w/oral hygiene frequently

A, C, E

Rational: The nurse should prevent shivering & encourage the client to increase fluids. Oral hygiene helps prevent cracking of dry mucous membranes of the mouth **1**

A nurse is caring for a client diagnosed w/severe acute respiratory syndrome (SARS). The nurse is aware that health care professionals are required to report communicable & infectious diseases. Which of the following illustrate the rationale for reporting? Select all.

A. Planning & evaluating control & prevention strategies

B. Determining public health priorities
C. Ensuring proper medical treatment
D. Identifying endemic disease

E. Monitoring for common-source outbreaks A, B, C, E

Rational: Not D because endemic disease is already prevalent within a population, so reporting is not necessary

A nurse is contributing to the plan of care for a client who is being admitted to the facility w/a suspected diagnosis of pertussis. Which of the following should the nurse include in the plan of care? Select all.

A. Place the client in a room that has negative air pressure of at least 6 exchanges/hr

B. Wear a mask when providing care within 3 ft of the client
C. Place a surgical mask on the client if transportation to another dept is unavoidable D. Use sterile gloves when handling soiled linens

E. Wear a gown when preforming care that may result in contamination from secretions

B, C, E

Rational: Private room w/droplet precautions indicated for this client.
The nurse should wear a gown when contamination from body fluids might happen

A nurse is caring for a client who presents w/linear clusters of fluid-containing vesicles w/some crustings. Which of the following should the nurse suspect?

A. Allergic reaction
B. Ringworm
C. Systemic lupus erythematosus

D. Herpes zoster

D. Herpes zoster

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Rational: pink body rash=allergic reaction,
red circles w/white centers=ringworm,

red cheek rash bilaterally=lupus

A nurse is caring for a client who reports severe sore throat, pain when swallowing, & swollen lymph nodes. The client is experiencing which of the following stages of infection?

A. Prodromal
B. Incubation
C. Convalescence

D. Illness

D. Illness

Rational: specific s/s present is the illness stage

A nurse educator is reviewing w/a newly hired nurse the difference in clinical manifestations of a localized vs. a systemic infection. The nurse indicates understanding when she states that which of the following are clinical manifestations of a systemic infection? Select all.

A. Fever
B. Malaise
C. Edema

D. Pain or tenderness
E. Increase in pulse & respiratory rate

A, B, E

Rational: Edema and pain and tenderness is localized

A nurse is teaching a young adult client about health promotion & illness prevention. Which of the following statements by the client indicates an understanding of the teaching?

A. "I already had my immunizations as a child, so I'm protected in that area."
B. "It is important to schedule routine health care visits even if I'm feeling well."
C. "If I'm having any discomfort, I'll just got to an urgent care center."
D. "If I am felling stressed, I will remind myself that this is something I should expect."

B. "It is important to schedule routine health care visits even if I'm feeling well."

Rational: Routine health screenings are important at any age

A nursing instructor is explaining the various stages of the lifespan to a group of nursing students. The nurse should offer which of the following behaviors by a young adult as an example of appropriate psychosocial development?

A. Becoming actively involved in providing guidance to the next generation
B. Adjusting to major changes in roles and relationships due to losses
C. Devoting a great deal of time to establishing an occupation
D. Finding oneself "sandwiched" in between & being responsible for 2 generations

C. Devoting a great deal of time to establishing an occupation

Rational: Exploring and establishing career options & establishing oneself is important developmental task in a young adult

A nurse is counseling a young adult who describes having difficulty dealing w/several issues. Which of the following problems the client verbalized should the nurse identify as the priority for further assessment & intervention?

A. "I have my own apartment now, but it's not easy living away from my parents."
B. "It's been so stressful for me to even think about having my own family."
C. "I don't even know who I am yet, & now I'm supposed to know what to do."
D. "My girlfriend is pregnant, & I don't think I have what it takes to be a good father."

C. "I don't even know who I am yet, & now I'm supposed to know what to do."

Rational: Applying Erikson stages of development, knowing oneself is done in adolescence, and this requires the most urgent help

& lips.

A nurse is instructing an AP in caring for a client who has a low platelet count as a result of chemo. Which of the following is the nurse's priority instruction for measuring vital signs for this client?

A. "Don't measure the client's temp rectally."
B. "Count the client's radial pulse for 30 sec & multiply by 2."
C. "Don't let the client know you are counting her respirations." D. "Let the client rest for 5 mins before you measure her BP."

A. "Don't measure the client's temp rectally."

Rational: The greatest risk to a client w/a low platelet count is injury that results in bleeding, obtaining a temp this way increases the risk for bleeding.

A nurse is instructing a group of nursing students in measuring a client's RR. Which of the following guidelines should the nurse include? Select all.

A. Place the client in semi-Fowler's position
B. Have the client rest an arm across the abdomen
C. Observe 1 full respiratory cycle before counting the rate

D. Count the rate for 1 min if it is regular
E. Count & report any signs the client demonstrates

A, B, C

Rational: As for D, this is if the rate is irregular after initial count, for E, sighs are expected & don't need to be reported

A nurse who is admitting a client who has a fractured femur obtains a BP reading of 140/94 mmHg. The client denies any history of HTN. Which of the following actions should the nurse take next?

A. Request a prescription for an antihypertensive med

B. Ask the client if she is having pain
C. Request a prescription for an anti-anxiety med
D. Return in 30min to recheck the client's BP

B. Ask the client if she is having pain

Rational: Perform a pain assessment would be the appropriate action to take next

A nurse is performing an admission assessment on a client. When measuring her vital signs, the nurse finds that her radial pulse rate 68/min & her simultaneous apical pulse rate is 84/min. What is the client's pulse deficit?

16/min

Rational: The pulse deficit is the difference between the apical & radial pulse rates. 84-68=16

A nurse is caring for a client who will perform fecal occult blood testing at home. Which of the following info should the nurse include when explaining the procedure to the client?

A. Eating more protein is optimal prior to testing

B. One stool specimen is sufficient for testing
C. A red color change indicates a positive test
D. The specimen cannot be contaminated

D. The specimen cannot be contaminated

Rational: The stool specimens cannot be contaminated with water or urine

A nurse is talking w/a client who reports constipation. When the nurse discusses dietary changes that can help prevent constipation, which of the following foods should the nurse recommend?

A. Macaroni & cheese
B. Fresh fruit & whole wheat toast

C. Rice pudding & ripe bananas
D. Roast chicken & white rice

B. Fresh fruit & whole wheat toast

Rational: A high-fiber diet promotes normal bowel elimination

A nurse is caring for a client who has had diarrhea for the past 4 days. When assessing the client, the nurse should expect which of the following findings? Select all.

A. Bradycardia
B. Hypotension

C. Fever
D. Poor skin turgor

E. Peripheral edema

B, C, D

Rational: fever=caused by dehydration tachycardia not bradycardia

hypotension because of decreased BP from dehydration fluid overload=peripheral edema

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A nurse is preparing to administer a cleansing enema to an adult client in preparation for a diagnostic procedure. Which of the following are appropriate steps for the nurse to take? Select all.

A. Warm the enema prior to instillation
B. Position the client on the left side w/the right leg flexed forward

C. Lubricate the rectal tube or nozzle
D. Slowly insert the rectal tube about 2 inches
E. Hang the enema container 24 inches above the client's anus

A, B, C

Rational: D is the appropriate length of insertion for a child, 3-4 for an adult. 24 inches is too high & will cause it to run to fast & possible painful distention of the colon, 18 inches is the recommended height

While a nurse is administering a cleansing enema, the client reports abdominal cramping. Which of the following is the appropriate intervention?

A. Have the client hold his breath briefly
B. Discontinue the fluid instillation
C. Remind the client that cramping is common at this time

D. Lower the enema fluid container

D. Lower the enema fluid container

Rational: This will slow the rate of instillation & relieve some discomfort

A nurse is caring for a client who has been sitting in a chair for 3 hrs. Which of the following problems is the client at risk for developing?

A. Stasis of secretions

B. Muscle atrophy
C. Pressure ulcer
D. Fecal impaction

Answer: C

Rational: Unrelieved pressure over a bony prominence for too long increases the risk of a pressure ulcer, sitting will help prevent stasis of secretions
B and D-these are from prolonged bed rest

A nurse is caring for a client who is on bed rest. Which of the following interventions should the nurse implement to maintain the patency of the client's airway?

A. Encourage isometric exercises
B. Suction Q8 hr
C. Give low-dose heparin
D. Promote incentive spirometer use

Answer: D. Promote incentive spirometer use

Rational: helps keep airways open and prevent atelectasis, this strengthens skeletal muscles
B-this is not indicated, C-helps prevent thrombus formation

A nurse is caring for a client who is postop. Which of the following nursing interventions reduce the risk of thrombus development? Select all.

A. Instruct the client not to use the Valsalva maneuver
B. Apply elastic stockings
C. Review lab values for total protein level
D. Place pillows under the client's knees & lower extremities E. Assist the client to change position often

B, E

Rational: A nurse is instructing a postop client about the sequential compression device the provider has prescribed. Which of the following statements should indicate to the nurse that the client understands the teaching?

A. "This device will keep me from getting sores on my skin."

B. "This thing will keep the blood pumping through my leg."

C. "With this thing on, my leg muscles won't get weak."
D. "This device is going to keep my joints in good shape."

B. "This thing will keep the blood pumping through my leg."

Rational: sequential pressure devices promote venous return in the deep veins of the legs & thus help prevent thrombus formation.

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To promote the safe use of a cane for a client who is recovering from a minor musculoskeletal injury of the left lower extremity, which of the following instructions should the nurse provide? Select all that apply.

A. Hold the cane on the right side
B. Keep 2 points of support on the floor
C. Place the cane 15in in front of the feet before advancing
D. After advancing the cane, move the weaker leg forward
E. Advance the stronger leg so that it aligns evenly w/the cane

A, B, D

Rational: C-the client should place the cane 6-10 inches in front before advancing not 15 E-the client should advance the stronger leg past the cane not aligned w/it

A nurse is assessing the pain level of a client who has come to the ER reporting severe abd. pain. The nurse asks the client whether he has nausea & has been vomiting. The nurse is assessing which of the following?

A. Presence of associated symptoms

B. Location of the pain
C. Pain quality
D. Aggravating & relieving factors

A. Presence of associated symptoms

Rational: this is a common symptom people have when experiencing pain

A nurse is assessing a client who is reporting severe pain despite analgesia. The nurse can best assess the intensity of the client's pain by:

A. asking what precipitates the pain
B. questioning the client about the location of the pain

C. offering the client a pain scale to measure his pain

D. using open-ended questions to identify the situation

C. offering the client a pain scale to measure his pain

Rational: pain scale can measure the amount and intensity of the pain

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A nurse is obtaining history from a client who has pain. The nurse's guiding principle throughout this process should be that:

A. some clients exaggerate their level of pain
B. pain must have an identifiable source to justify the use of opioids.

C. objective data are essential in assessing pain
D. pain is whatever the client says it is

D. pain is whatever the client says it is

Rational: the client is the best source of information in their pain, it is a subjective experience

A nurse is caring for a client who is receiving morphine via a PCA infusion device after abdominal surgery. Which of the following statements indicates that the client knows how to use the device?

A. "I'll wait to use the device until it's absolutely necessary."
B. "I'll be careful about pushing the button so I don't get an overdose."

C. "I should tell the nurse if the pain doesn't stop after I use this device."

D. "I will ask my son to push the dose button when I am sleeping."

C. "I should tell the nurse if the pain doesn't stop after I use this device."

Rational: The client should let the nurse know if not receiving adequate pain control, so they can reevaluate the pain control plan

A nurse is monitoring a client who is receiving opioid analgesia for adv effects of the med. Which of the following effects should the nurse anticipate? Select all.

A. Urinary incontinence
B. Diarrhea
C. Bradypnea
D. Orthostatic hypotension

E. Nausea

C, D, E

Rational: Urinary retention, not incontinence is an adverse effect of these meds as well as constipation, not diarrhea.

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A nurse is assessing a client who takes haloperidol (Haldol) for the tx of schizophrenia. Which of the following findings should the nurse document as extrapyramidal symptoms (EPS)? Select all.

A. Orthostatic hypotension
B. Fine motor tremors
C. Acute dystonias
D. Decreased level of consciousness

E. Uncontrollable restlessness

B, C, E

Rational : A and D are adverse effects, but not EPS

A nurse is providing teaching about managing anticholinergic effects for a client who has a new prescription for oxybutunin (Ditropan XL). Which of the following are appropriate to include in the teaching? Select all.

A. Take frequent sips of water
B. Wear sunglasses when exposed to sunlight

C. Use a soft toothbrush when brushing teeth

D. Take the medication w/an antacid
E. Urinate prior to taking the med

A, B, E

Rational: side effects of this med include: dry mouth, photophobia, and urinary retention

A nurse is reviewing the reported meds of a client who was recently admitted. The meds include cimetidine (Tagamet) & imipramine hydrochloride (Tofranil). Knowing that cimetidine decreases the metabolism of imipramine hydrochloride, the nurse should identify that this combination is likely to result in which of the following effects?

A. Decreased therapeutic effects of cimetidine
B. Increased risk of imipramine hydrochloride toxicity
C. Decreased risk of adv effects of cimetidine
D. Increased therapeutic effects of imipramine hydrochloride

B. Increased risk of imipramine hydrochloride toxicity

Rational: med that decreases the metabolism of a 2nd med increases the serum level of the 2nd med, increasing risk for toxicity

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A nurse in an outpatient clinic is caring for a client who states she is trying to get pregnant. The client currently takes a Category D pregnancy risk med for the control of seizures. Which of the following statements by the nurse is appropriate?

A. "This med is prescribed if necessary but it is known to cause adverse effects to the fetus."
B. "This med has evidence indicating that it is safe to take during pregnancy & will not harm the fetus."
C. "This med cannot be taken during pregnancy because the risk outweighs the potential benefits."
D. "This med hasn't been studied in pregnant women but is believed to be safe for the fetus."

A. "This med is prescribed if necessary but it is known to cause adverse effects to the fetus."

Rational: Category D meds are known to cause harm to fetuses, however the use during pregnancy may be warranted based on potential benefits.

A nurse in an outpatient surgical center is admitting a client for a laparoscopic procedure. The client has a prescription for preoperative diazepam (Valium). Prior to administering the med, which of the following actions is the highest priority?

A. Teaching the client about the purpose of the med
B. Administering the med to the client at the prescribed time

C. Identifying the client's med allergies
D. Documenting the client's anxiety level

C. Identifying the client's med allergies