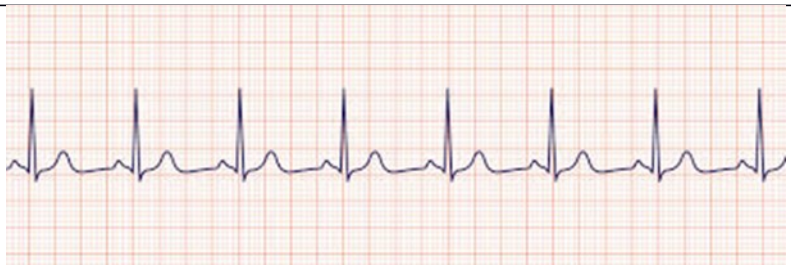
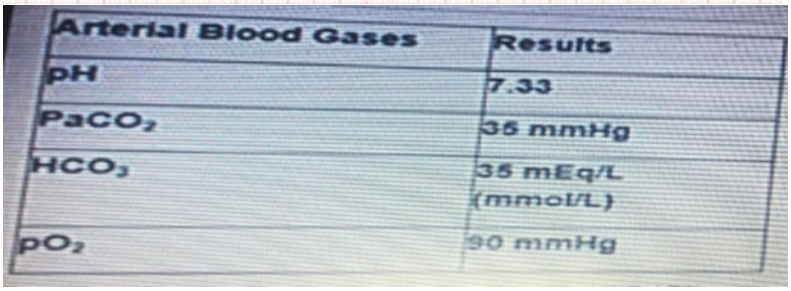
2	The nurse has **completed the diet teaching** of a client who is being discharged following treatment of a **leg wound**. A high protein diet is encouraged to promote wound healing. **Which lunch** choice by the client indicates that the **teaching was effective**? a. A peanut butter sandwich with soda and cookies. b. A tuna fish sandwich with chips and ice cream. c. Vegetable soup, crackers, and milk. d. A salad with three kinds of lettuce and fruit.
3	The nurse implements a primary prevention **program for sexually transmitted diseases** in a nurse managed health center. Which outcome indicates that the program was effective? A. Average client scores improved on specific risk factor knowledge test. B. More than half of at-risk client were diagnosed early in their process. C. New screening protocols were developed, validated, and implemented. D. Clients who incurred disease complications promptly received rehabilitation.
4	A young adult client is admitted to the emergency room following a **motor vehicle collision**. The client's head hit the dashboard. Admission assessments include blood pressure 85/45 mm Hg, oral temperature 98.6° F (37° C), pulse 124 beats/minute, and respirations 22 breaths/minute. Based on these data, the nurse formulates the first portion of a nursing problem as "**Risk for injury".** What term **best expresses the "related to**" portion of the nursing problem? a. head injury. b. infection. c. increased intracranial pressure. d. shock.
5	A **nurse working on an endocrine** unit should see which client first. a. An adolescent male with diabetes who is arguing about his insulin dose. b. An older client with Addison's disease whose current blood sugar level is 62mg/dl (3.44 mmol/l). c. An adult with a blood sugar of 384mg/dl (21.31mmol/l) and urine output of 350 ml in the last hour. d. A client taking corticosteroids who has become disoriented in the last two hours.
6	Following a gunshot wound, an adult client has a hemoglobin level of 4 grams/dl (40 mmol/L SI). The nurse prepares to administer a unit of blood for an emergency transfusion. The client has AB negative blood type and the blood bank sends a unit of Type A Rh negative, reporting that there is no Type AB negative blood currently available. Which intervention should the nurse implement? a. Transfuse Type A negative blood until Type AB negative is available. b. Recheck the clienfs hemoglobin, blood type, and Rh factor. c. Obtain additional consent for administration of Type A negative blood. d. Administer normal saline solution until Type AB negative is available.
7	An older client who lives alone in a two-story home is admitted after falling while shopping. X-rays reveal a fractured left hip. With no immediate family in the area, the client is concerned about the pets at home. Which interventions should the nurse implement? (Select au that apply.) A- Evaluate pain using a standard pain scale B- Alert social worker of client's concerns. C- Support left leg with two pillows. D- Palpate and mark pedal pulses. E- Assess ability to bear weight when standing
8	**Which laboratory finding** for an adult client is most critical for the nurse to report to the healthcare provider? (Click on the correct location on the chart. To change, click on a new location.) ▪ Serum Sodio 142 mEq/L (142 mmol/L) ▪ Postassium 3.9 mEq/L (3.9 mmol'/L) ▪ Serum glucose 62 mg/dl (3.4 mmdl/L) ▪ Blood urea nitrogen 18 mg/dl (6.4 mmol/L)
9	An older adult client with heart failure (HF) develops **cardiac tamponade**. The client has muffled, distant, heart sounds,

	and is anxious and restless. **After initiating oxygen therapy and IV hydration**, which intervention is most important for the nurse to **implement**? a. Observe neck for jugular vein distention b. Notify healthcare provider to prepare for pericardiocentesis c. Asses for paradoxical blood pressure d. Monitor oxygen saturation (Sp02) via continuous pulse oximetry
10	The parent of a child born with a **cleft lip** asks the nurse to explain why this happened. The parent is concerned that they did **something wrong that caused this to occur. Which response is most helpful?** a. "You didn't do anything wrong." b. "This must be a very difficult time for you." c. "With surgery, your baby should have a full recovery. d. "Is there any particular reason why you think this is your fault?
11	After diagnosis and initial treatment of a 3-year-old with **Cystic fibrosis**, the nurse provides home care instructions to the mother, which statement by the **child's mother** indicates that she **understands home care** treatment to **promote pulmonary functions**? a. Chest physiotherapy should be performed twice a day before a meal. b. Administer a cough suppressant every 8 hours." c. Energy should be conserved by scheduling minimally strenuous activities." d. Maintain supplemental oxygen at 4 to 6 Uminute."
12	A client with **deep vein thrombosis** (DVT) is receiving a continuous intravenous **heparin infusion**. The client now has tarry, black diarrhea and reports abdominal pain. Which actions should the nurse implement? (Select all that apply.) a. Auscultate bowel sounds in all quadrants. b. Review last partial thromboplastin time results. c. Assess characteristics of pain. d. Prepare to administer warfarin. e. Monitor stools for presence of blood.
13	The nurse is developing a **teaching program for the community.** What population characteristic is most influential when choosing strategies for implementing a teaching plan? a. Literacy level. b. Median age. c. Prevalent learning style. d. Percent with Internet access.
14	The nurse is conducting a **visual screening** of a group of older adults. Which finding should the nurse report to the healthcare provider immediately? a. Gradual onset of continuous eye pain and blurred vision. b. Recent change in the ability to read and drive after dark. c. Gray-white circle around the iris of both eyes. d. Cloudy opacity of the crystalline lens.
15	While the nurse is assessing an older **client's fall risk**, the client reports living at home alone and never falling. Which action should the nurse take? a. Inform the client that falls occur more often in the hospital than at home. b. Continue to obtain client data needed to complete the fall risk survey. c. Record a minimal risk for falls, documenting the client's statement. d. Place the client on a high fall risk protocol because of advanced age.
16	A client with gestational diabetes is being **induced for labor**. Which assessment is most important for the nurse to perform **prior** to **increasing the oxytocin** rate? a. Contraction pattern. b. Blood pressure. c. Fingerstick glucose. d. Vaginal exam.

17	A client is receiving continuous **ambulatory peritoneal dialysis** since the arteriovenous (AV) graft in the **right arm is no longer available to use for hemodialysis**. The client has lost weight, has increasing peripheral edema, and has a serum albumin level of 1.5 g/dl (15 g/L). Which intervention is the priority for the nurse to implement? a. Ensure the client receives frequent small meals containing complete proteins. b. Recommend the use of support stockings to enhance venous return. c. Evaluate patency of the AV graft for resumption of hemodialysis. d. Instruct the client to continue to follow the prescribed rigid fluid restriction amounts.
18	  Arterial Blood Gases / Results pH 7.33 $PaCO_2$ 35 mmHg HCO_3 35 mEq/L (mmol/L) pO_2 90 mmHg Following a motor vehicle collision (MVC), an unrestrained client is admitted to the intensive care unit with altered mental status. The client has multiple rib fractures and bruising across the lower abdomen. Which assessment finding warrants immediate intervention by the nurse? (Please scroll and view each tab's information in the client's medical record before selecting the answer.) a. A large amount of gross hematuria. b. Several apnea episodes lasting ten seconds. c. Delayed peripheral capillary refill. d. Numbness of the left lower extremity.
19	Which client requires careful nursing assessment for signs and **symptoms of hypermagnesemia**? a. A client who developed hyperparathyroidism in late adolescence. b. A female client who is overzealous with her intake of simple carbohydrates. c. A middle-aged male client in renal failure following an unsuccessful kidney transplant. d. A young adult client with intractable vomiting from food poisoning.
20	An unlicensed assistive personnel (UAP) **leaves the unit without notifying the staff**. In what order should the unit manager implement these interventions to address the UAP's behavior? (Place the actions in order from first on top to last on bottom.) a. Note date and time of the behavior b. Discuss the issue privately with the UAP. R/ NDPE c. Evaluate the UAP for signs of improvement. d. Plan for scheduled break times.
21	The nurse is preparing an older male adult for discharge who does not read and has bilateral hearing loss. The client's daughter who lives close to her father tells the nurse that she will stop by daily to check on her father. Which interventions should the nurse implement? (Select all that apply.) a. Include the family in the discharge teaching. b. Face client when speaking. c. Encourage the client to attend reading classes. d. Speak loudly when teaching. e. Provide the daughter with written instructions.
22	A client with delusions tells the nurse, "You aren't doing your job. Go get those people over there and shoot them before

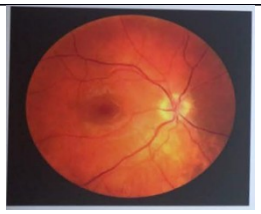
	they get me." Which statement is the nurse's best response? a. "You are in a safe place. No one can get to you here. b. "There is no one who will hurt you." c. "What would you like to see me do to protect you? d. "You seem quite frightened right now.
23	The nurse is caring for an adolescent who fell 20 feet (6.1 meters) 5 months ago while climbing the side of a cliff and has been in a sustained vegetative state since the accident. Which intervention should the nurse implement? a. Inquire about food allergies and food likes and dislikes. b. Talk directly to the adolescent while providing care. c. Monitor vital signs and neuro status every 2 hours. d. Initiate open communication with the teen's parents.
24	In preparing a **diabetes education program**, which goal should the nurse identify as the **primary emphasis** for a class on **diabetes self-management**? a. Prepare the client to independently treat their disease process b. Reduce healthcare costs related to diabetic complications c. Enable clients to become active participating in controlling the disease process d. Increase client's knowledge of the diabetic disease process and treatment options.
25	A client with a **lower respiratory tract infection** receives a prescription for **ciprofloxacin 500mg PO q 12hours**. When the client requests an afternoon snack, which dietary choice should the nurse provide? a. Vanilla-flavored yogurt b. Low fat chocolate milk. c. Calcium fortified juice d. Cinnamon applesauce
26	During a postpartum assessment of a client who is 5 hours post vaginal delivery, the nurse determines the fundus is **3 finger breadths above the umbilicus and positioned to the client's left side**. Which action should the nurse implement first? a. Encourage the client to void. b. Provide additional oral replacement fluids. c. Massage the fundus until firm. d. Catheterize for residual urinary volume.
27	A male client with **multiple myeloma** is admitted with **pneumonia and pancytopenia**. The nurse reviews the complete blood cell count findings and identifies a **platelet count of 20,000 cells/mm^3**. Which intervention should the nurse include in the client's plan of care? A. Monitor intake and output. B. Pace activities between planned rest periods. C. Avoid intramuscular injections. D. Limits exposure to visitors with respiratory infections.
28	When assessing a client, the nurse should establish which findings **as objective**? (Select all that apply.) a. Diaphoresis. b. Edema. c. Nausea. d. Urticaria. e. Hypertension. f. Anxiety.
29	The nurse assists a client who has **obstructive sleep apnea** (OSA) with evening care. Which intervention is most important for the nurse to implement **before leaving the client alone**? a. Elevate the head of the bed to a 45-degree angle. b. Remove dentures or other oral appliance. c. Lift and lock the side rails in place. d. Apply the client's positive airway pressure device.

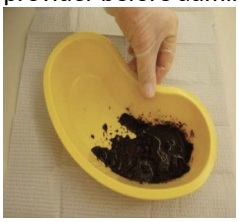
30	The nurse administers an **antibiotic** to a client with a **respiratory tract infection**. To evaluate the medication's effectiveness, which laboratory values should the nurse monitor? (Select all that apply.) a. Sputum culture and sensitivity. b. Serum potassium. c. Red blood cell (RSC) count. d. Blood urea nitrogen (BUN). e. Urinalysis. f. White blood cell (WBC) count.
31	A client arrives at the emergency department (ED) describing **chest pain that began three hours earlier** which has **not subsided**. To assess the quality of the client's chest pain, which approach should the nurse use? a. Ask the client to describe the pain. b. Provide a numeric pain scale. c. Observe body language and movement. d. Identify effective pain relief measures.
32	The nurse is assessing a 3-month-old infant who had a **pylorotomy yesterday**. This child should be medicated for pain based on which findings? (Select all that apply.) a. Increased temperature. b. Increased pulse rate. c. Peripheral pallor of the skin. d. Restlessness. e. Increased respiratory rate. f. Clenched fists.
33	A client with a prescription for "**do not resuscitate"** (DNR) begins to manifest signs of **impending death**. After notifying the family of the client's status, what priority action should the nurse implement? A. The impending signs of death should be documented. B. The nurse manager should be update on the client's status. C. The client status should be conveyed to the chaplain. D. The client's need for pain medication should be determine.
34	An adult **suffered burns to face and chest resulting from a grease fire**. On admission, the client was intubated, and a 2-liter bolus of normal saline was administered IV. Currently the normal saline is infusing at 250 ml/hour. The client's heart rate is 120 beats/minute, blood pressure is 90/50 mmHg, respirations are 12 breaths/minute over the ventilated 12 breaths for a total of 24 breaths/minute, and the central venous pressure (CVP) is 4 mm H20. Which intervention should the nurse implement? a. Infuse an additional bolus of normal saline. b. Increase the oxygen delivered by the ventilator. c. Lower head of the bed to a recumbent position. d. Bring a tracheotomy tray to the bedside.
35	The nurse discovers that a male client has **attempted suicide** by **slashing his wrists**. What should the nurse do first? a. Estimate the amount of blood loss. b. Determine the depth of the slashes. c. Check the client's level of consciousness. d. Find the object used to cause the injuries.
36	A client was admitted 36 hours ago for a **head injury** that occurred as the result of a **motorcycle accident.** In the last 4 hours, the client's urine output has increased to over 200 ml/hour. Before reporting the finding to the healthcare provider, which intervention should the nurse implement? a. Measure oral secretions suctioned during last 4 hours. b. Obtain capillary blood samples for glucose every 2 hours. c. Obtain blood pressure and assess for dependent edema. d. Evaluate the urine osmolality and the serum osmolality values.

37	In formulating the nursing care plan for a client diagnosed with **Parkinson's disease**, which **nursing problem** has the **highest priority**? a. Risk for aspiration relative to muscle weakness. b. Risk for constipation relative to immobility. c. Self-care deficit relative to motor disturbance. d. Impaired physical mobility relative to muscle rigidity.
38	A male client who is participating in an anger management assignment asks if he can make a **leather belt** in **occupational therapy.** The client begins pounding the leather vigorously with a mallet to imprint designs on the belt. Which defense mechanism is the client using? A. Regression. B. Compensation. C. Sublimation. D. Suppression.
39	A 6-month-old infant is admitted to the hospital with **diarrhea**. The mother is feeding the infant a bottle of tap water and tells the nurse that the baby has taken three 8-ounce bottles of water in the last 4 hours. Which laboratory finding is most important for the nurse to monitor? A. Serum sodium levels. B. White blood cell count. C. Creatinine clearance. D. Serum potassium levels.
40	A mother brings **her 2-month-old infant** to the clinic for a well-baby appointment. The nurse obtains a history and conducts physical assessment. Which finding requires the *most* immediate intervention? A. Bilateral retinal hemorrhages. B. Mother describes infant as irritable. C. A positive Ortolani maneuver. D. History of poor feeding and vomiting.
41	The charge nurse is planning for the shift and has a registered nurse **(RN)** and a practical nurse (**PN)** on the team. Which client should the charge nurse **assign to the RN**? a. A 75-year-old client with renal calculi who requires urine straining. b. A 64-year-old client who had a total hip replacement the previous day. c. An adolescent with multiple contusions due to a fall that occurred 2 days ago. d. A 30-year-old depressed client who admits to suicide ideation.
42	One week after an above-the-knee amputation (AKA) of the left leg, a male client seems upset and reports that his left foot feels "numb." What action should the nurse implement?" a. Assess right foot for signs of diminished circulation. b. Offer assurance that the numb feeling is temporary. c. Reinforce learning about the cause of this sensation. d. Assess wound for signs of inflammation or drainage.
43	A 16-year-old male client who has been treated in the past for a **seizure disorder is admitted to the hospital.** Immediately after admission he begins to have a **grand mal seizure**. Which action should the nurse implement? a. Call the rapid response team. b. Place a padded tongue blade between client's teeth. c. Observe the client carefully. d. Obtain assistance in holding him to prevent injury.
44	The nurse is developing the plan of care for a client with pneumonia and includes the nursing diagnosis of “Ineffective airway clearance related to thick **pulmonary secretions**.” Which intervention is most important for the nurse to include in the client’s plan of care? a. Increase fluid intake to 3,000 ml/daily b. Maintain the client in a semi-Fowler's position.

	c. Administer 02 at 5 Minutes per nasal cannula. d. Provide frequent rest periods.
45	Two weeks post-burn, a male client with 40% deep partial-thickness injury continues to have open wounds and is now developing diarrhea. His blood pressure is 80/40 mmHg and his temperature is 96°F (35.6°C). Which action is most important for the nurse to take? A. Increased the room temperature. B. Assess the oxygen saturation. C. Notify the rapid response team. D. Continue to monitor vital sings.
46	The nurse is developing an educational program for older clients who are being discharged with new antihypertensive medications. The nurse should ensure that the educational materials include which characteristics? Select all that apply a. Written at a twelfth-grade reading level b. Printed using a 12-point type font c. Contains a list with definitions of unfamiliar terms d. Uses common words with few Syllables e. Uses pictures to help illustrate complex ideas
47	A client with **generalize anxiety disorder** does **not want to communicate with friends, smokes 2to 3 packages of cigarettes a day**, and describe **difficulty concentrating at work**. Which coping strategy should the nurse include in the plan of care? A. Analyze past hurts and resentments to identify the source. B. Concentrate on and ventilate emotions when distressed. C. Relax and reduce the amount of effort to solve the problem. D. Focus on small achievable tasks, not taxing problems.
48	A client who has a right subclavian vein central venous (CV) catheter transducing continuous central venous pressures (CVP) reports the **return of midsternal chest pressure**. The client receives prescriptions for a STAT 12-lead electrocardiogram and troponin level. While the nurse withdraws blood from the CV catheter, the bedside monitor begins to alarm. Which factor should nurse **first suspect is causing the monitor to alarm**? a. Blood in the CV line. b. Lethal cardiac rhythm. c. Air in the CV line. d. Loss of CVP waveform.
49	A client with **advanced cirrhosis** is being treated for **hepatic encephalopathy**. In reviewing the client's serum laboratory results, which finding requires the most immediate intervention by the nurse? a. Lowered total protein and albumin. b. Elevated direct bilirubin. c. Decreased ammonia. d. Prolonged prothrombin time (PT).
50	Which assessment finding is most important when planning to provide a complete **bed bath to a bedfast** client? a. Pallor. b. Orthopnea. c. Right-sided paralysis. d. 2+ pitting edema of the feet.
51	An older client whit a 3-day history of abdominal distention is admitted with a **small bowel obstruction**. The nurse inserts a nasogastric tube and attaches it to low intermittent suction. Which ongoing **client assessment takes priority when providing care**? A. Measure abdominal girth. B. Observe skin integrity. C. Auscultate bowel sounds.

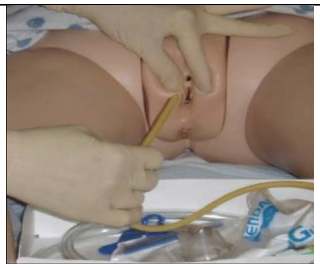
	D. Monitor fluid balance.
52	During a return demonstration of teaching provided by the nurse, the daughter of a client administers her mother's eye drops by resting her dominant hand on her mother's forehead and dropping the medication into the conjunctival sac. Which action should the nurse take in response to this demonstration? A. Offer to demonstrate the eye drop procedure to the daughter one more time. B. Instruct the mother to gently rub the affected eye to distribute the drops. C. Remind the client to gently close her eyes after the eye drops are instilled. D. Advice the daughter to keep her hand farther from her mother's eye.
53	A middle-age male client, admitted to a critical care unit several weeks ago because of serious injuries sustained in a motor vehicle accident, **is currently in stable condition**. Based in this client age and recent life-threatening crisis, which intervention is should the nurse implement? A. Provide a routine schedule of activities to facilitate trust. B. Allow long periods of uninterrupted rest in order to reduce fatigue. C. Discuss the cause of the accident with the client and his family. D. Encourage the client to reflect on personal goals and priorities.
54	During a fecal impaction removal, an older client complains of feeling dizzy and cold. What intervention should the nurse implement? a. Instruct the UAP to apply a warm blanket and massage the client's back. b. Stop the procedure and observe for a reduction in symptoms before continuing. c. Insert a gloved finger into the rectum and gently massage the rectal sphincter. d. Encourage the client to take slow, deep breaths while continuing the procedure.
55	A client with a diagnosis of schizophrenia sits in the day room and fails to interact with the staff or peers. Which intervention is best for the nurse to implement with this client? a. Engage the client in a game of cards. b. Complete an assessment of social support. c. Encourage the client to have lunch off the unit. d. Give the client a schedule of planned daily activities.
56	Following laser **trabeculoplasty surgery for open-angle glaucoma**, the client reports acute pain deep within the eye. Which action should the nurse take? a. Begin postoperative prophylactic antibiotics. b. Administer an antiemetic to prevent vomiting. c. Report the complaint of eye pain to the surgeon. d. Apply bilateral eye shields to reduce photosensitivity.
57	A client exposed to **tuberculosis** is scheduled to begin prophylactic treatment with **isoniazid**. Which information is most important for the nurse to note before administering the initial dose? a. Conversion of the client's PPD test from negative to positive. b. Length of time of the exposure to tuberculosis. c. Current diagnosis of hepatitis B. d. History of intravenous drug abuse.
58	An older adult client is diagnosed with severe shingles and starts a new prescription **for acyclovir**, an antiviral medication. Which action should the nurse include during **client teaching prior to discharge**? a. Schedule an appointment for medication peak and trough levels. b. Demonstrate how to apply sterile gauze dressings over the infected site. c. Explain the increased risk for postherpetic neuralgia during treatment. d. Encourage increased oral fluid intake while taking the medication.
59	Locate the macula and fovea centralis. (Click the chosen location. To change, click on the new location.)

	
60	A client with **osteoporosis** related to long-term **corticosteroid therapy receives** a prescription for calcium carbonate. Which client's serum laboratory values requires intervention by the nurse? a. Total calcium 9 mg/dl (2.25 mmol/L SI) b. Creatinine 4 mg/dl (354 micromol/L SI) c. Phosphate 4 mg/dl (1.293 mmol/L SI) d. Fasting glucose 95 mg/dl (5.3 mmol/L SI)
61	The nurse observes a blister on the left cheek of a client with chronic obstructive pulmonary disease (COPD) who is receiving oxygen at 3 L/minute per nasal cannula. The client's oxygen saturation level is 91 %. Which intervention should the nurse implement? a. Decrease the flow rate to 1 Minute. b. Discontinue the use of the nasal cannula. c. Place padding around the cannula tubing. d. Apply lubricant to the cannula tubing.
62	The nurse plans to **collect a 24- hour urine specimen for a creatinine clearance test**. Which instruction should the nurse provide to the adult male client? a. Clearance around the meatus, discard first portion of voiding, and collect the rest in a sterile bottle b. For the next 24 hours, notify the nurse when the bladder is full, and the nurse will collect catheterized specimens. c. Urinate immediately into a urinal, and the lab will collect specimen every 6 hours, for the next 24 hours. d. Urinate at specific time, discard the urine, and collect all subsequent urine during the next 24 hours.
63	6-year-old child **who had surgery yesterday** absolutely **refuses to use the incentive spirometer**. Which intervention should the nurse implement? a. Ask the mother to assist when it is time to use the spirometer. b. Allow child to choose when to perform incentive spirometry. c. Contract with the child to use spirometer only after meals. d. Blow out lights, blow bubbles, and encourage child's laughing.
64	A client is receiving **Heparin Sodium** 25,000 Units in 5% Dextrose Injection 250 ml at 7 ml/hour. The healthcare provider changes the prescription to 900 units/hour. The nurse should program the infusion pump to deliver how many ml/hour? (Enter numeric value only.) 25000 unit – 250 ml = regla de 3 = **9 ml/hr** 900 unit X
65	The nurse assesses a client who had bilateral total knee replacements (TKR) four hours ago. The nurse notes that the dressing on the client's right knee is saturated with serosanguineous drainage. What action should the nurse implement? a. Withhold next scheduled dose of low molecular weight heparin. b. Monitor the client's current white blood cell count (WBC). c. Determine if the wound drainage device is functioning correctly. d. Confirm that the continuous passive motion device is intact.
66	The nurse is developing a **health program for women of child-bearing age**. For those women who are trying to become pregnant, the nurse should make which of the following recommendations? a. Once pregnancy is confirmed, begin taking vitamin A supplements and continue taking them throughout the entire pregnancy. b. Take vitamin C supplements daily prior to becoming pregnant and throughout the entire pregnancy. c. Take folic acid supplements daily prior to becoming pregnant and throughout the entire pregnancy. d. As soon as pregnancy is confirmed, begin taking vitamin 812 and continue taking it until ceasing to breastfeed the infant.

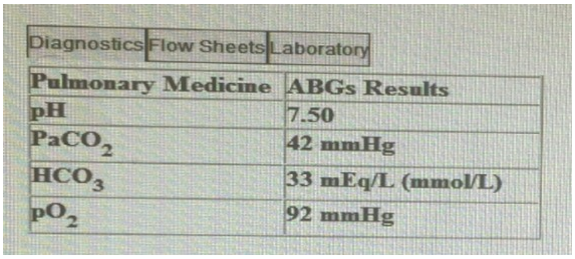
67	When is it most important for the nurse to assess a pregnant **client's deep tendon reflexes** (DTRs)? A. If the client has an elevated blood pressure. B. Within the first trimester of pregnancy. C. During admission to labor and delivery. D. When the client has ankle edema.
68	An older male client, who is a retired chef, is hospitalized with a diabetic ulcer on his foot. His daughter tells the nurse that her father has become increasingly obsessed with the way his food is prepared in the hospital. The **nurse's response should** be based on what information? a. The family needs a social worker to talk to them about how to handle their father when he becomes annoying. b. The daughter is under stress and should be encouraged to think about happier times. c. If the client was compulsive about food when he was younger, the aging process can magnify this. d. The client probably has an organic brain disease and will likely have Alzheimer's disease within a few years
69	The nurse is caring for a 3-year-old child who is two hours postoperative from a **cardiac catheterization** via the **right femoral artery**. Which assessment finding is an **indication of arterial obstruction**? a. The pressure dressing at right femoral area is moist and oozing blood. b. Right foot is cool to the touch and appears pale and blanched. c. Pulse distal to the femoral artery is weaker on left foot than right foot. d. Blood pressure trend is downward, and pulse is rapid and irregular.
70	A client presents to the Labor and Delivery unit, screaming, "**The baby is coming!"** Which action should the nurse implement first? a. Perform a vaginal exam. b. Obtain maternal vital signs. c. Monitor the fetus. d. Observe the perineum.
71	In providing nursing care for a client after gastric endoscopy, which commonly occurring problem should the nurse include interventions for in the post-procedure plan of care? a. Sore throat. b. Aching leg. c. Headache. d. Nausea.
72	After receiving **shift report**, the nurse working on a **postpartum unit** should **assess which client first**? a. Cesarean birth of twins today who is now complaining of pain. b. Post-cesarean birth today with fundus at the umbilicus. c. Vaginal birth today whose infant is refusing to breastfeed. d. Multipara vaginal birth yesterday who is saturating two pads/hour.
73	A newly admitted client vomits into an **emesis** basin as seen in the picture. The nurse should consult with the healthcare provider before administering which of the **client's prescribes medications**?  a. Enoxaparin, a low-molecular weight heparin, subcutaneously. b. Clopidogrel, an antiplatelet agent, by mouth. c. Nitroglycerin, an antianginal, to be given transdermally. d. Furosemide, a loop diuretic, intravenously. e. Ibuprofen, a non-steroidal antiinflammatory drug (NSAID), by mouth.
74	A confused, older client with **Alzheimer's disease** becomes incontinent of urine when attempting to find the bathroom. Which action should the nurse implement?

	a. Instruct the client to use the call button when a bedpan is needed. b. Apply adult diapers after each attempt to void. c. Check residual urine volume using an indwelling urinary catheter. d. Assist the client to a bedside commode every two hours.
75	A male client admitted with chronic pulmonary obstruction disease (COPD) exacerbation is receiving assisted ventilation with continuous positive airway pressure (CPAP). His vital signs are temperature 98.8 °F (37.1 °C), heart rate 118 beats/minute, respirations 46 breaths/minute, blood pressure 176/92 mmHg. While completing the pulmonary assessment, his oxygen saturation reading is 78% and he is difficult to arouse. Which action should the nurse implement? a. Administer PAN nebulizer treatment. b. Prepare for rapid sequence intubation. c. Increase the oxygen delivery by 10%. d. Complete neurological assessment.
76	The nurse is providing supplemental oxygen to a client who is experiencing a **cluster headache**. In evaluating the effectiveness of the oxygen therapy, what assessment is most important for the nurse to make? a. Auscultate breath sounds. b. Observe skin color. c. Measure pain level. d. Assess oxygen saturation.
77	The charge nurse in a critical care unit is reviewing clients' conditions to determine who is stable enough to be transferred. Which client status report indicates readiness for transfer from the critical care unit to a medical unit? a. Myocardial infarction with sinus bradycardia and multiple ectopic beats. b. Adult respiratory distress syndrome with pulse oximetry of 88% saturation. c. Chronic liver failure with a hemoglobin of 10.1 g/dl (101 g/L) and a slight bilirubin elevation. d. Pulmonary embolus with an intravenous heparin infusion and new onset hematuria.
78	The nurse identifies the presence of clear fluid on the surgical dressing of a client who just returned to the unit following lumbar spinal surgery. Which action should the nurse implement immediately? a. Change the dressing using a compression bandage. b. Document the findings in the electronic medical record. c. Test the fluid on the dressing for glucose. d. Mark the drainage area with a pen and continue to monitor.
79	The nurse is planning to assess a client's oxygen saturation to determine if additional oxygen is needed via nasal cannula. The client has bilateral below-the knee amputations and radial pulses that are weak and thready. What action should the nurse take? a. Document that an accurate oxygen saturation reading cannot be obtained. b. Elevate the client's hands for five minutes prior to obtaining a reading from the finger. c. Place the oximeter clip on the earlobe to obtain the oxygen saturation reading. d. Increase the oxygen based on the client's breathing patterns and lung sounds.
80	Following an esophagogastroduodenoscopy (EGD) a male client is drowsy and difficult to arouse, and his respiration are slow and shallow. Which action should the nurse implement? Select all that apply. a. Prepare medication reversal agent b. Check oxygen saturation level c. Apply oxygen via nasal cannula d. Initiate bag- valve mask ventilation. e. Begin cardiopulmonary resuscitation
81	The school nurse is preparing a teaching pamphlet in response to requests from parents regarding an outbreak of pinworms at the local preschool. Which information about the most commonly prescribed medication, mebendazole, should be include? A. Only children with perineal itching should take the medication. B. Insert the medication as a rectal suppository. C. It is safe for children of all ages to take this medication.

	D. A second dose of medication should be given in two weeks.
82	A client is admitted reporting an acute onset of right flank pain and urinary urgency. Which assessment is most important for the nurse to obtain? a. Numerical rated pain intensity. b. Fluid intake for past 24 hours. c. Current body temperature. d. Amount of daily caffeine intake.
83	When assessing a client with an ionized calcium level of 17 mg/dl (4.25 mmol/L), which intervention is most important for the nurse to implement? a. Determine apical pulse rate and rhythm. b. Observe color and amount of urine. c. Compare muscle strength bilaterally. d. Assess strength of deep tendon reflexes.
84	Several clients on a busy antepartum unit are scheduled for procedures that require **informed consent**. Which situation should the nurse explore further before witnessing the client's signature on the consent form? a. The client was medicated for pain with a narcotic analgesic IM 6 hours ago. b. The client is illiterate but verbalizes understanding and consent for the procedure. c. A 15-year-old primigravida who has been self-supporting for the past 6 months. d. The obstetrician explained a procedure that a neurologist will perform.
85	A client with persistent low back pain has received a prescription for **electronic stimulator** (TENS) unit. After the nurse applies the electrodes and turns on the power, the client reports feeling a tingling sensation. How should the nurse respond? a. Determine if the sensation feels uncomfortable. b. Decrease the strength of the electrical signals. c. Remove electrodes and observe for skin redness. d. Check the amount of gel coating on the electrodes.
86	A client with **diabetic peripheral neuropathy** has been taking **pregabalin (Lyrica)** for 4 days. Which finding indicates to the nurse that the medication is effective? a. Reduced level of pain b. Full volume of pedal pulses c. Granulating tissue in foot ulcer d. Improved visual acuity
87	A client with bladder cancer had surgical placement of a **ureter ileostomy** (ileal conduit) yesterday. Which postoperative assessment finding should the nurse report to the healthcare provider immediately? A. Red edematous stomal appearance. B. Stomal output of 40 mL in last hour. C. Mucous strings floating in the drainage. D. Liquid brown drainage from stoma.
88	A client who underwent an uncomplicated gastric bypass surgery is having difficulty with diet management. Which dietary instruction is most important for the nurse to explain to the client? A. Plan volume-controlled, evenly spaced meals throughout the day. (Espaciado) B. Eliminate or reduce intake of fatty and gas forming foods. C. Sip fluids slowly with each meal and between meals. D. Chew food slowly and thoroughly before attempting to swallow.
89	The nurse is ready to insert an indwelling urinary catheter as seen in the picture. At this point in the procedure, which actions should the nurse take before inserting the catheter? (Select all that apply)

	 a. Complete perianal care with soap and water. b. Ask the client to bear down as if voiding to relax the sphincter. (bear down = pujar) c. Hold the catheter 3 to 4 inches (7.5 to 10 cm) from its tip. d. Secure the urinary drainage bag to the bed frame. e. Gently palpate the client's bladder for distention.
90	22-year-old male client is admitted to the **hospital in diabetic ketoacidosis** (OKA). His mother is insisting to know the laboratory test results. Which is the best response for the nurse to provide? a. I can give you those results as soon as I get them back from the lab. b. The healthcare provider will share this information with you. c. I can only give medical information to your son because he is an adult. d. I'm sorry, but your son's medical information is none of your business.
91	A client is scheduled to receive an IW dose of **ondansetron (Zofran)** eight hours **after receiving chemotherapy**. The client has saline lock and is sleeping quietly without any restlessness. The nurse caring for the client is not certified in chemotherapy administration. What action should the nurse take? a. Ask a chemotherapy-certified nurse to administer the Zofran b. Administer the Zofran after flushing the saline lock with saline c. Hold the scheduled dose of Zofran until the client awakens d. Awaken the client to assess the need for administration of the Zofran.
92	The nurse is providing discharge teaching to a client who underwent a **pneumonectomy**. The client wants to resume social activities with family. How should the nurse respond? a. Recommend the use of a face mask during family events. b. Explain the need to avoid persons with respiratory infections. c. Encourage family gatherings to reduce feelings of isolation. d. Reinforce the need to avoid social contact for several weeks.
93	The nurse is developing a plan of care for a client who reports chest pain on exertion and who is newly diagnosed with cardiovascular disease. Which outcome should the nurse include in the plan of care for this client? a. The nurse will encourage the client to walk thirty minutes every day. b. The client's daily blood pressure will be less than 140/80 mmHg this month. c. The client's blood pressure readings will be less than 160/90 mmHg. d. The client will monitor blood glucose and blood pressure after each meal.
94	A client who weighs 325 pounds (148 kg) is admitted **because of ureteral colic** and is now telling the nurse about a sharp pain **radiating towards genital area**. The client has hematuria and is hypertensive. Which intervention is most important for the nurse to include in the client's plan of care? a. Manage pain. b. Encourage low calorie diet. c. Monitor hematuria. d. Document blood pressures.
95	A client with **Myasthenia Gravis** is admitted with **bradycardia** caused by an **overdose of pyridostigmine**. Which action should the nurse **take first**? a. Administer a PRN dose of atropine 1 mg IV. b. Assess for excessive pulmonary secretions. c. Observe client for fasciculation and twitching. d. Discontinue the next doses of pyridostigmine.

96	A female client who is admitted to the **mental unit** for opiate dependency is **receiving clonidine 0.1 mg PO** for withdrawal symptoms. The client begins to complain of feeling nervous and tells the nurse that **her bones are itching**. Which finding should the nurse identify as a contraindication for administering medication? A. Blood pressure 90/76 mmHg. B. Apical heart rate 72 beats/minute. C. Muscle weakness. D. Hypertension.
97	A client with **pancreatitis** complains of **severe epigastric pain,** so the nurse administers a prescribed narcotic analgesic. Ten minutes later, the client insists on sitting up and leaning forward. Which intervention should the nurse implement? a. Place bed in a reverse Trendelenburg position. b. Position bedside table so the client can lean across it. c. Raise head of bed until to a 90-degree angle. d. Encourage rest until the analgesic becomes effective.
98	A client newly diagnosed with diabetes mellitus suddenly becomes confused and weak. Which interventions should the nurse implement? (Select all that apply.) a. Administer a PRN dose of regular insulin. b. Obtain blood pressure and pulse rate. c. Check the client's current fingerstick blood glucose. d. Give the client 4 ounces of orange juice. e. Provide the client with 1 /2 cup diet carbonated soda.
99	The nurse plans to contact the healthcare provider regarding a client's need for **a belt restraint**. What information is most important to report to the healthcare provider? a. The presence and location of any pressure ulcers. b. Any special mattresses on the client's bed. c. Measures already taken to maintain client safety. d. Current vital signs and oxygen saturation.
100	The nurse observes that while **ambulating a client in the hall, the client develops rapid, shallow breathing**. Which vital sign should the nurse **obtain first**? a. Respiratory rate. b. Pulse rate. c. Temperature. d. Blood pressure.
101	In preparing a nursing care plan for a client admitted with a diagnosis of **Guillain-Barre syndrome**, which **nursing problem** has the **highest priority**? a. Ineffective coping related to uncertainty of disease progression. b. Ineffective breathing pattern related to ascending paralysis. c. Imbalanced nutrition: less than body requirements related to impaired swallowing reflex. d. Impaired physical mobility related to asymmetrical descending paralysis.
102	The nurse discovers that an elderly client with no history of cardiac or renal disease has an elevated serum **magnesium level**. To further investigate the cause of this electrolyte imbalance, what information is most important for the **nurse to obtain from the client's medical history**? a. Ingestion of shellfish or fish oil capsules daily. b. Frequency of laxative use for chronic constipation. c. Length and frequency of the client's tobacco use. d. Genetically inherited disorders of family members.
103	A client arrives at the clinic experiencing shortness of breath with a possible **right spontaneous pneumothorax**. Which lung sounds should the nurse expect to auscultate? a. Diminish to absent breath sounds from the apex to the base of right lung fields. b. High pitched wheezing with a musical quality on inspiration and expiration. c. Adventitious popping sounds or crackles that occur on inspiration or expiration.

	d. High-pitched harsh crowing sound or stridor heard during inspiration.
104	The nurse is preparing a 50 mL dose of 50% Dextrose IV for a client **with insulin shock.** How should the nurse administer the medication? A. Dilute the Dextrose in one liter of 0.9% Normal Saline solution. B. Ask the pharmacist to add the Dextrose to a TON solution. C. Push the undiluted Dextrose slowly through the currently infusing IV. D. Mix the Dextrose in 50 mL piggyback for a total volume of 100 mL.
105	An antacid is prescribed for a client with **gastroesophageal** (GERD). The client asks the nurse, "**How does this help my GERD?**" What is the **best response** by the nurse? A. This medication will coat the lining of your esophagus B. Antacids will neutralize the acid in your stomach C. It will improve the emptying of food through your stomach D. antacids decrease the production of gastric secretions
106	An older client is admitted for repair of a broken hip. To reduce the risk for infection in the postoperative period, which nursing care interventions should the nurse include in the **client's plan of care**? (Select all that apply.) a. Maintain sequential compression devices while in bed. b. Administer low molecular weight heparin as prescribed. c. Assess pain level and medicate PRN as prescribed. d. Teach client to use incentive spirometer every 2 hours while awake. e. Remove urinary catheter as soon as possible and encourage voiding.
107	In caring for a client with **chronic kidney disease** (CKD), the nurse notes that the client's serum **phosphate level is elevated**, with a converse **decrease** in serum **calcium**. Which **nursing care goal** is a priority, based on these laboratory findings? a. Prevent injury. b. Prevent infection. c. Protect skin integrity. d. Manage fluid volume.
108	When planning care for an adolescent with **anorexia nervosa**, which **nursing problem** has the **highest priority**? a. Interrupted Family Processes. b. Noncompliance with treatment regimen. c. Disturbed Body Image. d. Imbalanced Nutrition: less than body requirements.
109	A male client is admitted with a bowel obstruction and intractable vomiting for the last several hours despite the use of antiemetics. Which intervention should the nurse implement first? (Please scroll and view each tab's information in the client's medical record before selecting the answer.)  Diagnostics | Flow Sheets | Laboratory **Pulmonary Medicine** — **ABGs Results** pH — 7.50 $PaCO_2$ — 42 mmHg HCO_3 — 33 mEq/L (mmol/L) pO_2 — 92 mmHg A. Infuse 0.9 % sodium chloride 500 ml bolus B. Insert nasogastric tube to intermittent suction. C. Maintain head of bed at 45 degrees D. Document strict intake and output
110	When should the nurse conduct an **Allen's test**? a. Just before arterial blood gasses are drawn peripherally.

	b. When pulmonary artery pressures are obtained. c. Prior to attempting a cardiac output calculation. d. To assess for presence of a deep vein thrombus in the leg.
111	The nurse is discussing mitigation at a disaster preparedness committee meeting. Which activity should the nurse suggest enhancing mitigation? a. Design requirements for an Incident Command Center. b. Participate as an active member of the local American Red Cross. c. Provide a community disaster preparedness meeting. d. Discuss some ways to ensure safety in the home during a disaster.
112	An adolescent client on a drug treatment unit becomes angry and pulls the refrigerator from the wall and then throws the microwave. After the client fails to respond to redirection, the healthcare provider prescribes restraints. **Which assessment should the nurse include in the client's record while the client is in restraints**? a. Speech patterns and processes. b. Pupils equal, round and reactive. c. Responsiveness to painful stimuli. d. Range-of-motion and circulation.
113	A client with an acute myocardial infarction (MI) is given a thrombolytic medication, aspirin, and IV heparin in the emergency department. Which finding indicates the client is **having a satisfactory response**? a. Guaiac test of the stools is positive. b. Cardiac tracing shows 1.2 mm wide Q waves half the height of the complex. c. S3 heart sounds are present with auscultation. d. Activated partial thromboplastin time (aPTT) is 2 times the control value.
114	Which situation indicates that the nurse needs further instruction in delivering culturally competent care? a. A pediatric home health nurse ensures the presence of the male head of household when visiting a Pakistani family. b. A nurse in a public health department in an urban setting learns several simple phrases in Spanish and Chinese. c. A school nurse searches the literature to learn about the cultural health care practices of Somalian refugees. d. A nurse working in a community health care clinic advocates for limiting treatment to illegal immigrants.
115	A client is being treated for syndrome of inappropriate antidiuretic hormone (SIADH). On examination, the client has a weight gain of 4.4 lbs (2 kg) in 24 hours and an elevated blood pressure. Which intervention should the nurse **implement first**? a. Obtain serum creatinine levels daily. b. Measure ankle circumference. c. Ensure client takes a diuretic every morning. d. Monitor daily sodium intake.
116	An older client with a history of **pernicious anemia** has developed **ataxia and paresthesia**. In planning care, which **nursing intervention** has the **highest priority**? a. Provide assistance with ambulation. b. Keep the head of the bed elevated. c. Instruct about healthy diet choices. d. Offer a PAN sleep aid at night.
117	The home health nurse makes a home visit to a male client with **amyotrophic lateral sclerosis (ALS).** The client is sitting upright while feeding himself and coughs frequently during the meal. What action should the nurse implement? a. Encourage the use of assistive feeding devices. b. Recommend the use of supplemental liquid feedings. c. Demonstrate use of a tucked-chin position while eating. d. Assist the client to lie down and turn to the side.
118	The nurse is managing the care of a client with **Cushing's syndrome.** Which interventions should the nurse delegate to the unlicensed assistive personnel (**UAP**)? (Select all that apply.) a. Weigh the client and report any weight gain.

	b. Assess the client for weakness and fatigue. c. Report any client complaint of pain or discomfort. d. Note and report the client's food and liquid intake during meals and snacks. e. Evaluate the client for sleep disturbances.
120	The camp nurse is teaching adolescents about the **prevention of tinea pedis**. Which instruction should the nurse include in the teaching plan? a. Do not share a brush or comb with anyone. b. Wear water shoes in the public shower. c. Use moisturizing creams to retain skin moisture. d. Avoid using cosmetics that block sebaceous glands.
121	An adult client comes to the clinic and reports his concern over a **lump** that "**Just popped up on my neck about a week ago.**" In performing an examination of the lump, the nurse palpates a **large, nontender, hardened left subclavian lymph node.** There is no overlying tissue inflammation. What do these **findings suggest**? a. Lymphangitis. b. Viral infection. c. Bacterial infection. d. Malignancy.
122	A client with **type 2 diabetes mellitus** presents to the emergency room with signs **of hyperosmolar hyperglycemic state (HHS)**. Which of the client serum **laboratory values** requires intervention by the nurse? A. Elevated white blood cells. B. Low serum phosphate level. C. Decrease serum potassium. D. Positive urinary ketones.
123	A client with scleroderma (systemic sclerosis), an auto-immune collagen disease, experiences frequent severe **pain caused by Raynaud's phenomenon.** To help manage this problem, which instruction should the home health nurse provide the client and family? a. Apply cool compresses to swelling to alleviate pain. b. Keep the home environment warm to reduce episodes. c. Elevate the feet whenever possible to prevent swelling. d. Eat potassium-rich foods to decrease muscle cramping.
124	The nurse is assigned to provide care for a client who is scheduled for a laparoscopic cholecystectomy in two hours, at 0900. What nursing action is most important? a. Offer to assist the client to the restroom to void. b. Review postoperative instructions with the client. c. Determine when the client last had pain medication. d. Confirm that the client has been NPO since midnight.
125	The nurse provides sliding scale insulin administration instructions to an adult who was recently diagnosed with diabetes mellitus. The client demonstrates an understanding of the instructions provided by performing the procedure in which order? Orden correct: 1. Obtain blood glucose level 2. Verify the insulin prescription. 3. Draw insulin into insulin syringe. 4. Cleanse the selected site.
126	A young adult woman visits the clinic and learns that she is positive for BRCA1 gene mutation and asks the nurse what to expect next. How should the nurse respond? a. Explain that counseling will be provided to give her information about her cancer risk b. Gather additional information about the client's family history for all types of cancer. c. Offer assurance that there are a variety of effective treatments for breast cancer.

	d. Provide information about survival rates for women who have this genetic mutation.
127	The nurse is initiating IV fluid replacement for a child who has dry, sticky mucous membranes, flushed skin, and a fever of 103.6 °F (39.7 °C). Laboratory findings indicate that the child has serum sodium concentration of 156 mEq/L (156 mmol/L). Which physiologic mechanism contributes to this finding? A. Hypothalamic resetting of core body temperature causes vasodilation to reduce body heat. B. Insensible loss of body fluids contributes to the hemoconcentration of serum solutes. C. Urinary and gastrointestinal fluid loss reduce blood viscosity and stimulate thirst. D. The intravenous fluid replacement contains a hypertonic solution of sodium chloride.
128	In reviewing a client's medical record, the nurse notes that a female client's left breast is longer than the right and the **skin on the larger breast is dimpling**. The nipples of both breasts are inverted, and the client reports cyclic generalize tenderness. **Which finding** in the client history is **indicative of breast cancer**? A. Asymmetrical breast cancer size. B. Dimpling of the skin. C. Cyclic tenderness. D. Nipple inversion.
129	When caring for a client on a ventilator, which finding provides the **greatest indication** that the client has an open airway? a. The client has asymmetrical chest expansion. b. Prescribed ventilator settings are being maintained. c. The client has been turned q2h. d. Bilateral breath sounds can be auscultated.
130	A client who is newly diagnosed with type 2 diabetes mellitus (OM) receives a prescription for **metformin 500** mg PO twice daily. What information should the nurse include in this client's teaching plan? (Select all that apply.) a. Recognize signs and symptoms of hypoglycemia. b. Report persistent polyuria to the healthcare provider. c. Take metformin with the morning and evening meal. d. Take an additional dose for signs of hyperglycemia. e. Use sliding scale insulin for fingerstick glucose elevations.
131	An adult male is being monitored for an **irregular heart rate**, which was first noted one week ago. His treatment plan includes a calcium channel blocker and an anticoagulant. After two days of treatment, the client reports bleeding gums and new bruises. Which interventions should the nurse include in this client's plan of care? (Select all that apply.) a. Encourage client to drink cranberry juice. b. Teach to avoid taking aspirin for headaches. c. Identify foods that are high in vitamin K. d. Tell the client to sleep with socks on both feet. e. Give client a soft bristle toothbrush to use.
132	In early **septic shock** states, what is the **primary cause of hypotension**? a. Peripheral vasoconstriction. b. A vagal response. c. Peripheral vasodilation. d. Cardiac failure.
133	A client with chronic kidney disease receives a prescription for darbepoetin alfa 40 mcg subcutaneous every 7 days. The darbepoetin alfa vial is labeled, "60 mcg/ml." How many ml should the nurse administer? (Enter numeric value only. If rounding is required, round to the nearest tenth.) R/ 0.7 ml
134	The nurse is preparing to administer a formula feeding by nasogastric tube to a 2-month-old. Which intervention should the nurse implement? a. Microwave refrigerated formula to room temperature. b. Use the syringe plunger to push formula at a rate of 5 minute.

	c. Hold the infant with head and shoulders slightly elevated. d. Measure and discard residual gastric contents before feeding.
135	The nurse is caring for a client who is receiving continuous *ambulatory* peritoneal dialysis (CAPD) and notes that the output flow is 100 mL less than the input flow. Which actions should the nurse implement first? A. Irrigate the dialysis catheter. B. Change the client's position. C. Continue to monitor intake and output with next exchange. D. Check the client's blood pressure and serum bicarbonate.
136	A client is receiving intravenous (IV) fluids by gravity infusion and exhibits signs of fluid volume overload. When assessing the client's IV delivery system, where should the nurse assess first? A.  B.  C.  D.  R/ C
137	A client is scheduled for a **spiral computed tomography** (CT) scan with contrast to evaluate for pulmonary embolism. Which information in the client's history requires follow-up by the nurse? a. CT scan that was performed six months earlier. b. Metal hip prosthesis was placed twenty years ago. c. Report of client s sobriety for the last five years. d. Takes metformin for type 2 diabetes mellitus.
138	The nurse is planning care for a client with chronic kidney disease who is a resident at a long-term nursing facility. The client is anuric and has hemodialysis 3 times a week. Which intervention should the nurse include in the client's plan of care? a. Initiate toileting schedule. b. Monitor for signs of anemia. c. Provide perinea! skin barrier cream. d. Encourage intake of high potassium foods.
139	The nurse reviews the laboratory findings of a client with an **open fracture of the tibia**. The white blood cell (WBC) count and erythrocyte sedimentation rate (ESR) are elevated. Before reporting this information to the healthcare provider, which assessment should the nurse obtain? A. Bilateral pedal pulse force. B. Appearance of wound. C. Degree of the skin elasticity. D. Onset of any bleeding.
140	A female client with fibromyalgia asks the nurse to arrange for hospice care to help her manage the severe, chronic pain. Which intervention should the nurse provide to address the client's problem? Select your answer from the options on the left. a. Form an interdisciplinary team for evaluation. b. Arrange an appointment with a pain specialist. c. Ask for a consultation with a psychologist. d. Contact a hospice nurse for an evaluation.
141	A client with bleeding esophageal varices receives **vasopressin** IV. Which should the nurse monitor for during the IV infusion of this medication? A. Chest pain and dysrhythmia. B. Hypotension and tachycardia.

	C. Vasodilation of the extremities. D. Decreasing GI cramping and nausea.
142	A client with **postpartum depression**, who is admitted to the behavioral health unit, refuses to leave her room or eat meals. In addition to maintaining physical safety, which short-term goal should the nurse include in the plan of care? a. Attends one group activity per day. b. Consumes 3 meals and 1500 ml of fluid per day. c. Engages in one client-to-client interaction daily. d. Sleeps at least 6 hours per night.
143	A middle-age client, diagnosed **with Graves' disease**, asks the nurse about this condition. Which etiological pathology should the nurse include in the teaching plan about **hyperthyroidism**? (Select all that apply.) A. T3 and T4 hormone levels are increased. B. Early treatment includes levothyroxine. C. Large protruding eyeballs are a sign of hyperthyroid function. D. Graves' disease, an autoimmune condition, affect thyroid stimulating hormone receptors. E. Weight gain is a common complaint in hyperthyroidism.
144	A client with **metastasizing breast cancer** is recovering from surgery performed to **treat spinal cord compression**. Which action should the nurse include in the client's plan of care? a. Explain the need to limit intake of oral fluids to reduce client discomfort. b. Remind the client to practice pelvic floor (Kegel) exercises regularly. c. Provide a bedside commode for immediate use in the client's room. **d. Teach the client techniques for performing intermittent catheterization**
145	A client with **hyperthyroidism** has a serum calcium level of 13.5 mg/dl (3.375 mmol/L). Based on this information, which instruction should the nurse provide the unlicensed assistive personnel (UAP) who is assisting with the care of the client? a. Report a change in the client's level of consciousness. b. Provide dairy-rich snacks, such as ice cream. c. Remove the water pitcher and restrict oral fluid intake. d. Assist with ambulation to prevent bone loss.
146	The nurse is caring for a newborn who arrives in the nursery following a **precipitous birth** on the way to the hospital. A drug screen of the **mother reveals the presence of cocaine metabolites**. The infant has a heart rate of 175 beats/minute, cries continuously, is irritable, and is hyper-reactive to stimuli. Which intervention is most important for the nurse to include in this infant's plan of care? a. Formula feed every 3 hours. b. Initiate infant sepsis protocol. c. Implement seizure precautions. d. Refer to protective child services.
147	Following a house fire, an adult male is admitted to the emergency department with partial and full thickness burns. He used a blanket to cover his head and face, but his skin is burned on the **dorsal surfaces of both arms and hands** and **his anterior legs**. Using the Rule of Nines to assess the extent of the client's burns, what percentage of burned body surface area should the nurse document? a. 50%. b. 9%. c. 36%. d. 27%.
148	One hour ago, while walking on the **treadmill in the cardiac rehabilitation unit**, a client **began to exhibit signs of a cerebrovascular accident** (CVA). The client is transported to the emergency department. Which client behavior is **indicative of increased intracranial pressure (ICP) and deteriorating condition**? a. Cries and grasps the nurse's hand during vital signs. b. Becomes agitated when blood specimen is collected. c. Calls out for family members who are outside the room.