

PN VATI COMPREHENSIVE PREDICTOR 2020 GREEN LIGHT EXAM STUDY QNS & ANS LATELY UPDATED A+ GUIDE.

- Which of the instructions should a nurse include in the teaching for a pt. who had removal of a cataract in the left eye?
 - "Forcefully cough and take deep breaths every two hours to keep your airway clear."
 - "Perform the prescribed eye exercises each day to strengthen your eye muscles."
 - "Rinse your eyes with saline each morning to prevent postoperative infection."
 - **"Take the prescribed stool softener to avoid increasing intraocular pressure."**
- A client vomits during a continuous nasogastric tube feeding. A nurse should stop the feeding and take which of these actions?
 - Suction the nasogastric tube.
 - Flush the tube with 30 mL of sterile water.
 - Remove the nasogastric tube.
 - **Check the residual volume.**
- Which of these actions best demonstrates cultural sensitivity by a nurse?
 - The nurse talks in a slow-paced speech.
 - **The nurse asks clients about their beliefs and practices toward pregnancy.**
 - The nurse uses charts and diagrams when teaching pregnant clients.
 - The nurse can speak several different languages.
- Which of these manifestations should a nurse expect to observe in a 3-month-old infant who is diagnosed with dehydration?
 - Hyperreflexia.
 - **Tachycardia.**
 - Bradypnea.
 - Agitation.
- When assessing a client's risk of developing nosocomial infection, a nurse plans to determine potential entry portals, which include:
 - **the urinary meatus.**
 - vomitus.
 - contaminated water.
 - sexual intercourse.
- A client who is on the inpatient psychiatric unit has a history of violence. Which of these actions should a nurse take if the client is agitated?
 - **Encourage the client to verbalize feelings.**
 - Lock the client in a secluded room.
 - Ask the other clients to give feedback regarding the client's behavior.
 - Ignore the client's inappropriate behavior.
- Which of these measures should a nurse include when planning care for a school-aged child during a sickle cell crisis episode?
 - Monitoring for signs of bleeding.
 - **Providing pain relief.**
 - Administering cool sponge baths to reduce fevers.
 - Offering a high calorie diet.
- Which of these instructions should a nurse include in the plan of care for a 32-week gestation client who had an amniocentesis today?
 - "Drink at least six glasses of fluids during the next six hours after the test."
 - **"Call the clinic if you experience any abdominal cramps."**
 - "Don't be concerned if you have some vaginal spotting in the next 12 hours."
 - "When you get home, stay on bed-rest for the next 48 hours."

- An adolescent has a nursing diagnosis of fatigue related to inadequate intake of iron-rich foods. Selection of which of these lunches by the client indicates a correct understanding of foods high in iron content?
 - Peanut butter and jam sandwich.
 - Chicken nuggets with rice.
 - Tuna salad sandwich.
 - **Beefburger with cheese.**

- A client has been admitted with acute pancreatitis. Which of these laboratory test results support this diagnosis?
 - Elevated serum potassium level.
 - **Elevated serum amylase level.**
 - Elevated serum sodium level.
 - Elevated serum creatinine level.

- Which of these manifestations, if assessed in a client who is two-hours postoperative after abdominal surgery, should a nurse report immediately?
 - **Vomiting and a pulse rate of 106/minute.**
 - Respiratory rate of 12/minute and urine dribbling.
 - Blood pressure of 100/60 mm Hg and wound discomfort.
 - Urine output of 100 mL/hr and flushed skin.

- Which of these observations of a student nurse's behavior while interacting with a client who is crying indicates a correct understanding of therapeutic communication?
 - The student maintains continuous eye contact with the client.
 - The student places one arm around the client's shoulder?
 - **The student sits quietly next to the client.**
 - The student leaves the room to provide privacy for the client.

- Which of these actions should a nurse take initially if a client who is diagnosed with diabetes mellitus develops tremors and ataxia?
 - **Measure the client's blood sugar level.**
 - Administer a concentrated form glucose to the client.
 - Administer a prn dose of insulin.
 - Measure the client's urine for ketones.

- An elderly client is at increased risk of developing drug toxicity to prescribed medications due to declining hepatic and renal functioning. Which of these strategies should a nurse plan to decrease this risk?
 - **Increasing the time interval between medication doses.**
 - Limiting the client's oral fluid intake.
 - Administering the medications with meals.
 - Encouraging the client to void every three to four hours.

- A client has persistent paranoid delusions that the food on the unit is poisoned. Which of these measures should a nurse include in the client's care plan?
 - Explaining that staff does not poison clients.
 - Focusing on how the hospital staff helps clients.
 - **Allowing the client to eat food from sealed containers.**
 - Telling the client that not eating the food that is served will result in privilege restrictions.

- Thrombophlebitis is a complication that may result due to surgery. Which of these actions should a nurse take in the operating room to prevent this complication from occurring?
 - Gatch the knee of the bed.
 - Administer anticoagulants preoperatively.
 - **Apply sequential compression devices.**
 - Maintain the legs in a dependent position.

- When discussing weight gain during pregnancy, a nurse should recommend that the total weight gain for a pregnant client who is at ideal body weight for her height is:
 - at least 15 pounds.
 - 15 to 20 pounds.
 - **25 to 35 pounds.**
 - at least 45 pounds.

- Which of these manifestations, if reported by a client who is 10-weeks-pregnant, supports the diagnosis of ruptured tubal pregnancy.
 - **Sharp unilateral abdominal pain.**
 - Uncontrollable vomiting.
 - Marked abdominal distention.
 - Profuse vaginal bleeding.

- Which of these assignments, if made by a nurse to a nursing assistant, indicates that the nurse needs additional instructions regarding the principles of delegation?
 - "Please bathe the client in room 12, and then bring the client to the dining room for breakfast by 9 A.M."
 - **"Please bathe the client in room 10, administer a back rub, and then evaluate if the back rub eased the pts. discomfort."**
 - "Please measure the intake and output for the client's in rooms 8, 9, and 10, and record each on the I&O sheets by 2

P.M."

- "Please toilet the clients in rooms 11, 12, and 13 mid-morning and after lunch."

• A client has the following order for regular insulin (Humulin R) on a sliding scale:

Blood sugar 150-180 mg: Give 2 units

regular insulin Blood sugar 181-200 mg:

Give 4 units regular insulin Blood sugar

201-220 mg: Give 6 units of regular

insulin Blood sugar above 220 mg: Call MD

• At 11 A.M., a nurse obtains a finger stick glucose of 198 mg. The only syringe is a three milliliter one. Regular insulin is

available as 100 units per milliliter. How many milliliters should the nurse administer?

- 0.04**
- 0.4
- 4
- 40

• Which of these nursing diagnosis is the priority for a client who is one-hour post-op after extensive abdominal surgery?

- Risk for impaired physical mobility.
- Risk for deficient fluid volume.
- **Risk for ineffective airway clearance.**
- Risk for infection.

• A nurse should recognize that which of these occupations increases a person's risk of developing hepatitis B?

- Sanitation worker.
- Nursery school teacher.
- **Hemodialysis nurse.**
- Fish market sales person.

• Which of these assessments is the priority for a client who sustained second-degree burns of the face and neck?

- **Respiratory status.**
- Renal function.

- Level of pain.
- Signs of infection.
- A nurse should place a child who is two hours post-tonsillectomy and adenoidectomy in which of these positions?
 - Supine, flat.
 - Orthopneic.
 - Trendelenberg.
 - **Side-lying.**
- Which of these instructions should a nurse include in the discharge teaching for a client who has diabetes mellitus?
 - "Soak your feet in hot water once a day."
 - "Cut your toenails in an oval shape weekly."
 - "Avoid using any soap on your feet."
 - **"Apply lotion to your feet each day."**
- A nurse inadvertently administers an incorrect medication to a client. Which of these actions should the nurse take first?
 - **Assess the client.**
 - Notify the physician.
 - Contact the nurse manager.
 - Complete an incident report.
- An elderly client who is receiving a blood transfusion develops a rapid bounding pulse and an elevated blood pressure. Which of these actions should a nurse take?
 - Add a 5% dextrose solution to the line.
 - Raise the head of the bed.
 - **Stop the transfusion.**
 - Measure the client's temperature.
- When caring for a client who has hepatitis B, a nurse should wear:
 - gloves when administering oral medications to the client.
 - a gown when changing the client's position
- **gloves when removing the intravenous cannula.**
- a gown when emptying the client's used bath water.
- Which of these outcome criteria is appropriate for a client who has a nursing diagnosis of ineffective airway clearance?
 - Absence of wheezing throughout the lung fields.
 - **Clear lung sounds on auscultation.**
 - Pulse oximetry level of 80%.
 - Frequent coughing throughout the day.
- A doctor prescribes liquid oral iron medication for a 4-year-old child. Which of these questions should a nurse ask the child's mother to determine if the medication is being administered correctly?
 - **"Are you using a straw to administer the medicine?"**
 - "Has your child been urinating more frequently?"
 - "Have you increased your child's milk intake each day?"
 - "Is there a change in the color of your child's skin?"
- Which of these assessment findings, if present in a 4-month-old infant who has severe diarrhea, should a nurse recognize as suggestive that the infant is dehydrated?
 - Bulging anterior fontanel.
 - Pulse rate of 120/minute.
 - **Decreased urine output.**
 - Cyanosis of the mucus membrane.

- Which of these instructions should be included in the teaching plan for the parents of a 10-month-old infant who is admitted to the hospital for failure to thrive?
 - Advise the mother to make sure the infant drinks the entire bottle at each feeding.
 - **Encourage the mother to feed the infant slowly in a quiet environment.**
 - Teach the mother to position the infant on the abdomen following feedings.
 - Instruct the mother to play actively with the infant during bottle feedings.
- When a newborn is 48 hours old, a nurse notes that the child is jaundiced. The nurse should recognize which of these conditions as a probable cause of the newborn's jaundice?
 - Dehydration.
 - **Liver immaturity.**
 - ABO incompatibility.
 - Gallbladder immaturity.
- Which of these items should a nurse removed from the food tray of a client who is on a sodium-restricted diet?
 - Packet of a salt substitute.
 - Grapefruit juice.
 - Container of jelly.
 - **Ketchup.**
- Which of these statements, if made by a client who had a total hip replacement, would indicate a correct understanding of the postoperative instructions?
 - "I will stoop carefully to pick up items from the floor."
 - **"I will use a raised toilet seat in the bathroom."**
 - "I will bend forward when tying my shoes."
 - "I will put my leg through the full range of motion each day."
- Which of these measures should a nurse include when planning care for an 88-year-old client who is admitted to the hospital with pneumonia?
 - Restricting visitors to the client's immediate family members.
 - Limiting the client care activities to no more than five minutes each.
 - **Allowing the client to perform self-care as tolerated.**
 - Providing the client with a non-stimulating environment.
- A client, who is newly diagnosed with cancer says to a nurse, "I suppose I need to complete all unfinished business as soon as possible." Which of these responses is appropriate?
 - "Yes, you should do this immediately."
 - "Don't you think you should stay focused on your treatment for now?"
 - "Exactly what things are you talking about?"
 - **"It sounds like you are concerned with your diagnosis."**
- Which of these interventions should plan for a child who is receiving chelation therapy for lead poisoning?
 - **Keeping an accurate record of intake and output.**
 - Instituting measures to prevent skeletal fractures.
 - Maintaining isolation precautions.
 - Maintaining strict bed rest.
- A nurse obtains these vital signs on an adult client. Which finding should the nurse follow-up first?
 - Heart rate, 60/minute and regular.
 - **Respiration, 30/minute and deep.**
 - Temperature, 97.1 °F (36.2 °C)
 - Blood pressure, 136/86 mm Hg
- When determining the duration of a uterine contraction, a nurse should measure the contraction from the:
 - **beginning of one contraction to the end of that contraction.**
 - end of one contraction to the beginning of the next contraction.
 - beginning of one contraction to the beginning of the next contraction.
 - strongest point of one contraction to the strongest point of the next contraction.