

MED-SURG: MEDICAL SURGICAL PRACTICE QUESTIONS AND ANSWERS. CORRECT QNS & ANS WITH RATIONALES A+ PASS LATEST 2023.

1. A nurse is collecting data from a client who has peptic ulcer disease. Which of the following findings is a manifestation of gastrointestinal perforation?

- Hyperactive bowel sounds
- Severe upper abdominal pain
- Report of epigastric fullness
- Bradycardia

ANS: Severe upper abdominal pain.

Sudden, severe abdominal pain that radiates to the shoulder is a manifestation of gastrointestinal perforation.

2. A nurse is reinforcing dietary teaching with a client who tells the nurse she would like to reduce her solid fat intake and increase oil intake in her diet. Which of the following instructions should the nurse include in her teaching?

- Replace tub margarine with stick margarine
- Use safflower oil instead of butter when baking
- Consume 2% or whole milk
- Choose ground beef that is at least 80% lean meat

ANS: Use safflower oil instead of butter when baking

The client should replace butter with safflower oil when baking to decrease solid fats and increase oil intake.

3. A nurse is administering a tap water enema to a client. The client reports cramping as the nurse instills the irrigating solution. Which of the following actions should the nurse take to relieve the client's discomfort?

- Lower the height of the solution container
- Encourage the client to bear down
- Allow the client to expel some fluid before continuing
- Stop the enema and document that the client did not tolerate the procedure

ANS: Lower the height of the solution container

If nausea or cramping occurs, the nurse should slow the flow of water, leaving the tube in place. The nurse should then raise the solution container when the cramping has passed.

4. A nurse is reinforcing teaching with a client who has Crohn's Disease and is experiencing frequent cramping and diarrhea. Which of the following statements should the nurse include in the teaching?

- Increase your caloric intake by eating foods high in protein
- Include fresh fruits and vegetables at each meal
- Maintain your weight by eating high fat foods
- Drink whole milk to ensure adequate calcium intake

*ANS: Increase your caloric intake by eating foods high in protein
Clients who have Crohn's disease are at risk for malnutrition; therefore, they should eat a diet high in protein to help maintain their weight and promote healing and recovery.*

5. A nurse is reinforcing teaching with a client that reports having constipation. Which of the following should the nurse discuss as causes of constipation? (Select all that apply)

A. Excessive laxative use

- Ignoring the urge to defecate
- Inadequate fluid intake
- Increased fiber in the diet
- Increased activity

ANS: Excessive laxative use. Chronic use of laxatives causes the large intestine to lose muscle tone and become less responsive to stimulation by laxatives. Ignoring the urge to defecate. Anything that prevents the client from responding to the urge to defecate and disrupts regular habits can cause possible alterations in bowel habits, such as constipation. Inadequate fluid intake. Reduced fluid intake slows the passage of food through the intestine and can result in hardening of stool.

6. A nurse is reinforcing teaching for a client who has a duodenal ulcer and a new prescription for sucralfate. The client asks the nurse how sucralfate works.

Which of the following statements should the nurse take?

- This medication prevents gastric acid secretion in the stomach
- This medication neutralizes gastric acid after it is secreted
- This medication kills the bacteria which causes ulcers
- This medication adheres to the ulcer and protects it from gastric acid

ANS: This medication adheres to the ulcer and protects it from gastric acid. Sucralfate creates a protective coating over the ulcer that lasts about 6 hrs.

7. A charge nurse is reinforcing teaching with a newly licensed nurse about the common link between ulcerative colitis and Crohn's disease. Which of the following statements by the newly licensed nurse indicates an understanding of the teaching?

- Both illnesses are inflammatory in nature
- Both illnesses begin in the rectum

- Both illnesses manifest fistula formation
- Both illnesses result in malabsorption of nutrients

ANS: Both illnesses are inflammatory in nature

The nurse should reinforce that there are many linking components between ulcerative colitis and Crohn's disease, one of them being the inflammatory nature of the illnesses. Other similarities include a genetic component, the chronicity of the illnesses, and the predominant manifestation of both diseases is diarrhea.

8. A nurse is reinforcing teaching about a high-fiber diet with a client who has constipation. Which of the following statement indicates the client understands the best choice for a high-fiber diet?

- One medium apple would be a good snack option
- I will select a ½ cup of sweet potatoes for my starch
- My breakfast is ½ cup of bran cereal
- I should choose 1 ounce of almonds when I am hungry midday

ANS: My breakfast is ½ cup of bran cereal

The client who selects ½ cup of bran cereal is selecting the best source of fiber. A ½ cup of bran cereal contains 8.8 g perserving of fiber; therefore, it is the best food choice for the client.

9. A nurse is reinforcing teaching with a client who has GERD. Which of the following statements should the nurse include in the teaching?

- A. Elevate the head of the bed by 18 inches
- B. Avoid snacking between meals
- C. Use a straw to consume liquids
- D. Avoid wearing constricting clothing

ANS: Avoid wearing constricting clothing

The nurse should instruct the client to wear clothing that is comfortably fitting and not restrictive around the middle of the body.

This increases the abdominal pressure and reflux.

10. A nurse is assessing a client who has advanced cirrhosis. Which of the following manifestation should the nurse expect to find?

- Spider angioma
- Dark colored stools
- Weak pulse
- Increase body hair

ANS: Spider angioma

The nurse should expect to find spider angioma, which indicates portal hypertension, on the client who has advanced cirrhosis.

11. A nurse is collecting data from a client in the health clinic who is reporting epigastric pain. Which of the following statements made by the client should the nurse identify as being consistent with peptic ulcer disease?

- The pain is worse after I eat a meal high in fat
- My pain is relieved by having a bowel movement
- I feel so much better after eating
- The pain radiates down to my lower back

ANS: I feel so much better after eating

A client who has peptic ulcer disease usually experiences pain when the stomach is empty, 2 to 3 hr after meals or in the middle of the night. It is usually relieved by eating.

12. A nurse is contributing to the plan of care of a client who has had a stroke. The client is experiencing severe dysphagia with choking and coughing while eating. Which of the following nutritional therapies should the nurse expect to include in the plan of care?

A. NPO until dysphagia subsides

- Supplements via NG tube
- Initiation of total parenteral nutrition
- Mechanical soft diet

ANS: Supplements via NG tube

Delivering supplements via an NG tube provides enteral nutrition for clients who are at risk for aspiration caused by a diminished gag reflex or difficulty swallowing.

13. A nurse is collecting data from an infant who has gastroesophageal reflux. Which of the following findings should the nurse expect? (Select all that apply)

- A. Vomiting
- B. Weight loss
- C. Rigid abdomen
- D. Wheezing
- E. Pallor

ANS: Vomiting. Vomiting is a finding associated with gastroesophageal reflux. Weight loss. Weight loss is a finding associated with gastroesophageal reflux. Wheezing. Wheezing is a finding associated with gastroesophageal reflux.

14. A nurse is contributing to a plan of care for a client who has Hepatitis B. Which of the following should the nurse include in the plan?

- Administer antibiotics
- Provide a high-fat diet

- Use disposable plates and utensils

D.Limit activity

ANS: Limit activity

The nurse should recognize that the client who has hepatitis experience fatigue and weakness. It is necessary to limit activity for this client to promote immune function and recovery for the client who has Hepatitis B.

15.A nurse is collecting data from a client who has obstruction and inflammation of the common bile duct due to cholelithiasis. Which of the following findings is expected for this condition?

- Fatty stools
- Straw-colored urine
- Tenderness in the left upper abdomen
- Ecchymosis of the extremities

ANS: Fatty stools

An expected client finding is fatty stools due to biliary obstruction, causing a lack of bile for the absorption of fats in the intestines

16.A nurse is assisting with the implementation of a bowel training program for a client. For the program to be effective, the nurse should take the client to the bathroom at which of the following times?

- A. When the client has the urge to defecate
- B. Every 2 hr while the patient is awake
- C. Immediately before meals
- D. After the client feels abdominal cramping

ANS: When the client has the urge to defecate

When implementing a bowel training program, the nurse should take the client to the bathroom when the client reports the urge to defecate. Failure to heed the call to defecate can lead to overdistention of the rectum with hardening of the stool and constipation.

17.A nurse is caring for a client who requires a clear liquid diet. Which of the following foods should the nurse allow the client to have?

- Grape juice
- Lemon sherbet
- Skim milk
- Carrot juice

ANS: Grape juice

A clear liquid diet includes foods that are fluids and clear at body and room temperatures. This includes apple and grape juices, broth, black coffee, and plain gelatin.

18. A nurse is reinforcing discharge teaching with a client who has a new diagnosis of GERD. Which of the following foods should the nurse include in the list of foods the client should avoid?

- Nonfat milk
- Chocolate
- Apples
- Oatmeal

ANS: Chocolate

The client should avoid foods that reduce pressure on the lower esophageal sphincter. These include fatty and fried foods, chocolate, caffeine, alcohol, and carbonated drinks.

19. A nurse is contributing to the plan of care for a client who is postoperative following a gastrectomy and has a double-lumen nasogastric (NG) tube. Which of the following interventions should the nurse include in the plan?

- Irrigate the blue pigtail port with sterile saline.
 - Verify tube placement by injecting air into the larger lumen.
- C. Avoid replacing the NG tube if it is accidentally dislodged.
D. Avoid the nares when providing hygiene care.

ANS: Avoid replacing the NG tube if it is accidentally dislodged.

The nurse providing care for the client who has an NG tube following a gastrectomy must be careful to avoid dislodging or moving the NG tube, as this can disrupt the sutures between the esophagus and the jejunum. If the NG tube is dislodged, the provider should be notified.

20. A nurse is caring for a newly admitted adolescent who has anorexia nervosa. Which of the following findings should the nurse expect?

- A. Diarrhea
- Hypertension
 - Tachycardia
 - Lanugo

ANS: Lanugo

Lanugo is a finding associated with anorexia nervosa.

21. A nurse is reinforcing teaching about dietary recommendations for a client who has a hiatal hernia. Which of the following client statements indicate understanding of the teaching? (Select all that apply)

- "I will lie down for one half hour after meals."
- "I will consume less caffeine and spicy foods."
- "I will sleep with the head of my bed elevated."
- "I will try not to gain weight."

- "I will drink less fluid."

ANS: "I will consume less caffeine and spicy foods." These foods and beverages can worsen the symptoms of a hiatal hernia. "I will sleep with the head of my bed elevated." The client should raise the head of the bed on blocks to avoid lying flat when sleeping. "I will try not to gain weight." Obesity raises intra-abdominal pressure and makes the hernia worse.

22. A nurse is administering a cleansing enema for a client who has constipation. Which of the following actions should the nurse take?

- Keep the container of solution at a level that is comfortable for the client.
- Hold the container of solution 30 cm (12 in) above the anus.
- Hold the container of solution level with the upper hip.
- Slowly lower the container of solution 61 cm (24 in) below the anus.

ANS: Hold the container of solution 30 cm (12 in) above the anus. Holding the container of solution 30 to 49 cm (12 to 18 in) above the anus generates enough force for the fluid to reach far enough into the colon to cleanse it well

23. A nurse is caring for an older adult client who has dysphagia and left-sided weakness following a stroke. Which of the following actions should the nurse take?

- Instruct the client to tilt her head back when she swallows.
- Place food on the left side of the client's mouth.
- Add thickener to fluids
- Serve food at room temperature.

ANS: Add thickener to fluids

The nurse should thicken fluids to make them easier to swallow and prevent aspiration.

24. A nurse is reinforcing teaching to a client about how to perform fecal occult blood testing for a screening of colorectal cancer. Which of the following statements by the client indicates a need for further teaching?

- "I will continue my low-dose aspirin therapy regimen."
- "I will refrain from eating raw fruits and vegetables."
- "I will avoid steak and other red meats."
- "I will urinate before I collect a stool specimen."

ANS: "I will continue my low-dose aspirin therapy regimen."

NSAIDs and aspirin interfere with this testing. This statement indicates a need for further teaching.

25. A nurse is caring for a toddler who has intussusception. Which of the following manifestations should the nurse expect?

- Drooling

- Increased appetite
- Jaundice
- Mucus in stools

ANS: Mucus in stools

Stools with mucus and blood are manifestations of intussusception

26. A nurse is collecting data from a client who has squamous cell carcinoma of the lower lip. Which of the following is an unexpected finding?

- A. A scaly papule
- B. An ulcerated lesion that is bleeding and painful
- C. A nodule that resembles a blackberry
- D. A lesion that resembles a large freckle

ANS: An ulcerated lesion that is bleeding and painful

As a squamous cell carcinoma grows it can have an ulcerated center and be painful.

27. A client who is scheduled for a barium swallow asks a nurse why a laxative is necessary following the procedure. Which of the following responses should the nurse make?

- "The medication has been prescribed by your provider."
- "It helps eliminate the barium."
- "It is the protocol at this facility."
- "The medication will make your stool turn white."

ANS: "It helps eliminate the barium."

The nurse's statement that the laxative will help eliminate the barium is a therapeutic response because it provides the client with the reason for prescribing the laxative.

28. A nurse is planning to assign obtaining the vital signs of postoperative clients to an assistive personnel (AP). Which of the following clients should the nurse assign to the AP?

- A. A client who is 3 hr postoperative following a thyroidectomy
- B. A client who is 3 hr postoperative following an abdominal hysterectomy
- C. A client who is 3 days postoperative following gastric bypass surgery
- D. A client who is 3 days postoperative following a craniotomy

ANS: A client who is 3 days postoperative following gastric bypass surgery

The nurse should identify the client who is 3 days postoperative following gastric bypass surgery as stable; therefore, the nurse can assign obtaining these vital signs to an AP

29. A nurse is reinforcing teaching with a client who has cancer about foods that prevent protein-energy malnutrition. Which

of the following foods should the nurse include in the teaching? (Select all that apply)

A. Cottage cheese

B. Milkshake

- Tuna fish
- Strawberries and bananas
- Egg and ham omelet

ANS: Cottage cheese is a good source of protein. Milkshakes are a good source of protein. Tuna fish is a good source of protein. Egg and ham omelet is correct. An egg and ham omelet is a good source of protein.

30. A nurse is reviewing medications for a client who has been diagnosed with a small bowel obstruction. The nurse should withhold senna prescribed orally based on understanding of which of the following?

- Laxatives are contraindicated in clients who have a small bowel obstruction.
- Bulk-forming laxatives such as psyllium should be substituted for this client.
- The prescribed medication should be administered via NG route rather than the oral route for this client.
- An osmotic laxative, such as magnesium citrate, should be substituted in this client.

ANS: Laxatives are contraindicated in clients who have a small bowel obstruction. Senna is a stimulant laxative and, like other laxatives, is contraindicated in clients who have fecal impaction, bowel obstruction, and acute abdominal surgery to prevent perforation. Because the bowel does not allow for any passage of stool with a complete small bowel obstruction, laxatives will cause increased abdominal cramping and discomfort and might cause perforation of the bowel.

31. A nurse is reinforcing teaching with an older adult who is on bed rest about foods high in dietary fiber. Which of the following food items should the nurse indicate is the best source of fiber?

- Pears with skin
- Mashed potatoes
- Celery
- Canned pineapple

ANS: Pears with skin

The nurse should encourage a client who is on bed rest to eat pears with skin because they are an excellent source of dietary fiber. An older adult client on bed rest has a high risk of constipation and increasing dietary fiber through the addition of high-fiber foods, such as pears with skin, promotes bowel regularity.

32. A nurse is contributing to the plan of care for a client who has cirrhosis and ascites. Which of the following interventions should the nurse recommend for inclusion in the plan of care?

- Decrease the client's fluid intake.

- Increase the client's saturated fat intake.
- Increase the client's sodium intake.
- Decrease the client's carbohydrate intake.

ANS: Decrease the client's fluid intake

The nurse should restrict fluids for a client who has cirrhosis and ascites due to the client's risk for increased fluid retention.

33. The nurse is caring for a client on the third day following abdominal surgery and assesses the absence of bowel sounds, abdominal distention, and the client passing no flatus. These findings indicate the client is experiencing which of the following postoperative complications?

- Health care-associated *Clostridium difficile*
- Fecal impaction
- Paralytic ileus
- Incisional infection

ANS: Paralytic ileus

A paralytic ileus in the postoperative client is indicated by the absence of bowel sounds, abdominal distention, and the client passing no stool or flatus. It is often caused by bowel handling during surgery and opioid analgesic use.

34. A nurse is reinforcing teaching with a client who has cholelithiasis and is scheduled for an endoscopic retrograde cholangiopancreatography. Which of the following statements made by the client indicates an understanding of the teaching?

- "They are going to examine my gallbladder and ducts."
- "Soon those shock waves will get rid of my gallstones."
- "I'll have an endoscope put down my throat so they can see my gallbladder."
- "They'll put medication into my gallbladder to dissolve the stones."

ANS: "I'll have an endoscope put down my throat so they can see my gallbladder."

For an endoscopic retrograde cholangiopancreatography, the provider passes a flexible fiberoptic endoscope through the client's esophagus to visualize gastrointestinal structures.

35. A nurse is collecting data from a client and observes multiple aphthous ulcers in the client's oral cavity. The nurse should use which of the following terms when documenting this finding?

- Stomatitis
- Otorrhea
- Halitosis
- Candidiasis