

UPDATED RN HESI COMPREHENSIVE

EXIT EXAM V3 WITH COMPLETE 160

QUESTIONS

1. The nurse is has just admitted a client with severe depression. From which focus should the nurse identify apriority nursing diagnosis?

- A) Nutrition
- B) Elimination
- C) Activity
- D) Safety

The correct answer is D: Safety

2. While explaining an illness to a 10 year-old, what should the nurse keep in mind about the cognitive development at this age?

- A) They are able to make simple association of ideas
- B) They are able to think logically in organizing facts
- C) Interpretation of events originate from their own perspective
- D) Conclusions are based on previous experiences

The correct answer is B: Think logically in organizing facts

3. The nurse enters the room as a 3 year-old is having a generalized seizure. Which intervention should thenurse do first?

- A) Clear the area of any hazards
- B) Place the child on the side
- C) Restrain the child
- D) Give the prescribed anticonvulsant

The correct answer is B: Place the child on the side

4. The nurse is reviewing a depressed client's history from an earlier admission.

Documentation of anhedonia is noted. The nurse understands that this finding refers to

- A) Reports of difficulty falling and staying asleep
- B) Expression of persistent suicidal thoughts
- C) Lack of enjoyment in usual pleasures

D) Reduced senses of taste and smell

The correct answer is C: Lack of enjoyment in usual pleasures

5. A client has just returned to the medical-surgical unit following a segmental lung resection. After assessing the client, the first nursing action would be to

- A) Administer pain medication
- B) Suction excessive tracheobronchial secretions
- C) Assist client to turn, deep breathe and cough
- D) Monitor oxygen saturation

The correct answer is B: Suction excessive tracheobronchial secretions

6. While assessing a client in an outpatient facility with a panic disorder, the nurse completes a thorough health history and physical exam. Which finding is most significant for this client?

- A) Compulsive behavior
- B) Sense of impending doom
- C) Fear of flying
- D) Predictable episodes

The correct answer is B: Sense of impending doom

7. A 16 month-old child has just been admitted to the hospital. As the nurse assigned to this child enters the hospital room for the first time, the toddler runs to the mother, clings to her and begins to cry. What would be the initial action by the nurse?

- A) Arrange to change client care assignments
- B) Explain that this behavior is expected
- C) Discuss the appropriate use of "time-out"
- D) Explain that the child needs extra attention

The correct answer is B: Explain that this behavior is expected

8. A 15 year-old client with a lengthy confining illness is at risk for altered growth and development of which task?

- A) Loss of control

- B) Insecurity
- C) Dependence
- D) Lack of trust

The correct answer is C: Dependence

9. Which playroom activities should the nurse organize for a small group of 7 year-old hospitalized children? A) Sports and games with rules

- B) Finger paints and water play
- C) "Dress-up" clothes and props
- D) Chess and television programs

The correct answer is A: Sports and games with rules

10. The nurse is discussing dietary intake with an adolescent who has acne. The most appropriate statement for the nurse is A) "Eat a balanced diet for your age."

- B) "Increase your intake of protein and Vitamin A."
- C) "Decrease fatty foods from your diet."
- D) "Do not use caffeine in any form, including chocolate."The correct answer is A: "Eat a balanced diet for your age."

11. The nurse is assigned to a newly delivered woman with HIV/AIDS. The student asks the nurse about how it is determined that a person has AIDS other than a positive HIV test. The nurse responds

- A) "The complaints of at least 3 common findings."
- B) "The absence of any opportunistic infection."
- C) "CD4 lymphocyte count is less than 200."
- D) "Developmental delays in children."

The correct answer is C: "CD4 lymphocyte count is less than 200."

12. The nurse is caring for a child who has just returned from surgery following a tonsillectomy and adenoidectomy. Which action by the nurse is appropriate?

- A) Offer ice cream every 2 hours
- B) Place the child in a supine position

- C) Allow the child to drink through a straw
- D) Observe swallowing patterns

The correct answer is D: Observe swallowing patterns

13. A 23 year-old single client is in the 33rd week of her first pregnancy. She tells the nurse that she has everything ready for the baby and has made plans for the first weeks together at home. Which normal emotional reaction does the nurse recognize?

- A) Acceptance of the pregnancy
- B) Focus on fetal development
- C) Anticipation of the birth
- D) Ambivalence about pregnancy

The correct answer is C: Anticipation of the birth

14. The nurse is planning care for a client with pneumococcal pneumonia. Which of the following would be most effective in removing respiratory secretions?

- A) Administration of cough suppressants
- B) Increasing oral fluid intake to 3000 cc per day
- C) Maintaining bed rest with bathroom privileges
- D) Performing chest physiotherapy twice a day

The correct answer is B: Increasing oral fluid intake to 3000 cc per day

15. The nurse in a well-child clinic examines many children on a daily basis. Which of the following toddlers requires further follow up?

- A) A 13 month-old unable to walk
- B) A 20 month-old only using 2 and 3 word sentences
- C) A 24 month-old who cries during examination
- D) A 30 month-old only drinking from a sip cup

The correct answer is D: A 30 month-old only drinking from a sip cup

16. Which of the following would be the best strategy for the nurse to use when teaching insulin injection techniques to a newly diagnosed client with diabetes?

- A) Give written pre and post tests
- B) Ask questions during practice
- C) Allow another diabetic to assist
- D) Observe a return demonstration

The correct answer is D: Observe a return demonstration

17. A client has developed thrombophlebitis of the left leg. Which nursing intervention should be given the highest priority?

- A) Elevate leg on 2 pillows
- B) Apply support stockings
- C) Apply warm compresses
- D) Maintain complete bed rest

The correct answer is A: Elevate leg on 2 pillows

18. A nurse from the surgical department is reassigned to the pediatric unit. The charge nurse should recognize that the child at highest risk for cardiac arrest and is the least likely to be assigned to this nurse is which child? A) Congenital cardiac defects

- B) An acute febrile illness
- C) Prolonged hypoxemia
- D) Severe multiple trauma

The correct answer is C: Prolonged hypoxemia

19. A home health nurse is at the home of a client with diabetes and arthritis. The client has difficulty drawing up insulin. It would be most appropriate for the nurse to refer the client to

- A) A social worker from the local hospital
- B) An occupational therapist from the community center
- C) A physical therapist from the rehabilitation agency
- D) Another client with diabetes mellitus and takes insulin

The correct answer is B: An occupational therapist from the community center

20. A priority goal of involuntary hospitalization of the severely mentally ill client is

- A) Re-orientation to reality
- B) Elimination of symptoms
- C) Protection from harm to self or others

The correct answer is C: Protection from self harm and harm to others

21. The nurse is caring for a client with a long leg cast. During discharge teaching about appropriate exercises for the affected extremity, the nurse should recommend

- A) Isometric
- B) Range of motion
- C) Aerobic
- D) Isotonic

The correct answer is A: Isometric

22. The nurse is teaching parents about the treatment plan for a 2 weeks-old infant with Tetralogy of Fallot. While awaiting future surgery, the nurse instructs the parents to immediately report

- A) Loss of consciousness
- B) Feeding problems
- C) Poor weight gain
- D) Fatigue with crying

The correct answer is A: Loss of consciousness

23. A client is scheduled for an Intravenous Pyelogram (IVP). In order to prepare the client for this test, the nurse would

- A) Instruct the client to maintain a regular diet the day prior to the examination
- B) Restrict the client's fluid intake 4 hours prior to the examination
- C) Administer a laxative to the client the evening before the examination
- D) Inform the client that only 1 x-ray of his abdomen is necessary

The correct answer is C: Administer a laxative to the client the evening before the examination

24. The nurse is caring for a woman 2 hours after a vaginal delivery. Documentation indicates that the membranes were ruptured for 36 hours prior to delivery. What is the priority nursing diagnoses at this time?

- A) Altered tissue perfusion
- B) Risk for fluid volume deficit
- C) High risk for hemorrhage
- D) Risk for infection

The correct answer is D: Risk for infection

25. The parents of a newborn male with hypospadias want their child circumcised. The best response by the nurse is to inform them that

- A) Circumcision is delayed so the foreskin can be used for the surgical repair
- B) This procedure is contraindicated because of the permanent defect
- C) There is no medical indication for performing a circumcision on any child
- D) The procedure should be performed as soon as the infant is stable

The correct answer is A: Circumcision is delayed so the foreskin can be used for the surgical repair

26. The nurse is caring for a client in the late stages of Amyotrophic Lateral Sclerosis (A.L.S.). Which finding would the nurse expect?

- A) Confusion
- B) Loss of half of visual field
- C) Shallow respirations
- D) Tonic-clonic seizures

The correct answer is C: Shallow respirations

27. A client complained of nausea, a metallic taste in her mouth, and fine hand tremors 2 hours after her first dose of lithium carbonate (Lithane). What is the nurse's best explanation of these findings?

- A) These side effects are common and should subside in a few days
 - B) The client is probably having an allergic reaction and should discontinue the drug
 - C) Taking the lithium on an empty stomach should decrease these symptoms
 - D) Decreasing dietary intake of sodium and fluids should minimize the side effects
- The correct answer is A: These side effects are common and should subside in a few days

28. A 57 year-old male client has a hemoglobin of 10 mg/dl and a hematocrit of 32%.

What would be the most appropriate follow-up by the home care nurse?

- A) Ask the client if he has noticed any bleeding or dark stools
- B) Tell the client to call 911 and go to the emergency department immediately
- C) Schedule a repeat Hemoglobin and Hematocrit in 1 month
- D) Tell the client to schedule an appointment with a hematologist

The correct answer is A: Ask the client if he has noticed any bleeding or dark stools 29. A client is scheduled for a percutaneous transluminal coronary angioplasty (PTCA).

The nurse knows that a PTCA is the

- A) Surgical repair of a diseased coronary artery
- B) Placement of an automatic internal cardiac defibrillator
- C) Procedure that compresses plaque against the wall of the diseased coronary artery to improve blood flow
- D) Non-invasive radiographic examination of the heart

The correct answer is C: Procedure that compresses plaque against the wall of the diseased coronary artery to improve blood flow

30. For a 6 year-old child hospitalized with moderate edema and mild hypertension associated with acute glomerulonephritis (AGN), which one of the following nursing interventions would be appropriate? A) Institute seizure precautions

- B) Weigh the child twice per shift
- C) Encourage the child to eat protein-rich foods
- D) Relieve boredom through physical activity

The correct answer is A: Institute seizure precautions

31. Following mitral valve replacement surgery a client develops PVC's. The health care provider orders a bolus of Lidocaine followed by a continuous Lidocaine infusion at a rate of 2 mgm/minute. The IV solution contains 2 grams of Lidocaine in 500 cc's of D5W. The infusion pump delivers 60 micro drops/cc. What rate would deliver 4 mgm of Lidocaine/ minute?

- A) 60 microdrops/minute
- B) 20 microdrops/minute
- C) 30 microdrops/minute
- D) 40 microdrops/minute

The correct answer is A: 60 microdrops/

minute 2 gm=2000 mgm

$2000 \text{ mgm}/500 \text{ cc} = 4 \text{ mgm}/x \text{ cc}$

$2000x = 2000 \quad x = 2000/2000 = 1 \text{ cc of IV}$

solution/minute CC x 60 microdrops

= 60microdrops/minute

32. An adolescent client comes to the clinic 3 weeks after the birth of her first baby. She tells the nurse she is concerned because she has not returned to her pre-pregnant weight. Which action should the nurse perform first?

- A) Review the client's weight pattern over the year
- B) Ask the mother to record her diet for the last 24 hours
- C) Encourage her to talk about her view of herself
- D) Give her several pamphlets on postpartum nutrition

The correct answer is C: Encourage her to talk about her view of herself

33. To prevent a valsalva maneuver in a client recovering from an acute myocardial infarction, the nurse would

- A) Assist the client to use the bedside commode
- B) Administer stool softeners every day as ordered
- C) Administer anti dysrhythmics prn as ordered
- D) Maintain the client on strict bed rest

The correct answer is B: Administer stool softeners every day as ordered

34. A 3 year-old had a hip spica cast applied 2 hours ago. In order to facilitate drying, the nurse should

- A) Expose the cast to air and turn the child frequently
- B) Use a heat lamp to reduce the drying time
- C) Handle the cast with the abductor bar
- D) Turn the child as little as possible

The correct answer is A: Expose the cast to air and turn the child frequently

35. The nurse is caring for a 13 year-old following spinal fusion for scoliosis. Which of the following interventions is appropriate in the immediate postoperative period?