ATI Comprehensive Predictor

(CHECK THE LAST PAGE FOR 25 LATEST VERSIONS OF THE EXAM AND OTHER ATI EXAMS)

- 1) A nurse in an emergency department completes an assessment on an **adolescent** client that has **conduct disorder**. The client **threatened suicide** to teacher at school. Which of the following statements should the nurse include in the assessment?
 - a) Tell me about your siblings
 - b) Tell me what kind of music you like
 - Tell me how often do you drink alcohol
 - d) Tell me about your school schedule
- 2) *A nurse is observing bonding to the client her newborn. Which of following actions by the client requires the nurse to intervene?
 - a) Holding the newborn in an en face position
 - b) Asking the father to change the newborn's diaper
 - c) Requesting the nurse take the newborn nursery so she can rest
 - d) Viewing the newborn's actions to be uncooperative
- 3) A nurse is caring for client who is taking **levothyroxin**. Which of the following findings should indicate that the medication is effective?
 - a) Weight loss (this drug acts as T4 and will normalize the effects of hypothyroidism)
 - b) Decreased blood pressure
 - c) Absence of seizures
 - d) Decrease inflammation
- 4) A nurse is planning discharge teaching for cord care for the parent of a newborn. Which instructions would you include in the teaching?
 - a) Contact provider if the cord still turns black (it's going to turn black)
 - b) Clean the base of the cord with hydrogen peroxide daily (clean with neutral pH cleanser)
 - c) Keep the cord dry until it falls off (cord should be kept clean and dry to prevent infection)
 - d) The cord stump will fall off in five days (cord falls off in 10-14 days)
- 5) A nurse is assessing a client in the PACU. Which of the following findings indicates decreased cardiac output?
 - a) Shivering
 - b) Oliguria
 - c) Bradypnea
 - d) Constricted pupils
- 6) A nurse is assisting with **mass casualty triage**: explosion at a local factory. Which of the following client should the nurse identify as the **priority**?
 - a) A client that has massive head trauma
 - b) A client has full thickness burns to face and trunk
 - c) A client with indications of hypovolemic shock
 - d) A client with open fracture of the lower extremity
- 7) A nurse is a receiving report on four clients. Which of the following clients should the nurse assess first?
 - a) A client who has illeal conduit and mucus in the pouch
 - b) Client pleasant arteriovenous additional vibration palpated
 - c) A client whose chronic kidney disease with cloudy diasylate outflow
 - d) A client was transurethral resection of the prostate with a red tinged urine in the bag
- 8) A nurse is caring for a client just received the first dose of lisinopril. The following is an appropriate nursing intervention?
 a) Place's cardiac monitoring

- b) Monitor the clients oxygen saturation level
- c) Provide standby assist with the client from bed
- d) Encourage foods high in potassium

9) A nurse is caring for a client who is in labor and his seat is receiving electronic fetal monitoring. The nurse is reviewing the monitor tracing and notes early decelerations. Which the following should the nurse expect?

- a) Feta hypoxia
- b) Abrupto placentae
- c) Post maturity
- d) Head Compression
- 10) A nurse is caring for a client who has **chronic kidney disease**. The nurse should identify which of the following laboratory values as in an **indication** for **hemodialysis**?

a) glomerular filtration rate of 14 mL/ minute

- b) BUN 16 mg/DL
- c) serum magnesium 1.8 mg mg/dl
- d) Serum phosphorus 4.0 mg/dL
- 11) A nurse is caring for an infant who has a prescription for **continuous pulse oximetry.** The following is an appropriate action for the nurse to take?
 - a) Placed infant under radiant warmer
 - b) Move the probe site every 3 hours
 - c) Heat the skin one minute prior to placing the program
 - d) Placed a sensor on the index finger
- 12) A nurse in a mental health facility receives a change of shift report on for clients. Which of the following clients should the nurse plan to assess first?
 - a) Client placed in restraints to the aggressive behavior
 - b) A new limited client pleasures history of 4.5 kg weight loss in the past two months
 - c) Client is receiving a PRN dose of health heard all two hours ago for increased anxiety
 - d) Applied he'll be receiving his first ECT treatment today

A nurse is assessing a client who received 2 units of packed RBCs 48 hrs ago. Which of the following findings should indicate to the nurse that the therapy has been effective?

Answer:

Hemoglobin 14.9 g/dL

The nurse should identify that packed RBCs are administered to clients who have a decreased level of hemoglobin or hematocrit. This hemoglobin level is within the expected reference range of 14 to 18 g/dL for males and 12 to 16 g/dL for females, indicating the therapy has been effective.

A nurse working in an emergency department is triaging four clients. Which of the following clients should the nurse recommend for treatment first?

Answer:

A middle adult client who has unstable vital signs.

Using the stable vs unstable approach to client care, the nurse should recommend priority treatment for the client who has unstable vital signs because this client requires immediate treatment to reduce the risk of further injury or possible death. A nurse is caring for a client who has fluid volume overload. Which of the following tasks should the nurse delegate to the CNA?

Answer:

Measure the client's daily weight It is within the CNAs range of function to measure a client's daily weight, so the nurse should delegate this task to them.

A nurse is preparing to administer mannitol 0.2g/kg IV bolus over 5 min as a test dose to a client who has severe oliguria. The client weighs 198lb. What is the amount in grams the nurse should administer?

Answer:

18 g

A nurse is conduction a physical examination for an adolescent and is assessing the range of motion of the legs. Which of the following images indicates the adolescent is abducting the hip joint?

Answer:

In the correct image, the adolescent is abduction the hip joint by moving the leg away from the midline of the body.

A nurse is caring for a client who has hyperthyroidism. Which of the following findings should the nurse expect?

Answer:

Tremors

Tremors are a manifestation of hyperthyroidism, along with tachycardia, diaphoresis, weight loss, insomnia, and exophthalmia.

A nurse is assessing a school-aged child who has bacterial meningitis. Which of the following findings should the nurse expect?

Answer:

Nuchal rigidity This is a manifestation of bacterial meningitis.

A nurse is assessing a newborn's heart rate. Which of the following actions should the nurse