

(ATI) Knowledge and Clinical Judgement (Beginner Test) Questions with Verified Answers & Rationales 2023 Update, A+ Score Solution.

A nurse preceptor is orienting a newly licensed nurse. Which of the following actions indicates a breach of confidentiality and requires intervention by nurse preceptor? - **Verified Answer:** Discussing changes in clients plan of care with friend who is a nurse on another unit

Detailed Rationale: In this item, you need knowledge of legal requirements in regard to confidentiality. Based on this information, you can identify which option describes an action that indicates a breach of client confidentiality. This is a negatively worded item that asks you to select the option that indicates an intervention by the nurse preceptor is warranted. You will learn more about negatively worded items in Module 4. This item requires critical thinking because you have to analyze each action in order to interpret the one that results in a breach of confidentiality. HIPAA is federal legislation that requires protection of a client's health information and describes the rights and privileges of clients in regard to privacy and confidentiality. A nurse discussing changes in a client's plan of care with another nurse on

another unit is a breach of confidentiality. Client information can only be shared with other health care professionals involved in that client's care. The nurse on the other unit should be directed to the client to request information about changes in the client's plan of care. This action is not appropriate and requires intervention by the nurse preceptor.

When collecting data on a client who is immobile, a nurse locates a reddened area of skin on the left scapula. Which of the following actions should the nurse take? - **Verified Answer:** Cover area with transparent wound barrier

Detailed Rationale: In this item, you need knowledge of appropriate skin care interventions for clients who are immobile with indications of a stage I pressure ulcer. This item requires foundational thinking because you have to recall interventions that are appropriate for maintaining skin integrity in clients who are immobile. Damage to tissues caused by continuous pressure is described as a pressure ulcer. The risk for pressure ulcers can be complicated by factors such as immobility, inadequate nutrition, bowel and bladder incontinence, decreased mental status, reduced sensation, increasing age, and excessive body heat. Appropriate care of pressure ulcers is based on the characteristics and stage of the wound. A wound that manifests as a

reddened area is a stage 1 pressure ulcer. A transparent wound barrier applied to reddened skin or a stage 1 pressure ulcer to prevent contamination and reduce friction to the area is an appropriate action by the nurse.

A nurse is providing discharge education to parents of preschooler who is prescribed tylenol 300mg every 4hr as needed. The liquid suspension that has been prescribed provides 120 mg/5mL. How many teaspoons should the nurse teach the parents to administer per dose? - **Verified**

Answer: 2.5

Detailed Rationale: In this item, you need knowledge of basic mathematic skills and the formula used for this type of calculation. Based on your understanding of these concepts, you can determine the number of teaspoons the nurse should teach the parents to administer. This item requires critical thinking because you have to analyze the provided information to determine the dosage, select the formula, enter data into the formula, and then perform the needed calculations.

STEP 1: What is the dose needed? Dose needed = Desired; 300 mg

STEP 2: What is the dose available? Dose available = Have; 120 mg

STEP 3: Do the units of measurement need to be converted? No (mg = mg).

STEP 4: What is the quantity of the dose available? 5 mL

STEP 5: Set up an equation and solve: Desired x Quantity / Have = Amount to be given; $300 \text{ mg} \times 5 \text{ mL} / 120 \text{ mg} = x \text{ mL}$; $x = 12.5 \text{ mL}$.

Convert to tsp: Equivalents: $1 \text{ tsp} = 5 \text{ mL}$; $5 \text{ mL} / 1 \text{ tsp} = 12.5 \text{ mL} / x$; $5x = 12.5$; $x = 2.5 \text{ tsp}$.

A nurse is collecting data on a recently admitted patient. Which of the following techniques should the nurse use to measure tissue perfusion?

- **Verified Answer:** Obtaining the client's level of oxygen saturation

Detailed Rationale: In this item, you need nursing knowledge related to what the term tissue perfusion means. Based on an understanding of this, you can identify which of the following findings is an indicator of adequate tissue perfusion. This item requires foundational thinking because you only need to identify which of the following options describes a technique for measuring tissue perfusion. Perfusion is the delivery or pumping of arterial blood through tissues or an organ. Obtaining the client's level of oxygen saturation level is an appropriate technique of measuring perfusion. Oxygen saturation measures the

percent of hemoglobin bound with oxygen that is being perfused through the arteries and into the tissues.

A nurse is caring for a patient who scheduled for cardiac surgery and tells the nurse, " I don't think I'm going to have the surgery. Everybody has to die sometime." Which of the following responses by the nurse is appropriate? - **Verified Answer:** Tell me more about your concerns

Detailed Rationale: In this item, you need knowledge of therapeutic and nontherapeutic communication techniques. Based on your understanding of these concepts, you can select the appropriate response by the nurse. This item requires critical thinking because you not only have to have knowledge of the specific techniques but must also evaluate the statement in each option and determine if it represents a therapeutic or nontherapeutic technique. The use of effective communication techniques fosters trust and therapeutic relationships with clients, co-workers, and members of the interdisciplinary team. Giving a general lead encourages the client to openly share feelings and concerns in a non-threatening environment, which will assist in establishing a meaningful nurse-client relationship. This response by the nurse is appropriate and fosters the nurse-client relationship.

A nurse is caring for a patient who diagnosed with urinary tract infection and is prescribed ciprofloxacin 250 mg PO two times daily. The amount is available is 100 mg/tablet. How many tablets should the nurse administer? - **Verified Answer:** 2.5

Detailed Rationale: In this item, you need knowledge of basic mathematic skills and the formula used for this type of calculation. Based on your understanding of these concepts, you can determine the number of tablets the nurse should administer. This item requires critical thinking because you have to analyze the provided facts to determine the dosage, select a formula, enter data into the formula, and then perform the needed calculations.

STEP 1: What is the dose needed? Dose needed = Desired; 250 mg

STEP 2: What is the dose available? Dose available = Have; 100 mg

STEP 3: Do the units of measurement need to be converted? No (mg = mg)

STEP 4: What is the quantity of the dose available? 1 tablet

STEP 5: Set up an equation and solve: $\text{Desired} \times \text{Quantity} / \text{Have} =$
Amount to be given; $250 \text{ mg} \times 1 \text{ tablet} / 100 \text{ mg} = x \text{ tablets}$; $250 \times 1 /$
 $100 = 2.5$; $x = 2.5 \text{ tablets}$.

A nurse is providing patient education about a new prescription of nitroglycerin to a client who is diagnosed with angina. Which of the following statements indicates a needs for further teaching? - **Verified**

Answer: I'm lucky I have a prescription plan that allows me to buy pills in bulk quantities

Detailed Rationale: In this item, you need nursing knowledge related to the proper administration and storage of nitroglycerin. Based on an understanding of this information, you can identify which option describes a statement by the patient that does not reflect accurate understanding of the medication. This is a negatively worded item that asks you to select the option that indicates the patient needs further teaching. You will learn more about negatively worded items in Module 4. This item requires foundational thinking because you have to recall knowledge related to the administration and storage of nitroglycerin. This statement by the client indicates a need for further teaching. Buying nitroglycerin in bulk quantities is not a safe practice. The chemical instability of the medication allows it to lose effectiveness over time. While some nitroglycerin tablets have a shelf life of 24 months,

NitroQuick retains its effectiveness for only 8 to 10 months. Because of the shortened shelf life, the client should not buy the medication in bulk quantities, and the client should be instructed to date the bottle when it is first opened.

A nurse is caring for a male client who has been prescribed an indwelling urinary catheter. In which of the following positions should the client be placed for insertion of the catheter? - **Verified Answer:**

Supine

Detailed Rationale: To answer this item, you need knowledge of inserting an indwelling urinary catheter on a male client. This item requires foundational thinking because you only need to recall knowledge related to the implementation of a nursing procedure. Indwelling urinary catheters are indicated in numerous situations, such as relief of bladder distension, strict measurement of urinary output, need for bladder irrigations, and surgery. A prescription from the provider is required for urethral catheterization. When preparing to implement this procedure, it is important to ensure client privacy by draping nonessential body parts and positioning the client for optimal visualization while still maintaining comfort. A male client should be positioned in the supine position for insertion of an indwelling urinary

catheter. This position allows for optimal visualization, which reduces trauma and increases success of insertion.

A nurse is assisting with preparation of a teaching program about healthy nutrition for a group of clients who are tactile learners. Which of the following should be included? - **Verified Answer:** Prepare a healthy meal to serve at the end of class

Detailed Rationale: In this item, you need knowledge of learning styles in order to determine strategies that enhance learning for each of the styles. This item requires critical thinking because you need to recall knowledge of each of the learning styles in order to analyze the options and determine which strategy is appropriate to enhance the transfer of knowledge for tactile learners. Learning styles are simply different approaches to learning. For learning to be effective, it is important to identify and recognize learning styles of the clients being taught. Tactile learners learn best by touching and doing; therefore, having the participants prepare a healthy meal to serve at the end of class is a learning strategy appropriate for tactile learners.

A nurse preceptor is working with a newly licensed nurse to transfer a client from the bed to a chair. Which of the following actions by the new

nurse indicates a need for further teaching to prevent lift injuries? -

Verified Answer: Twisting at the waist and shoulders

Detailed Rationale: In this item, you need nursing knowledge related to body mechanics. Based on an understanding of this concept, you can identify which option describes an action by the nurse that does not reflect good body mechanics. This is a negatively worded item that asks you to select the option that indicates the newly licensed nurse needs additional teaching. You will learn more about negatively worded items in Module 4. This item requires foundational thinking because you have to recall knowledge related to the use of appropriate body mechanics. To prevent a lift injury when transferring the client from the bed to a chair, alignment of the back, neck, pelvis, and feet should be maintained to reduce the risk of injury to the lumbar vertebrae. This action by the newly licensed nurse is not appropriate and indicates a need for additional teaching.

A nurse is caring for a client who has been prescribed an indwelling urinary catheter. When preparing to insert the catheter, the nurse should first open the sterile package in which of the following directions? - **Verified Answer:** Away from body

Detailed Rationale: to answer this item, you need knowledge of sterile procedures. This item required foundational thinking because you only

need to recall knowledge related to the implementation of a nursing procedure. Sterile packages are resistant to pathogens and are used for specific techniques or procedures to prevent contamination. During such procedures, any sterile item that comes into contact with an unsterile object is considered contaminated. To prevent contamination of the sterile field, nurses follow certain steps when opening sterile packages and creating a sterile field. Opening the sterile package away from the body first allows a nurse to open the remaining flaps without reaching over the sterile field, which could result in contamination. This is the appropriate direction to open the sterile package.

Which of the following solutions should the nurse use to clean a blood spill that occurred while inserting a catheter? - **Verified Answer:** Bleach

Detailed Rationale: This item requires foundational thinking because you have to recall knowledge specific to disinfectants that are effective against bloodborne pathogens. Disinfectants are concentrated solutions that can be toxic to the skin and are typically used to destroy certain pathogens on inanimate objects. Chlorine is a disinfectant that is effective against bacteria, tuberculosis, spores, fungi, and viruses, and is specifically recommended for cleaning blood spills. Antiseptics prevent or stop the growth of certain pathogens, and disinfectants destroy certain pathogens. Antiseptics are most often used on the skin, while

disinfectants are more concentrated solutions that can be toxic to the skin and are typically used on inanimate objects. Chlorine should be used to clean the spill.

A Nurse is caring for a patient with rheumatoid arthritis and is prescribed Prednisone. Which of the following indicates the client is experiencing an adverse effect?

a. - **Verified Answer:** Hyperglycemia

Detailed Rationale: In this item, you need nursing knowledge of dexamethasone to recall adverse effects associated with the medication. This item requires foundational thinking because you only need to recall knowledge related to adverse effects of dexamethasone. Dexamethasone, a glucocorticoid, is a powerful anti-inflammatory and immunosuppressant and is indicated for the treatment of multiple disorders, including rheumatoid arthritis. Adverse effects of dexamethasone increase with the dosage and duration of treatment and can include adrenal insufficiency, osteoporosis, infection, myopathy, fluid and electrolyte disturbances, cataracts, peptic ulcer disease, and iatrogenic Cushing's syndrome among others. Hyperglycemia, an elevated blood glucose level, is an adverse effect of dexamethasone. Both hyperglycemia and glycosuria can be manifested in clients who are

taking dexamethasone because of its effect on the production and use of glucose.

a nurse is collecting nutritional data on an older adult client. Which of the following findings is suggestive of a healthy nutritional status? -

Verified Answer: Deep red tongue

Detailed Rationale: In this item, you need nursing knowledge of clinical findings that are associated with healthy nutrition. Based on an understanding of this information, you can identify which option describes an expected finding in clients who are properly nourished. This item requires foundational thinking because you only need to recall knowledge related to expected clinical findings. Deep reddish-colored tongue is suggestive of a healthy nutritional status. The tongue should be a healthy pink to a deep, reddish color with surface papillae present, without swelling or lesions.

A nurse is collecting data on a client who had received a preoperative dose of morphine. Which of the following indicated the client is experiencing an adverse effect of the medication? - **Verified Answer:**

Urinary retention

Detailed Rationale: In this item, you need nursing knowledge related to morphine to recall adverse effects associated with the medication.

This item requires foundational thinking because you only need to recall knowledge related to adverse effects of morphine. Morphine is an opioid used to treat moderate to severe pain, and can reduce anxiety, produce a sense of well-being, as well as cause drowsiness and mental clouding. Morphine has an agonist effect on opioid receptors in the CNS, causing many of the adverse effects associated with the medication. Urinary retention is an adverse effect of morphine. By increasing bladder sphincter and detrusor muscle tone and reducing awareness of bladder stimuli, morphine can cause urinary hesitancy, urinary retention, and urinary urgency.

A nurse is precepting a newly licensed nurse while he is charting. Use of which of the following abbreviations indicates a need for further teaching? - **Verified Answer:** q.d

Detailed Rationale: In this item, you need knowledge of abbreviations that the Joint Commission has determined should not be used in documentation. This is a negatively-worded item that asks you to select the option that indicates the newly licensed nurse needs additional teaching. You will learn more about negatively-worded items in Module 4. This item requires foundational thinking because you only need to recall knowledge related to the abbreviations that are not acceptable for use when charting. To reduce the occurrence of medical errors, the

Joint Commission developed a list of do-not-use abbreviations that should be avoided in health care settings. The abbreviation "q.d." was previously used to indicate every day, which can be mistaken as the abbreviation for "four times daily (qid)," resulting in medical errors. The Joint Commission has recommended the use of "daily" to indicate every day. This is not an acceptable abbreviation; therefore, additional teaching is needed.

A nurse is caring for a patient who is diagnosed with anemia. Which of the following skin variations is caused by reduced amount of oxyhemoglobin? - **Verified Answer:** Pallor

Detailed Rationale: in this item, you need nursing knowledge related to oxyhemoglobin and its effect on skin color. Based on an understanding of these two concepts, you can identify indicators of decreased oxyhemoglobin. This item requires critical thinking because you have to analyze the findings in relation to the expected color of the skin when there is a decreased level of oxyhemoglobin in the blood.

Oxyhemoglobin is the combined state of oxygen that is to be delivered to peripheral tissues with the hemoglobin molecule that will carry it. In clients who have anemia, the RBCs are reduced, by function or in number, to the point that peripheral tissues are not receiving adequate oxygen because of a decreased amount of circulating oxyhemoglobin.

The reduced oxygen supply to the tissues causes changes to the client's skin color. Pallor is caused by a reduced amount of oxyhemoglobin.

Pallor is a decrease in the coloring of the peripheral tissues that is caused by an overall reduction in the blood flow or by a decrease in the number of RBCs that contain oxyhemoglobin, which reduces the visibility of oxyhemoglobin.

A nurse is conducting a breast examination on a client who has a family history of breast cancer. Which of the following should the nurse report to the provider? - **Verified Answer:** Dimpling of the tissue in the upper outer quadrant

Detailed Rationale: In this item, you need nursing knowledge related to data collection of the breasts and knowledge of deviations from the expected that are indicative of cancer. Based on an understanding of these concepts, you can identify which option describes a finding that is not within the expected range and can indicate a cancerous lesion. This item requires foundational thinking because you have to identify which finding is outside the expected range. Dimpling of the tissue in the upper outer quadrant should be considered an unexpected finding and reported to the provider. In fact, dimpling that is noted anywhere within the breast tissue should be reported. Dimpling makes the tissue appear retracted in a particular area and can result from underlying scar tissue

or an invasive tumor causing ligaments to pull the skin inward toward the tumor. This variation of the breast tissue is consistent with breast cancer.

A nurse is assisting with the preparations of an education program regarding advance directives for new hires. Which of the following information should be included about living wills? - **Verified Answer:**

Living wills detail treatment wished of a client in the event of terminal illness

Detailed Rationale: In this item, you need knowledge of advance directives. Based on this information, you can select the option that would be appropriate to include when teaching staff about living wills. This is a foundational item because you have to recall knowledge specific to the content and purpose of a living will. Advance directives include both living wills and durable powers of attorney for health care. The living will details treatment wishes of the client in the event of terminal illness or persistent vegetative state. This information is accurate and should be included in the teaching about living wills.

A nurse is caring for a client who is receiving intermittent enteral tube feedings and have diarrhea after each feeding. Which of the following actions should the nurse take in an attempt to prevent diarrhea after

subsequent feedings? - **Verified Answer:** Reduce the rate of the feedings

Detailed Rationale: In this item, you need nursing knowledge of how to administer enteral tube feedings, complications of enteral tube feedings, and appropriate nursing actions in the event of those complications. Based on an understanding of these concepts, you can identify which option describes an intervention the nurse should implement for a client who is receiving enteral tube feedings and has diarrhea. This item requires critical thinking because you have to analyze elements of the provided clinical situation and make a decision based on that analysis. Enteral tube feedings are used for clients who are able to absorb and digest nutrients but are unable to ingest food. Complications of enteral tube feedings include feeding tube regurgitation and aspiration of feedings, delayed gastric emptying, and malabsorption among others. Reducing the rate of feedings is an appropriate action by the nurse to prevent diarrhea after subsequent feedings. A client receiving intermittent enteral tube feedings can experience diarrhea because of the administration of hyperosmolar enteral feedings. To prevent this, administration should be slowed or switched to continuous enteral feedings.

A beginning student nurse is providing client-centered care for an adolescent who was admitted for tests to determine if he has type 1 diabetes mellitus. Which of the following statements by the student indicates a need for further teaching? - **Verified Answer:** "I will keep my communication with the client to a minimum."

The student should use knowledge and a variety of skills when providing client-centered care. These include the nursing process, therapeutic communication, cultural competence, and advocacy. Based on proper use of these skills, the student should communicate as necessary in order to obtain a thorough history of his present illness and identify needs as perceived by the client. Keeping communication with the client to a minimum indicates a need for further teaching. Obtaining a health assessment should be one of the first things the student does to establish the client's physical, cognitive, and psychological baseline and identify current alterations in health and client needs. Having the provider talk to the client about his fears and concerns is an appropriate example of client advocacy. And finally, since the client's family is from Vietnam, the client may have cultural preferences in relation to food and health care.

An advanced student nurse assigned to clinical in a rehabilitation setting is preparing to participate in a team meeting. Which of the following statements by the student indicates a need for further teaching? -

Verified Answer: "The provider will not be at the meeting because she is not a member of the interdisciplinary team."

The provider is a member of the interdisciplinary team. The statement that indicates the provider is not a member of the interdisciplinary team indicates a need for further teaching. The nurse, social worker, and physical therapist are all members of the interdisciplinary team and as such, should be expected to provide a client report at the team meeting.

A student is developing a plan of care for a client who has been diagnosed with cancer of the pancreas. Which of the following would be an appropriate resource to use in the development of an evidence-based plan of care? - **Verified Answer:** CINAHL, MedlinePlus, and OVID

CINAHL, MedlinePlus, and OVID are appropriate resources to use in the development of an evidence-based plan of care. While Google is a search engine, it does not discriminate between evidence-based resources and popular or opinion-based literature. A wiki is a program