

Question: 1 of 180

Time Remaining: 03:59:55
Pause Remaining: 00:05:00

A home health nurse is caring for a child who has Lyme disease. Which of the following is an appropriate action for the nurse to take?



- Ensure the state health department has been notified.
- Administer antitoxin.
- Educate the family to avoid sharing personal belongings.
- Assess for skin necrosis.



Question: 2 of 180

Time Remaining: 03:59:50
Pause Remaining: 00:05:00

PAUSE



A nurse is caring for a client who has been admitted to the hospital.

Exhibit 1 Exhibit 2 Exhibit 3

Nurses' Notes

0900:

The client reports experiencing a loss of appetite and shortness of breath within the last month or so. The client reports experiencing weakness, abdominal pain, severe itching, and mood changes. The client has had alcohol use disorder for the past 10 years and sometimes drinks alcohol uncontrollably.

The client is alert but disoriented to time. Their abdomen is bloated and they have redness of the palms of the hands. Excoriated areas on the upper thorax and shoulders are present. Sclera are yellow.

1230:

Administered antacids, spironolactone, and colchicine per provider's prescription.

Select the 5 actions the nurse should take.



- Provide frequent rest periods for the client.
- Restrict the client's sodium intake.
- Advise the client to avoid the use of soap and alcohol-based lotions.
- Place the client on a low-carbohydrate diet.
- Place the client under contact isolation.
- Instruct the client to avoid blowing their nose forcefully.
- Assess the client's level of orientation.



Question: 2 of 180

Time Remaining: 03:58:58
Pause Remaining: 00:05:00

PAUSE



A nurse is caring for a client who has been admitted to the hospital.

Exhibit 1 Exhibit 2 Exhibit 3

Laboratory Results

1200:

Hgb 9.5 g/dL (14 to 18 g/dL)
Hct 38% (42% to 52%)
Bilirubin 5.3 mg/dL (0.3 to 1.0 mg/dL)
Creatinine 1.8 mg/dL (0.6 to 1.3 mg/dL)
Platelet count 100,000/mm³ (150,000 to 400,000/mm³)

1800:

Alanine aminotransferase ALT 51 units/L (4 to 36 units/L)
Aspartate aminotransferase AST 48 units/L (0 to 35 units/L)
Alkaline phosphate ALP 151 units/L (30 to 120 units/L)
Blood total protein 15 g/dL (6.4 to 8.3 g/dL)

Select the 5 actions the nurse should take.



- Provide frequent rest periods for the client.
- Restrict the client's sodium intake.
- Advise the client to avoid the use of soap and alcohol-based lotions.
- Place the client on a low-carbohydrate diet.
- Place the client under contact isolation.
- Instruct the client to avoid blowing their nose forcefully.
- Assess the client's level of orientation.

Question: 3 of 180

Time Remaining: 03:56:10
Pause Remaining: 00:05:00

PAUSE



A nurse is caring for a client who has a vented NG tube set to low intermittent suction and has vomited. Which of the following actions should the nurse perform first?



- Administer an antiemetic medication.
- Evaluate functioning of the suction device.
- Provide oral hygiene care.
- Replace the NG tube.

Question: 4 of 180

Time Remaining: 03:55:49
Pause Remaining: 00:05:00

PAUSE



While performing a routine assessment, a nurse notices fraying on the electrical cord of a client's continuous passive motion (CPM) device. Which of the following actions should the nurse take first?



- Initiate a requisition for a replacement CPM device.
- Report the defect to the equipment maintenance staff.
- Remove the device from the room.
- Ensure the device inspection sticker is current.

Question: 5 of 180

Time Remaining: 03:53:46
Pause Remaining: 00:05:00

PAUSE



A nurse is setting up a sterile field to perform wound irrigation for a client. Which of the following actions should the nurse take when pouring the sterile solution?



- Remove the cap and place it sterile-side up on a clean surface.
- Place sterile gauze over areas of spilled solution within the sterile field.
- Hold the bottle in the center of the sterile field when pouring the solution.
- Hold the irrigation solution bottle with the label facing away from the palm of the hand.

Question: 6 of 180

Time Remaining: 03:53:03
Pause Remaining: 00:05:00

PAUSE



A nurse is creating a plan of care for a female client who has recurrent urinary tract infections. Which of the following interventions should the nurse include in the plan?



- Wear loose-fitting underwear.
- Take a bubble bath after intercourse.
- Drink four 240 mL (8 oz) glasses of water each day.
- Void every 5 to 6 hr during the day.

Question: 7 of 180

Time Remaining: 03:52:35
Pause Remaining: 00:05:00

PAUSE



A nurse is caring for a newborn.

Exhibit 1

Exhibit 2

Exhibit 3

Vital Signs

0640:

Temperature 36.7° C (98.1° F) axillary

Heart rate 154/min

Respiratory rate 68/min

BP 72/48 mm Hg

0650:

Heart rate 156/min

Respiratory rate 72/min

0700:

Temperature 37° C (98.6° F) axillary

Heart rate 156/min

Respiratory rate 76/min

Drag words from the choices below to fill in each blank in the following sentence.



The client is at risk for developing Target 1 and

Target 2 .

Findings

- hypoglycemia
- bronchopulmonary dysplasia
- transient tachypnea of the newborn
- tachycardia

Question: 7 of 180

Time Remaining: 03:52:01
Pause Remaining: 00:05:00



A nurse is caring for a newborn.

Exhibit 1 Exhibit 2 **Exhibit 3**

Nurses' Notes

0640:

Weight 4200 gm (9 lb 4 oz), head circumference 35.5 cm (14 in)
Respiratory rate 68/min, with mild grunting.

0650:

Respiratory rate 72/min, with mild grunting

0700:

Respiratory rate 76/min, with moderate grunting and mild intercostal retractions.

Drag words from the choices below to fill in each blank in the following sentence.



The client is at risk for developing Target 1 and

Target 2

Findings

- hypoglycemia
- bronchopulmonary dysplasia
- transient tachypnea of the newborn
- tachycardia

CONTINUE

Question: 7 of 180

Time Remaining: 03:52:11
Pause Remaining: 00:05:00



A nurse is caring for a newborn.

Exhibit 1 **Exhibit 2** Exhibit 3

Admission Assessment

0630:

Newborn delivered via cesarean birth under spinal anesthesia at 0630. Amniotic fluid clear.

0631:

1-min Apgar score 7

0636:

5-min Apgar score 9
Newborn transferred to nursery.

Drag words from the choices below to fill in each blank in the following sentence.



The client is at risk for developing Target 1 and

Target 2

Findings

- hypoglycemia
- bronchopulmonary dysplasia
- transient tachypnea of the newborn
- tachycardia



Question: 8 of 180

Time Remaining: 03:50:44
Pause Remaining: 00:05:00

PAUSE



A nurse is caring for an infant who has gastroenteritis. Which of the following assessment findings should the nurse report to the provider?

- Pale and a 24-hr fluid deficit of 30 mL
- Sunken fontanel and dry mucous membranes
- Decreased appetite and irritability
- Temperature 38° C (100.4° F) and pulse rate 124/min

CONTINUE

Question: 9 of 180

Time Remaining: 03:50:33
Pause Remaining: 00:05:00

PAUSE



A nurse is conducting health promotion education regarding contraindications to combination oral contraceptive use to a group of women. Which of the following conditions should the nurse include in the teaching?

- Hypertension
- Fibromyalgia
- Renal calculi
- Fibrocystic breast disease

Question: 10 of 180

Time Remaining: 03:50:14
Pause Remaining: 00:05:00

PAUSE



A nurse is providing teaching to a client who has a depressive disorder and a new prescription for amitriptyline. Which of the following statements by the client indicates an understanding of the teaching?

- "I can continue to take St. John's wort while taking this medication."
- "I know it will be a couple of weeks before the medication helps me feel better."
- "I expect this medication to raise my blood pressure."
- "I should take this medication on an empty stomach."

Question: 11 of 180

Time Remaining: 03:49:35
Pause Remaining: 00:05:00

PAUSE



A nurse is caring for a client who is immobile. Which of the following interventions is appropriate to prevent contracture?



- Position a pillow under the client's knees.
- Place a towel roll under the client's neck.
- Align a trochanter wedge between the client's legs.
- Apply an orthotic to the client's foot.

Question: 12 of 180

Time Remaining: 03:49:13
Pause Remaining: 00:05:00

PAUSE



A nurse is assessing a client who is postoperative following abdominal surgery and has an indwelling urinary catheter that is draining dark yellow urine at 25 mL/hr. Which of the following interventions should the nurse anticipate?



- Initiate continuous bladder irrigation.
- Administer a fluid bolus.
- Clamp the catheter tubing for 30 min.
- Obtain a urine specimen for culture and sensitivity.

Question: 13 of 180

Time Remaining: 03:49:01
Pause Remaining: 00:05:00

PAUSE



A nurse is reporting a client's laboratory tests to the provider to obtain a prescription for the client's daily warfarin. Which of the following laboratory tests should the nurse plan to report to obtain the prescription for the warfarin?



- Fibrinogen level
- aPTT
- INR
- Platelet count

Question: 14 of 180

Time Remaining: 03:48:47
Pause Remaining: 00:05:00



A nurse is assessing a client who is taking haloperidol and is experiencing pseudoparkinsonism. Which of the following findings should the nurse document as a manifestation of pseudoparkinsonism?



- Serpentine limb movement
- Shuffling gait
- Nonreactive pupils
- Smacking lips

Question: 15 of 180

Time Remaining: 03:48:11
Pause Remaining: 00:05:00



A nurse is caring for a client who is experiencing expressive aphasia and right hemiparesis following a stroke. Which of the following actions by the nurse best promotes communication among staff caring for the client?



- Posting swallowing precautions at the head of the client's bed
- Noting changes in the treatment plan in the client's medical record
- Recording the client's progress in the nurses' notes
- Having interdisciplinary team meetings for the client on a regular basis



Question: 16 of 180

Time Remaining: 03:46:44
Pause Remaining: 00:05:00



A nurse is caring for a 2-year-old toddler. Which of the following food choices should the nurse recommend to promote independence in eating?



- Banana slices
- Grapes
- Hot dog
- Popcorn



Question: 17 of 180

Time Remaining: 03:46:22
Pause Remaining: 00:05:00

PAUSE



A nurse on a medical-surgical unit is notified that a mass casualty event has occurred in the community. Which of the following actions should the nurse plan to take?



- Act as a liaison between the facility and the media.
- Recommend to the provider specific acute care clients for discharge.
- Determine the medical needs of incoming clients through the emergency department.
- Call in additional medical-surgical unit nursing care staff.

CONTINUE

Question: 18 of 180

Time Remaining: 03:44:53
Pause Remaining: 00:05:00

PAUSE



A nurse has just received change-of-shift report for four clients. Which of the following clients should the nurse assess first?



- A client who is scheduled for a procedure in 1 hr
- A client who received a pain medication 30 min ago for postoperative pain.
- A client who was just given a glass of orange juice for a low blood glucose level
- A client who has 100 mL of fluid remaining in his IV bag

CONTINUE

Question: 19 of 180

Time Remaining: 03:44:30
Pause Remaining: 00:05:00

PAUSE



A nurse is performing postmortem care for a recently deceased client prior to the client's family visit. Which of the following actions should the nurse plan to take?



- Cross the client's arms across their chest.
- Hold the client's eyes shut for a few seconds.
- Place the client in a high-Fowler's position.
- Remove the client's dentures from their mouth.

CONTINUE

Question: 20 of 180

Time Remaining: 03:42:30
Pause Remaining: 00:05:00

PAUSE



A nurse is admitting a client who has schizophrenia. The client states, "I'm hearing voices." Which of the following responses is the priority for the nurse to state?



- "What are the voices telling you?"
- "I realize the voices are real to you, but I don't hear anything."
- "Have you taken your medication today?"
- "How long have you been hearing the voices?"

Question: 21 of 180

Time Remaining: 03:42:09
Pause Remaining: 00:05:00

PAUSE



A nurse is administering furosemide IV bolus to a client who has fluid volume excess. The nurse should recognize which of the following findings as an indication that the medication has been effective?



- Increased blood pressure
- Weight loss
- Decreased inflammation
- Decreased pain

CONTINUE

Question: 22 of 180

Time Remaining: 03:41:46
Pause Remaining: 00:05:00

PAUSE



A nurse is caring for a client who requires nasotracheal suctioning. Identify the sequence the nurse should follow to perform suctioning. (Move the steps into the box on the right, placing them in the order of performance. Use all the steps.)



Apply suction while rotating the catheter.

Rinse the catheter to remove secretions.

Don sterile gloves.

Insert the catheter during the client's inspiration.

Turn on the suction and set the pressure.



Question: 23 of 180

Time Remaining: 03:39:27
Pause Remaining: 00:05:00

PAUSE



A nurse is caring for a client who is in a coma and is scheduled for a surgical procedure. Which of the following actions should the nurse take?



- Send the unsigned informed consent form to the facility's risk manager.
- Determine if the client's health care surrogate is aware of the risks and benefits of the procedure.
- Ensure that the client's family supports the provider's decision for surgery.
- Determine if the procedure is medically necessary for the client.



CONTINUE

Question: 24 of 180

Time Remaining: 03:37:55
Pause Remaining: 00:05:00

PAUSE



A nurse is preparing to administer vancomycin IV to an adult client. The client asks the nurse if the medication can be given 2 hr earlier. Which of the following statements should the nurse make?



- "I can start the medication 30 minutes earlier."
- "I can adjust the time and schedule for when it's convenient for you."
- "I can infuse the medication at a faster rate."
- "I have up to 2 hours after the usual schedule time to give you this medication."

CONTINUE

Question: 25 of 180

Time Remaining: 03:37:42
Pause Remaining: 00:05:00

PAUSE



A nurse is caring for a client who requires seclusion to prevent harm to others on the unit. Which of the following is an appropriate action for the nurse to take?



- Document the client's behavior prior to being placed in seclusion.
- Assess the client's behavior once every hour.
- Offer fluids every 2 hr.
- Discuss with the client his inappropriate behavior prior to seclusion.

CONTINUE



Question: 26 of 180

Time Remaining: 03:37:39
Pause Remaining: 00:05:00

PAUSE



A nurse is caring for an adolescent who has hyperthermia. Which of the following actions should the nurse take?



- Administer oral acetaminophen.
- Cover the adolescent with a thermal blanket.
- Submerge the adolescent's feet in ice water.
- Initiate seizure precautions.

CONTINUE



Question: 27 of 180

Time Remaining: 03:37:27
Pause Remaining: 00:05:00



A nurse is caring for a client who asks for information regarding organ donation. Which of the following responses should the nurse make?



- "I cannot be a witness for your consent to donate."
- "You must be at least 21 years of age to become an organ donor."
- "Your desire to be an organ donor must be documented in writing."
- "Your name cannot be removed once you are listed on the organ donor list."



Question: 28 of 180

Time Remaining: 03:37:14
Pause Remaining: 00:05:00



A parish nurse is leading a support group for clients whose family members have committed suicide. Which of the following strategies should the nurse plan to use during the group session?



- Encourage clients to establish a timeline for their own grieving process.
- Initiate a discussion with clients about ways to cope with changes in family dynamics.
- Assist clients in identifying ways suicide could have been prevented.
- Discourage clients from sharing negative aspects of their relationship with the deceased persons.



Question: 29 of 180

Time Remaining: 03:36:06
Pause Remaining: 00:05:00



A nurse is developing a care plan for a client who is in Buck's traction and is scheduled for surgery for a fractured femur of the right leg. Which of the following interventions should the nurse delegate to an assistive personnel?



- Ask the client to describe her pain.
- Check the client's pedal pulse on the right leg.
- Observe the position of the suspended weight.
- Remind the client to use the incentive spirometer.



Question: 30 of 180

Time Remaining: 03:35:22
Pause Remaining: 00:05:00



A nurse is caring for a client who repeatedly refuses meals. The nurse overhears an assistive personnel (AP) telling the client, "If you don't eat, I'll put restraints on your wrists and feed you." The nurse should intervene and explain to the AP that this statement constitutes which of the following torts?



- Battery
- Assault
- Negligence
- Malpractice

Question: 31 of 180

Time Remaining: 03:35:08
Pause Remaining: 00:05:00

PAUSE



A nurse is caring for a client who has been admitted to the antepartum unit.

Exhibit 1 Exhibit 2 Exhibit 3

Vital Signs

Day 1, 0900:

Admission:

Temperature 38.4° C (101.1° F)

Heart rate 92/min

Respiratory rate 18/min

Blood pressure 130/78 mm Hg

Pre-pregnancy BMI 27.6

Current BMI 29.9

Click to highlight the findings that require follow-up. To deselect a finding, click on the finding again.



History and Physical

Day 1, 0900:

30-year-old client at 33 weeks gestation, Gravida 4 Para 3

Maternal blood type: Rh+

Last pregnancy resulted in a preterm spontaneous vaginal birth at 30 weeks gestation.

Nurses' Notes

Day 1, 0900:

Client reports lower back pain and pinkish vaginal discharge.

Uterine contractions every 8 minutes, palpate strong, duration 30 seconds.

FHR baseline 145, minimal variability.

Cervical exam indicates 2 cm, 50% effaced, 0 station.

Membranes intact.

CBC and urinalysis collected and sent to lab.

CONTINUE

Question: 31 of 180

Time Remaining: 03:34:17
Pause Remaining: 00:05:00



A nurse is caring for a client who has been admitted to the antepartum unit.

Exhibit 1 Exhibit 2 Exhibit 3

History and Physical

Day 1, 0900:

30-year-old client at 33 weeks gestation, Gravida 4 Para 3
Maternal blood type: Rh+
Last pregnancy resulted in a preterm spontaneous vaginal birth at 30 weeks gestation.
NKA

Click to highlight the findings that require follow-up. To deselect a finding, click on the finding again.



History and Physical

Day 1, 0900:

30-year-old client at 33 weeks gestation, Gravida 4 Para 3
Maternal blood type: Rh+
Last pregnancy resulted in a preterm spontaneous vaginal birth at 30 weeks gestation.

Nurses' Notes

Day 1, 0900:

Client reports lower back pain and pinkish vaginal discharge.
Uterine contractions every 8 minutes, palpate strong, duration 30 seconds.
FHR baseline 145, minimal variability.
Cervical exam indicates 2 cm, 50% effaced, 0 station.
Membranes intact.
CBC and urinalysis collected and sent to lab.



Question: 31 of 180

Time Remaining: 03:34:12
Pause Remaining: 00:05:00



A nurse is caring for a client who has been admitted to the antepartum unit.

Exhibit 1 Exhibit 2 Exhibit 3

Nurses' Notes

Day 1, 0900:

Client reports lower back pain and pinkish vaginal discharge.
Uterine contractions every 8 minutes, palpate strong, duration 30 seconds.
FHR baseline 145, minimal variability.

Cervical exam indicates 2 cm, 50% effaced, 0 station.
Membranes intact.
CBC and urinalysis collected and sent to lab.

Click to highlight the findings that require follow-up. To deselect a finding, click on the finding again.



History and Physical

Day 1, 0900:

30-year-old client at 33 weeks gestation, Gravida 4 Para 3
Maternal blood type: Rh+
Last pregnancy resulted in a preterm spontaneous vaginal birth at 30 weeks gestation.

Nurses' Notes

Day 1, 0900:

Client reports lower back pain and pinkish vaginal discharge.
Uterine contractions every 8 minutes, palpate strong, duration 30 seconds.
FHR baseline 145, minimal variability.
Cervical exam indicates 2 cm, 50% effaced, 0 station.
Membranes intact.
CBC and urinalysis collected and sent to lab.



Question: 32 of 180

Time Remaining: 03:33:23
Pause Remaining: 00:05:00



A nurse is caring for a client who has been admitted to the antepartum unit.

Complete the following sentence by using the list of options.



The nurse should recognize the client is experiencing
Select... due to Select...

- pre eclampsia
- abruptio placentae
- preterm labor
- Rh incompatibility

Exhibit 1 Exhibit 2 Exhibit 3

Vital Signs

Day 1, 0900:

Admission:
Temperature 38.4° C (101.1° F)
Heart rate 92/min
Respiratory rate 18/min
Blood pressure 130/78 mm Hg

Pre-pregnancy BMI 27.6
Current BMI 29.9



Question: 32 of 180

Time Remaining: 03:33:09
Pause Remaining: 00:05:00



A nurse is caring for a client who has been admitted to the antepartum unit.

Complete the following sentence by using the list of options.



The nurse should recognize the client is experiencing
Select... due to Select...

Exhibit 1 Exhibit 2 Exhibit 3

Nurses' Notes

Day 1, 0900:

Client reports lower back pain and pinkish vaginal discharge.
Uterine contractions every 8 minutes, palpate strong, duration 30 seconds.
FHR baseline 145, minimal variability.

Cervical exam indicates 2 cm, 50% effaced, 0 station.
Membranes intact.
CBC and urinalysis collected and sent to lab.

Question: 32 of 180

Time Remaining: 03:33:03
Pause Remaining: 00:05:00



A nurse is caring for a client who has been admitted to the antepartum unit.

Exhibit 1 Exhibit 2 Exhibit 3

Nurses' Notes

Day 1, 0900:

Client reports lower back pain and pinkish vaginal discharge. Uterine contractions every 8 minutes, palpate strong, duration 30 seconds. FHR baseline 145, minimal variability.

Cervical exam indicates 2 cm, 50% effaced, 0 station. Membranes intact. CBC and urinalysis collected and sent to lab.

Complete the following sentence by using the list of options.

The nurse should recognize the client is experiencing preeclampsia due to

- Select...
- BMI
- blood pressure
- blood type
- previous preterm birth



Question: 33 of 180

Time Remaining: 03:32:37
Pause Remaining: 00:05:00



A nurse is caring for a client who has been admitted to the antepartum unit.

Exhibit 1 Exhibit 2 Exhibit 3

Nurses' Notes

Day 1, 0900:

Client reports lower back pain and pinkish vaginal discharge. Uterine contractions every 8 minutes, palpate strong, duration 30 seconds. FHR baseline 145, minimal variability.

Cervical exam indicates 2 cm, 50% effaced, 0 station. Membranes intact. CBC and urinalysis collected and sent to lab.

The client is at risk for developing which of the following 2 complications?

Select 2 complications the client is at risk for developing.

- Disseminated intravascular coagulation
- Sepsis
- Preeclampsia
- Seizures
- Placenta previa
- Preterm prelabor rupture of membranes (PROM)

