TEST BANK FOR NCLEX RN ACTUAL EXAM TEST BANK OF REAL QUESTIONS & ANSWERS NCLEX 2023

QUESTION 1
Which classification of drugs is contraindicated for the client with hypertrophic cardiomyopathy?

A. Positive inotropes
B. Vasodilators
C. Diuretics
D. Antidysrhythmics

Answer: A Explanation:
(A) Positive inotropic agents should not be administered owing to their action of increasing myocardial contractility. Increased ventricular contractility would increase outflow tract obstruction in the client with hypertrophic cardiomyopathy. (B) Vasodilators are not typically prescribed but are not contraindicated. (C) Diuretics are used with caution to avoid causing hypovolemi
A. (D) Antidysrhythmics are typically needed to treat both atrial and ventricular dysrhythmias.

QUESTION 2
Signs and symptoms of an allergy attack include which of the following?

A. Wheezing on inspiration
B. Increased respiratory rate
C. Circumoral cyanosis
D. Prolonged expiration

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Explanation:
(A) Wheezing occurs during expiration when air movement is impaired because of constricted edematous bronchial lumin
A. (B) Respirations are difficult, but the rate is frequently normal. (C) The circumoral area is usually pale. Cyanosis is not an early sign of hypoxi
A. (D) Expiration is prolonged because the alveoli are greatly distended and air trapping occurs.

QUESTION 3
A client confides to the nurse that he tasted poison in his evening meal. This would be an example of what type of hallucination?

A. Auditory
B. Gustatory
C. Olfactory
D. Visceral

Answer:

B

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(A) Auditory hallucinations involve sensory perceptions of hearing. (B) Gustatory hallucinations involve sensory perceptions of taste. (C) Olfactory hallucinations involve sensory perceptions of smell. (D) Visceral

hallucinations involve sensory perceptions of sensation.

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QUESTION 4
Which of the following findings would be abnormal in a postpartal woman?

A. Chills shortly after delivery
B. Pulse rate of 60 bpm in morning on first postdelivery day
C. Urinary output of 3000 mL on the second day after delivery
D. An oral temperature of 101F (38.3C) on the third day after delivery

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(A) Frequently the mother experiences a shaking chill immediately after delivery, which is related to a nervous response or to vasomotor changes. If not followed by a fever, it is clinically innocuous. (B) The pulse rate during the immediate postpartal period may be low but presents no cause for alarm. The body attempts to adapt to the decreased pressures intra-abdominally as well as from the reduction of blood flow to the vascular bed. (C) Urinary output increases during the early postpartal period (12–24 hours) owing to diuresis. The kidneys must eliminate an estimated 2000–3000 mL of extracellular fluid associated with a normal pregnancy. (D) A temperature of 100.4F (38C) may occur after delivery as a result of exertion and dehydration of labor. However, any temperature greater than 100.4F needs further investigation to identify any infectious process.

QUESTION 5
A six-month-old infant has been admitted to the emergency room with febrile seizures. In the teaching of the parents, the nurse states that:

A. Sustained temperature elevation over 103F is generally related to febrile seizures
B. Febrile seizures do not usually recur
C. There is little risk of neurological deficit and mental retardation as sequelae to febrile seizures
D. Febrile seizures are associated with diseases of the central nervous system

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(A) The temperature elevation related to febrile seizures generally exceeds 101F, and seizures occur during the temperature rise rather than after a prolonged elevation. (B)

Febrile seizures may recur and are more likely to do so when the first seizure occurs in the 1st year of life. (C) There is little risk of neurological deficit, mental retardation, or altered behavior secondary to febrile seizures. (D) Febrile seizures are associated with disease of the central nervous system.

QUESTION 6

A client diagnosed with bipolar disorder continues to be hyperactive and to lose weight. Which of the following nutritional interventions would be most therapeutic for him at this time?

A. Small, frequent feedings of foods that can be carried
B. Tube feedings with nutritional supplements
C. Allowing him to eat when and what he wants
D. Giving him a quiet place where he can sit down to eat meals

Answer:

A

Explanation:

(A) The manic client is unable to sit still long enough to eat an adequate meal. Small, frequent feedings with

finger foods allow him to eat during periods of activity. (B) This type of therapy should be implemented when other methods have been exhausted. (C) The manic client should not

be in control of his treatment plan. This type of client may forget to eat. (D) The manic client is unable to sit down to eat full meals.

QUESTION 7
A client with bipolar disorder taking lithium tells the nurse that he has ringing in his ears, blurred vision, and diarrhe
A. The nurse notices a slight tremor in his left hand and a slurring pattern to his speech. Which of the following actions by the nurse is appropriate?

A. Administer a stat dose of lithium as necessary.
B. Recognize this as an expected response to lithium.
C. Request an order for a stat blood lithium level.
D. Give an oral dose of lithium antidote.

Answer:

C

Explanation:

- These symptoms are indicative of lithium toxicity. A stat dose of lithium could be fatal.
- These are toxic effects of lithium therapy. (C) The client is exhibiting symptoms of lithium toxicity, which may be validated by lab studies. (D) There is no known lithium antidote.

QUESTION 8
A diagnosis of hepatitis C is confirmed by a male client‘s physician. The nurse should be knowledgeable of the differences between hepatitis A, B, and C. Which of the following are characteristics of hepatitis C?

- The potential for chronic liver disease is minimal.

- The onset of symptoms is abrupt.
- The incubation period is 2–26 weeks.
- There is an effective vaccine for hepatitis B, but not for hepatitis C.

Answer:

C

Explanation:
(A) Hepatitis C and B may result in chronic liver disease. Hepatitis A has a low potential for chronic liver disease. (B) Hepatitis C and B have insidious onsets. Hepatitis A has an abrupt onset. (C) Incubation periods are as follows: hepatitis C is 2–26 weeks, hepatitis B is 6–20 weeks, and hepatitis A is 2–6 weeks. (D) Only hepatitis B has an effective vaccine.

QUESTION 9
Hypoxia is the primary problem related to near-drowning victims. The first organ that sustains irreversible damage after submersion in water is the:

- Kidney (urinary system)
- Brain (nervous system)
- Heart (circulatory system)
- Lungs (respiratory system)

Answer

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B

Explanation:

(A) The kidney can survive after 30 minutes of water submersion. (B) The cerebral neurons sustain irreversible damage after 4–6 minutes of water submersion. (C) The heart can survive up to 30 minutes of water submersion.
(D) The lungs can survive up to 30 minutes of water submersion.

QUESTION 10
Which of the following activities would be most appropriate during occupational therapy for a client with bipolar disorder?

- Playing cards with other clients
- Working crossword puzzles
- Playing tennis with a staff member
- Sewing beads on a leather belt

Answer:

C

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(A) This activity is too competitive, and the manic client might become abusive toward the other clients. (B) During mania, the client‘s attention span is too short to accomplish this task. (C) This activity uses gross motor skills, eases tension, and expands excess energy. A staff member is better equipped to interact therapeutically with clients. (D) This activity requires the use of fine motor skills and is very tedious.

QUESTION 11
A 30-year-old male client is admitted to the psychiatric unit with a diagnosis of bipolar disorder. For the last 2 months, his family describes him as being ―on the move,‖ sleeping 3–4 hours nightly, spending lots of money, and losing approximately 10 lb.
During the initial assessment with the client, the nurse would expect him to exhibit which of the following?

- Short, polite responses to interview questions
- Introspection related to his present situation
- Exaggerated self-importance
- Feelings of helplessness and hopelessness

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(A) During the manic phase of bipolar disorder, clients have short attention spans and may be abusive toward authority figures. (B) Introspection requires focusing and concentration; clients with mania experience flight of ideas, which prevents concentration.
(C) Grandiosity and an inflated sense of self-worth are characteristic of this disorder. (D) Feelings of helplessness and hopelessness are symptoms of the depressive stage of bipolar disorder.

QUESTION 12
Diabetes during pregnancy requires tight metabolic control of glucose levels to prevent perinatal mortality. When evaluating the pregnant client, the nurse knows the recommended serum glucose range during pregnancy is:

- 70 mg/dL and 120 mg/dL
- 100 mg/dL and 200 mg/dL
- 40 mg/dL and 130 mg/dL
- 90 mg/dL and 200 mg/dL

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(A) The recommended range is 70–120 mg/dL to reduce the risk of perinatal mortality. (B, C, D) These levels are not recommended. The higher the blood glucose, the worse the prognosis for the fetus. Hypoglycemia can also have detrimental effects on the fetus.

QUESTION 13
When evaluating a client with symptoms of shock, it is important for the nurse to differentiate between neurogenic and hypovolemic shock. The symptoms of neurogenic shock differ from hypovolemic shock in that:

- In neurogenic shock, the skin is warm and dry
- In hypovolemic shock, there is a bradycardia
- In hypovolemic shock, capillary refill is less than 2 seconds
- In neurogenic shock, there is delayed capillary refill

Answer:

A

Explanation:
(A) Neurogenic shock is caused by injury to the cervical region, which leads to loss of sympathetic control. This loss leads to vasodilation of the vascular beds, bradycardia resulting from the lack of sympathetic balance to parasympathetic stimuli from the vagus nerve, and the loss of the ability to sweat below the level of injury. In neurogenic shock, the client is hypotensive but bradycardiac with warm, dry skin. (B) In hypovolemic shock, the client ishypotensive and tachycardiac with cool skin. (C) In hypovolemic shock, the capillary refill would be>5 seconds. (D) In neurogenic shock, there is no capillary delay, the vascular beds are dilated, and peripheral flow is good.

QUESTION 14
A 55-year-old man is admitted to the hospital with complaints of fatigue, jaundice, anorexia, and clay-colored stools. His admitting diagnosis is ―rule out hepatitis.‖ Laboratory studies reveal elevated liver enzymes and bilirubin. In obtaining his health history, the nurse should assess his potential for exposure to hepatitis.

Which of the following represents a high-risk group for contracting this disease?

- Heterosexual males
- Oncology nurses
- American Indians
- Jehovah‘s Witnesses

Answer:

B

Explanation:

- Homosexual males, not heterosexual males, are at high risk for contracting hepatitis.
- Oncology nurses are employed in high-risk areas and perform invasive procedures that expose them to potential sources of infection. (C) The literature does not support the idea that any ethnic groups are at higher risk. (D) There is no evidence that any religious groups are at higher risk.

QUESTION 15

A schizophrenic client has made sexual overtures toward her physician on numerous occasions. During lunch, the client tells the nurse, ―My doctor is in love with me and wants to marry me.‖ This client is using which of the following defense mechanisms?

- Displacement
- Projection
- Reaction formation
- Suppression

Answer:

B

Explanation:
(A) Displacement involves transferring feelings to a more acceptable object. (B) Projection involves attributing one‘s thoughts or feelings to another person. (C) Reaction formation involves transforming an unacceptable impulse into the opposite behavior. (D) Suppression involves the intentional exclusion of unpleasant thoughts or experiences.

QUESTION 16
When teaching a sex education class, the nurse identifies the most common STDs in the United States as:

- Chlamydia
- Herpes genitalis
- Syphilis
- Gonorrhea

Answer:

A

Explanation:
(A) Chlamydia trachomatis infection is the most common STD in the United States. The Centers for Disease Control and Prevention recommend screening of all high-risk women, such as adolescents and women with multiple sex partners. (B) Herpes simplex genitalia is estimated to be found in 5–20 million people in the United States and is rising in occurrence yearly. (C) Syphilis is a chronic infection caused by Treponema pallidum. Over the last several years the number of people infected has begun to increase. (D) Gonorrhea is a bacterial infection caused by the organism Neisseria gonorrhoeae. Although gonorrhea is common, chlamydia is still the most common STD.

QUESTION 17
The nurse assists a client with advanced emphysema to the bathroom. The client becomes extremely short of breath while returning to bed. The nurse should:

- Increase his nasal O2 to 6 L/min
- Place him in a lateral Sims‘ position
- Encourage pursed-lip breathing
- Have him breathe into a paper bag

Answer:

C

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(A) Giving too high a concentration of O2 to a client with em-physema may remove his stimulus to breathe. (B) The client should sit forward with his hands on his knees or an overbed table and with shoulders elevated. (C) Pursed-lip breathing helps the client to blow off CO2 and to keep air passages open. (D) Covering the face of a client extremely short of breath may cause anxiety and further increase dyspnea.

QUESTION 18
In a client with chest trauma, the nurse needs to evaluate mediastinal position. This can best be done by:

- Auscultating bilateral breath sounds
- Palpating for presence of crepitus
- Palpating for trachial deviation
- Auscultating heart sounds

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(A) No change in the breath sounds occurs as a direct result of the mediastinal shift. (B) Crepitus can occur owing to the primary disorder, not to the mediastinal shift. (C) Mediastinal shift occurs primarily with tension pneumothorax, but it can occur with very large hemothorax or pneumothorax. Mediastinal shift causes trachial deviation and deviation of the heart‘s point of maximum impulse. (D) No change in the heart sounds occurs as a result of the mediastinal shift.

QUESTION 19
Clinical manifestations seen in left-sided rather than in right-sided heart failure are:

- Elevated central venous pressure and peripheral edema
- Dyspnea and jaundice
- Hypotension and hepatomegaly
- Decreased peripheral perfusion and rales

Answer:

D

Explanation:
(A, B, C) Clinical manifestations of right-sided heart failure are weakness, peripheral edema, jugular venous distention, hepatomegaly, jaundice, and elevated central venous pressure. (D) Clinical manifestations of left- sided heart failure are left ventricular dysfunction, decreased cardiac output, hypotension, and the backward failure as a result of increased left atrium and pulmonary artery pressures, pulmonary edema, and rales.

QUESTION 20
In assessing cardiovascular clients with progression of aortic stenosis, the nurse should be aware that there is typically:

- Decreased pulmonary blood flow and cyanosis
- Increased pressure in the pulmonary veins and pulmonary edema
- Systemic venous engorgement
- Increased left ventricular systolic pressures and hypertrophy

Answer:

D

Explanation:
(A) These signs are seen in pulmonic stenosis or in response to pulmonary congestion and edema and mitral stenosis. (B) These signs are seen primarily in mitral stenosis or as a late sign in aortic stenosis after left ventricular failure. (C) These signs are seen primarily in right-sided heart valve dysfunction. (D) Left ventricular hypertrophy occurs to increase muscle mass and overcome the stenosis; left ventricular pressures increase as left ventricular volume increases owing to insufficient emptying.

QUESTION 21
An 8-year-old child comes to the physician‘s office complaining of swelling and pain in the knees. His mother says, ―The swelling occurred for no reason, and it keeps getting worse.‖
The initial diagnosis is Lyme disease. When talking to the mother and child, questions related to which of the following would be important to include in the initial history?

- A decreased urinary output and flank pain
- A fever of over 103F occurring over the last 2–3 weeks
- Rashes covering the palms of the hands and the soles of the feet

- Headaches, malaise, or sore throat

Answer:

D

Explanation:
(A) Urinary tract symptoms are not commonly associated with Lyme disease. (B) A fever of 103F is not characteristic of Lyme disease. (C) The rash that is associated with Lyme diseasedoes not appear on the palms
of the hands and the soles of the feet. (D) Classic symptoms of Lyme disease include headache, malaise, fatigue, anorexia, stiff neck, generalized lymphadenopathy, splenomegaly, conjunctivitis, sore throat, abdominal pain, and cough.

QUESTION 22
When administering phenytoin (Dilantin) to a child, the nurse should be aware that a toxic effect of phenytoin therapy is:

- Stephens-Johnson syndrome
- Folate deficiency
- Leukopenic aplastic anemia
- Granulocytosis and nephrosis

Answer:

A

Explanation:
(A) Stephens-Johnson syndrome is a toxic effect of phenytoin. (B) Folate deficiency is a side effect of phenytoin, but not a toxic effect. (C) Leukopenic aplastic anemia is a toxic effect of carbamazepine (Tegretol).
(D) Granulocytosis and nephrosis are toxic effects of trimethadione (Tridione).

QUESTION 23
The nurse should know that according to current thinking, the most important prognostic factor for a client with breast cancer is:

- Tumor size
- Axillary node status
- Client‘s previous history of disease
- Client‘s level of estrogen-progesterone receptor assays

Answer:

B

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(A) Although tumor size is a factor in classification of cancer growth, it is not an indicator of lymph node spread. (B) Axillary node status is the most important indicator for predicting how far the cancer has spread. If the lymph nodes are positive for cancer cells, the prognosis is poorer. (C) The client‘s previous history of cancer

puts her at an increased risk for breast cancer recurrence, especially if the cancer occurred in the other breast. It does not predict prognosis, however. (D) The estrogen-progesterone assay test is used to identify present tumors being fedfrom an estrogen site within the body. Some breast cancers grow rapidly as long as there is an estrogen supply such as from the ovaries. The estrogen-progesterone assay test does not indicate the prognosis.

QUESTION 24
Three weeks following discharge, a male client is readmitted to the psychiatric unit for depression. His wife stated that he had threatened to kill himself with a handgun. As the nurse admits him to the unit, he says, ―I wish I were dead because I am worthless to everyone; I guess I am just no good.‖ Which response by the nurse is most appropriate at this time?

- ―I don‘t think you are worthless. I‘m glad to see you, and we will help you.‖
- ―Don‘t you think this is a sign of your illness?‖
- ―I know with your wife and new baby that you do have a lot to live for.‖
- ―You‘ve been feeling sad and alone for some time now?‖

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(A) This response does not acknowledge the client‘s feelings.
(B) This is a closed question and does not encourage communication.
(C) This response negates the client‘s feelings and does not require a response from the client.
(D) This acknowledges the client‘s implied thoughts and feelings and encourages a response.

QUESTION 25
Which of the following should be included in discharge teaching for a client with hepatitis C?

- He should take aspirin as needed for muscle and joint pain.
- He may become a blood donor when his liver enzymes return to normal.
- He should avoid alcoholic beverages during his recovery period.
- He should use disposable dishes for eating and drinking.

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(A) Aspirin is hepatotoxic, may increase bleeding, and should be avoided. (B) Blood should not be donated by a client who has had hepatitis C because of the possibility of transmission of disease. (C) Alcohol is detoxified in the liver. (D) Hepatitis C is not spread through the oral route.

QUESTION 26
The initial treatment for a client with a liquid chemical burn injury is to:

- Irrigate the area with neutralizing solutions
- Flush the exposed area with large amounts of water
- Inject calcium chloride into the burned area
- Apply lanolin ointment to the area

Answer:

B

Explanation:
(A) In the past, neutralizing solutions were recommended, but presently there is concern that these solutions

extend the depth of burn are
A. (B) The use of large amounts of water to flush the area is recommended for chemical burns. (C) Calcium chloride is not recommended therapy and would likely worsen the problem. (D) Lanolin is of no benefit in the initial treatment of a chemical injury and may actually extend a thermal injury.

QUESTION 27
Dietary planning is an essential part of the diabetic client's regimen. The American Diabetes Association recommends which of the following caloric guidelines for daily meal planning?

A. 50% complex carbohydrate, 20%–25% protein, 20%–25% fat
B. 45% complex carbohydrate, 25%–30% protein, 30%–35% fat

C. 70% complex carbohydrate, 20%–30% protein, 10%–20% fat
D. 60% complex carbohydrate, 12%–15% protein, 20%–25% fat

Answer:

D

Explanation:
(A) The percentage of carbohydrates is too low to maintain blood sugar levels. The percent range of protein is too high and may cause extra workload on the kidney as it is metabolized. (B) The percentage of carbohydrates is too low to maintain blood sugar levels. The percent range of protein is too high and may cause extra workload on the kidney. (C) The percentage of carbohydrates is too high; the percent range of protein is too high, and of fat, too low. (D) This combination provides enough carbohydrates to maintain blood glucose levels, enough protein to maintain body repair, and enough fat to ensure palatability.

QUESTION 28
The primary reason for sending a burn client home with a pressure garment, such as a Jobst garment, is that the garment:

A. Decreases hypertrophic scar formation
B. Assists with ambulation
C. Covers burn scars and decreases the psychological impact during recovery
D. Increases venous return and cardiac output by normalizing fluid status

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(A) Tubular support, such as that received with a Jobst garment, applies tension of 10–20 mm Hg. This amount of uniform pressure is necessary to prevent or reduce hypertrophic scarring. Clients typically wear a pressure garment for 6–12 months during the recovery phase of their care. (B) Pressure garments have no ambulatory assistive properties. (C) Pressure garments can worsen the psychological impact of burn injury, especially if worn on the face. (D) Pressure garments do not normalize fluid status.

QUESTION 29
The nurse would expect to include which of the following when planning the management of the client with Lyme disease?

A. Complete bed rest for 6–8 weeks
B. Tetracycline treatment
C. IV amphotericin B
D. High-protein diet with limited fluids

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Explanation:
(A) The client is not placed on complete bed rest for 6 weeks. (B) Tetracycline is the treatment of choice for children with Lyme disease who are over the age of 9. (C) IV amphotericin B is the treatment for histoplasmosis.
(D) The client is not restricted to a high-protein diet with limited fluids.

QUESTION 30
The physician recommends immediate hospital admission for a client with PIH. She says to the nurse, ―It‘s not so easy for me to just go right to the hospital like that.‖ After acknowledging her feelings, which of these approaches by the nurse would probably be best?

A. Stress to the client that her husband would want her to do what is best for her health.
B. Explore with the client her perceptions of why she is unable to go to the hospital.
C. Repeat the physician‘s reasons for advising immediate hospitalization.
D. Explain to the client that she is ultimately responsible for her own welfare and that of her baby.

Answer:

B

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(A) This answer does not hold the client accountable for her own health. (B) The nurse should explore potential reasons for the client's anxiety: are there small children at home, is the husband out of town? The nurse should aid the client in seeking support or interventions to decrease the anxiety of hospitalization. (C) Repeating the physician's reason for recommending hospitalization may not aid the client in dealing with her reasons for anxiety. (D) The concern for self and welfare of baby may be secondary to a woman who is in a crisis situation. The nurse should explore the client's potential reasons for anxiety. For example, is there another child in the home who is ill, or is there a husband who is overseas and not able to return on short notice?

QUESTION 31
The child with iron poisoning is given IV deforoxamine mesylate (Desferal). Following administration, the child suffers hypotension, facial flushing, and urticari
A. The initial nursing intervention would be to:

A. Discontinue the IV
B. Stop the medication, and begin a normal saline infusion
C. Take all vital signs, and report to the physician
D. Assess urinary output, and if it is 30 mL an hour, maintain current treatment

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- The IV line should not be discontinued because other IV medications will be needed.

- Stop the medication and begin a normal saline infusion. The child is exhibiting signs of an allergic reaction and could go into shock if the medication is not stopped. The line should be kept opened for other medication.
- Taking vital signs and reporting to the physician is not an adequate intervention because the IV medication continues to flow. (D) Assessing urinary output and, if it is 30 mL an hour, maintaining current treatment is an inappropriate intervention owing to the child‘s obvious allergic reaction.

QUESTION 32
Provide the 1-minute Apgar score for an infant born with the following findings: Heart rate: Above 100 Respiratory effort: Slow, irregular Muscle tone: Some flexion of extremities Reflex irritability: Vigorous cry Color: Body pink, blue extremities

- 7
- 10
- 8
- 9

Answer:

A

Explanation:
(A) Seven out of a possible perfect score of 10 is correct. Two points are given for heart rate above 100; 1 point is given for slow, irregular respiratory effort; 1 point is given for some flex- ion of extremities in assessing muscle tone; 2 points are given for vigorous cry in assessing reflex irritability; 1 point is assessed for color when the body is pink with blue

extremities (acrocyanosis). (B) For a perfect Apgar score of 10, the infant would have a heart rate over 100 but would also have a good cry, active motion, and be completely pink. (C) For an Apgar score of 8 the respiratory rate, muscle tone, or color would need to fall into the 2-point rather than the 1-point category. (D) For this infant to receive an Apgar score of 9, four of the areas evaluated would need ratings of 2 points and one area, a rating of 1 point.

QUESTION 33
A client has been diagnosed as being preeclamptic. The physician orders magnesium sulfate. Magnesium sulfate (MgSO4) is used in the management of preeclampsia for:

A. Prevention of seizures
B. Prevention of uterine contractions
C. Sedation
D. Fetal lung protection

Answer:

A

Explanation:
(A) MgSO4 is classified as an anticonvulsant drug. In preeclampsia management, MgSO4 is used for prevention of seizures. (B) MgSO4 has been used to inhibit hyperactive labor, but results are questionable. (C) Negative side effects such as respiratory depression should not be confused with generalized sedation. (D) MgSO4 does not affect lung maturity. The infant should be assessed for neuromuscular and respiratory depression.

QUESTION 34

In the client with a diagnosis of coronary artery disease, the nurse would anticipate the complication of bradycardia with occlusion of which coronary artery?

A. Right coronary artery
B. Left main coronary artery
C. Circumflex coronary artery
D. Left anterior descending coronary artery

Answer:

A

Explanation:
(A) Sinus bradycardia and atrioventricular (AV) heart block are usually a result of right coronary artery occlusion. The right coronary artery perfuses the sinoatrial and AV nodes in mostindividuals. (B) Occlusion of the left main coronary artery causes bundle branch blocks and premature ventricular contractions. (C) Occlusion of the circumflex artery does not cause bradycardi
A. (D) Sinus tachycardia occurs primarily with left anterior descending coronary artery occlusion because this form of occlusion impairs left ventricular function.

QUESTION 35
When the nurse is evaluating lab data for a client 18–24 hours after a major thermal burn, the expected physiological changes would include which of the following?

A. Elevated serum sodium
B. Elevated serum calcium

C. Elevated serum protein
D. Elevated hematocrit

Answer:

D

Explanation:
(A) Sodium enters the edema fluid in the burned area, lowering the sodium content of the vascular fluid. Hyponatremia may continue for days to several weeks because of sodium loss to edema, sodium shifting into the cells, and later, diuresis. (B) Hypocalcemia occurs because of calcium loss to edema fluid at the burned site (third space fluid). (C) Protein loss occurs at the burn site owing to increased capillary permeability. Serum protein levels remain low until healing occurs. (D) Hematocrit level is elevated owing to hemoconcentration from hypovolemi
A. Anemia is present in the postburn stage owing to blood loss and hemolysis, but it cannot be assessed until the client is adequately hydrated.

QUESTION 36
What is the most effective method to identify early breast cancer lumps?

A. Mammograms every 3 years
B. Yearly checkups performed by physician
C. Ultrasounds every 3 years
D. Monthly breast self-examination

Ans