ATI MEDICAL-SURGICAL EXAM RETAKE ACTUAL TEST 2023

- 1. A nurse is caring for a school-aged child who has conduct disorder and is being physically aggressive toward other children in the unit. Which of the following actions should the nurse take first?
 - a. Place the child in seclusion
 - b. Use therapeutic hold technique
 - c. Apply wrist restraints
 - d. Administer risperidone
- 2. A nurse is caring for a client who has a new diagnosis of bulimia nervosa. Which of the following diagnosis procedures should the nurse anticipate the provider should describe during the medical evaluation?
 - a. Chest x-ray
 - b. ECG
 - c. Coagulation studies
 - d. Liver function test
- 3. A nurse is caring for a client who exhibits excessive compliance, passivity, and self-denial. The nurse should recognize that these findings are associated with which of the following personality disorders?
 - a. Dependent
 - b. Paranoid

- c. Borderline
- d. Histrionic

c.

- 4. A nurse is caring for a client who is involuntarily admitted for major depressive disorder and refuses to take prescribed antianxiety medication. Which of the following actions should the nurse take?
 - a. Inform the client that he does not have the right to refuse medication
 - Administer the medication to the client via IM injection
 Offer the client the medication at the next scheduled dose time
 - d. Implement consequences until the client take the medication
- 5. A nurse is caring for a client in the emergency department who states she was beaten and sexually assault by her partner. After a rapid assessment, which of the following actions should the nurse plan to take next?
 - a. Conduct a pregnancy test
 - b. Requests mental health consultation for the client
 - c. Provide a trained advocate to stay with the client
 - d. Offer prophylactic medication to prevent STI's
- 6. A nurse is caring for a client who has major depressive disorder. After discussing the treatment with his partner, the client verbally agrees to electroconvulsive therapy (ECT) but will not sign the consent form. Which of the following actions should the nurse take?
 - a. Request that the client's partner sign the consent form
 - b. Cancel the scheduled ECT procedure
 - c. Proceed with the preparation for ECT based on implied consent
 - d. Inform the client about the risks of refusing the ECT

- 7. A nurse is caring for a client who reports that he is angry with his partner because she thinks he is just trying to gain attention. When the nurse attempts to talk to the client, he becomes angry and tells her to leave. Which of the following defense mechanisms is the client demonstrating?
 - a. Rationalization
 - b. Denial
 - c. Compensation
 - d. Displacement
- 8. A nursing is advising an assistive personnel (AP) on the care of a client who has major depressive disorder. The AP states that he is irritated by the client's depression. Which of the following statements by the nurse is appropriate?
 - a. Please don't take what the client said seriously when she is depressed
 - b. It's important that the client feel safe verbalizing how she is feeling
 - c. Everybody feels that way about this client so don't worry about it
 - d. I'll change your assignment to someone who doesn't have depressive disorder
- 9. A nurse is assessing a child in the emergency department. Which of the following findings places the child at the greatest risk for physical abuse?
 - a. The child is 10 years old
 - b. The child is homeschooled
 - c. The has no siblings
 - d. The child has cystic fibrosis
- 10. A nurse is providing behavioral therapy for a client who has obsessivecompulsive disorder. The client repeatedly checks that the doors are locked at

- night. Which of the following instructions should the nurse give the client when using thought stopping technique?
 - a. Keep a journal of how often you check the locks each night
 - b. Snap a rubber band on your wrist when you think about checking the locks
 - c. Ask a family member to check the lock for you at night
 - d. Focus on abdominal breathing whenever you go to check the locks
- 11. A nurse is assessing a client who is experiencing alcohol withdrawal. For which of the following findings should the nurse anticipate administration of lorazepam/
 - a. Bradycardia
 - b. Stupor
 - c. Afebrile
 - d. Hypertension
- 12. A nurse is creating a plan of care of a client who has anorexia nervosa. Which of the following intervention should the nurse include in the plan?
 - a. Weigh the client twice per day
 - b. Prepare the client for electroconvulsive therapy
 - c. Set a weight gain goal of 2.2kg (5lbs) per week
 - d. Encourage the client to participate in family therapy
- 13. A nurse is planning care for a 3-year-old child who has autism spectrum disorder.

 Which of the following finding should the nurse expect?
 - a. Readily initiates conversation
 - b. Enjoys imaginative play
 - c. Strong relationship with sibling and peers

- d. Attachment to objects that spin
- 14. A nurse is planning care for a client who has bipolar disorder. The client reports not sleeping for 3 days and is exhibiting a euphoric mood. The nurse should identify which of the following as the priority intervention.
 - a. Secure the client's valuable possessions
 - b. Limit loud noises in the client's environment
 - c. Encourage the client to participate in structured solitary activities
 - d. Provide high calorie snacks to the client
- 15. A nurse is evaluating the medication response of a client who takes naltrexone for the treatment of alcohol use disorder. The nurse should identify that which of the following is a therapeutic effect of this medication.
 - a. Blocks aldehyde dehydrogenase
 - b. Prevents the anxiety of abstinence
 - c. Reduces substance craving
 - d. Decreases the likelihood of seizures
- 16. A nurse in an alcohol treatment facility is caring for a client who states <my job is so stressful that the only way I can come it is to drink.= The nurse should recognize that the client is displaying which of the following defense mechanisms?
 - a. Repression
 - b. Rationalization
 - c. Introjection
 - d. Intellectualization

- 17. A nurse is caring for a client who has depression following a recent job loss.

 Which of the following questions should the nurse ask to assess the client's personal coping skills?
 - a. How does this situation affect your life?
 - b. Do you see your current situation affecting your future?
 - c. Can you describe how you are currently feeling?
 - d. How have you dealt with similar situations in the past
- 18. A school nurse is caring for an adolescent client whose teacher reports changes in school performance and withdrawal from interaction with classmates. Which of the following intervention is the nurse's priority at this time?
 - a. Contact the adolescent's parents
 - b. Suggest the adolescent join support groups
 - c. Ask the adolescent if he is considering hurting himself
 - d. Determine when the adolescent's change in behavior began
- 19. A nurse is assessing a client who is withdrawing from heroin. Which of the following manifestations should the nurse expect?
 - a. Slurred speech
 - b. Hypotension
 - c. Bradycardia
 - d. Hyperthermia
- 20.A nurse is assessing a client who has histrionic personality disorder. Which of the following finds should the nurse expect?
 - a. Lack of remorse
 - b. Attention seeking

- c. Splitting of staff
- d. Identity disturbance
- 21. A nurse is providing teaching to the daughter of an older client who has obsessive-compulsive disorder. Which of the following statements by the daughter indicates an understanding of the disorder?
 - a. I will limit my mother's clothing choices when she is getting dressed
 - b. I will provide my mother with detailed instructions about how to perform self-care
 - c. I will wake my mother up a couple of times in the night to check on her
 - d. I will discourage my mother from talking about physical complaints
- 22. A nurse in a mental health facility is caring for a client who has borderline personality disorder. Which of the following should the nurse expect?
 - a. Self-mutation
 - b. Pacing back and forth
 - c. Preoccupation with details
 - d. Disorganized speech
- 23. a nurse is reviewing the laboratory results on adolescent who has anorexia nervosa. Which of the following findings should the nurse expect?
 - a. Blood glucose 100 mg/dL
 - b. T4 11 mcg/dL
 - c. Potassium 3.7 mEq/L
 - d. Hgb 10 g/dL
- 24. A nurse is teaching about benztropine to a client who has schizophrenia. Which of the following statements should the nurse include in the teaching?

- a. This medication is given to help with extrapyramidal side effects
 - b. This medication is given to help with your depression
 - c. Benztropine helps alleviate your hallucinations
 - d. Benztropine is used to counteract your tachycardia
 - 25. A nurse is planning care for a client with acute delirium. Which of the following instructions should the nurse include in the plan?
 - a. Reinforce the clients orientation with the calendar
 - b. Refute the clients perception of visual hallucinations
 - c. Teach the client assertive techniques
 - d. Assigned the client to a different caregiver each shift

- 26. A nurse is creating a plan of care for a client who has major depressive disorder.

 Which of the following interventions should the nurse include in the plan?
 - a. Discouraged client from expressing feelings of anger
 - b. Identify and schedule alternative group activities for the client
 - c. Encourage physical activity for the client during the day
 - d. Keep a bright light on in the clients room at night
- 27. A nurse is caring for a client who has posttraumatic stress disorder related to military service. Which of the following actions should the nurse take?
 - a. Encourage the client to suppress feelings of trauma

- b. Assign the same staff to care for the client each day
- c. Address the client in an authoritative manner
- d. Limit the amount of time spent with the client
- 28.A nurse is providing teaching for school age child and his parents regarding a new prescription for risperidone. Which of the following statements by the parent indicates an understanding of the teaching?
 - a. I will provide a low sodium diet for my son
 - b. I will make sure my son takes the last dose of the day by 4 PM
 - c. I should expect my son to develop hand tremors
 - d. I should contact my doctor if my son urinates excessively
- 29. A nurse is caring for a client who has a lithium level of 0.8 mEq/L. Which of the following actions should the nurse take?
 - a. Withhold the next does of lithium
 - b. Repeat the lithium level test
 - c. Administer the next does of lithium
 - d. Recommended a low sodium diet
- 30. A nurse in a community mental health clinic is caring for a group of clients. The nurse should encourage participation in cognitive behavioral family therapy in response to which of the following client statements.
 - a. I want to learn how to change the way I react to problems within my family
 - b. I want to understand why my past experiences are affecting my family relationships
 - c. I want to improve my family's understanding of each other's boundaries

d. I want each of my family members to be more aware of each other's feelings

- 31. A nurse is providing teaching to the caregiver of an older adult client who has
 Alzheimer's disease and is being cared for at home. The client wonders at night
 and has a history of previous falls. Which of the fund instructions should nurse
 including? (select all) in the teaching
 - a. position the mattress on the floor
 - b. Install sensor devices on outside doors
 - c. Encourage physical activity prior to bedtime
 - d. put locks at top of doors
 - e. place the client in a reclining chair
- 32. A nurse is reviewing laboratory values for a client who has bipolar disorder and a prescription for lithium. The nurse should identify that which of the following laboratory results places the client at risk for lithium toxicity?
 - a. Calcium 9.0 mg/dL
 - b. sodium 130 mEq/L
 - c. chloride 98 mEq/L
 - d. potassium 5.0 mEq/L