ATI MED SURG PROCTORED 2023 TEST BANK NEWEST REAL EXAM QUESTIONS AND DETAILED ANSWERS WITH RATIONALES AGRADE

- A nurse in a burn treatment center is caring for a patientwho is admitted with severe burns to both lower extremities and is pending an escharotomy. The client's spouse asks the nurse what the procedure entails. Which of the following nursing statements is appropriate?
- "large incisions will be made in the eschar to improve circulation"
- "I can call the doctor back here if you want me to"
- "a piece of skin will be removed and grafted over the burned area"
- "dead tissue will be surgically removed"
- A nurse is monitoring the fluid replacement of a patientwho has sustained burns. Which of the following fluids is used in the first 24 hours following a burn injury?
- 5% dextrose in water
- 5% dextrose in normal saline
- normal saline
- lactated ringers
- A nurse is caring for a patientwho has full-thickness burns all over 75% of his body. Which of the following methods is appropriate to accurately monitor the cardiovascular system?
- auscultate cuff blood pressure
- palpate pulse pressure
- obtain a central venous pressure
- monitor the pulmonary artery pressure
- A nurse is assessing the depth and extent of a patientwho has severe burns to the face, neck, and upper extremities. Which of the following factors is the first priority when assessing the severity of the burn?
- Age of the client
- Associated medical history
- Location of the burn
- Cause of the burn
- A patientarrives at the emergency dept following an explosion at the chemical plant. He has deep partial and full-thickness chemical burns over more than 25 % of his body surface area. What is the nurse's priority intervention?
- Initiate fluid resuscitation
- Medication for pain

- Administer antibiotics
- Maintain a patent airway
- A nurse is caring for a patientwho came the emergency dept reporting chest pain. The provider suspects a myocardial infarction. While waiting for the laboratory to report the client's troponin levels, the patientasks what this blood test will show. The nurse should explain that troponin is
- An enzyme that indicates damage to brain, heart, and skeletal muscle tissues
- A protein whose levels reflect the risk for coronary artery disease
- A heart muscle protein that appears in the bloodstream when there is damage to the heart
- A protein that helps transport oxygen throughout the body
- A nurse is assessing a patientwho has disseminated intravascular coagulation (DIC). Which of the following should the nurse expect in the findings?
- Excessive thrombosis and bleeding
- Progressive increase in platelet production
- Immediate sodium and fluid retention
- Increased clotting factors
- A nurse is about to administer warfarin (Coumadin) to a patientwho has atrial fibrillation. When the patientasks what his medication will do, which of the following is an appropriate nursing response?
- It helps convert atrial fibrillation to sinus rhythm
- Is dissolves clots in the bloodstream
- It slows the response of the ventricles to the fast atrial impulses
- It prevents strokes in clients who have atrial fibrillation
- A nurse in a cardiac care unit is caring for a patientwith acute heart failure. Whichof the following findings should the nurse expect?
- Decreased brain natriuretic peptide (BNP)
- Elevated central venous pressure (CVP)
- Decreased pulmonary pressure
- Increases urinary output
- A patientcomes into the ED reporting nausea and vomiting that worsens when lying down and without relief from antacids. The provider suspects acute pancreatitis. Which

of the following lab test results should the nurse expect to see if the patienthas acute pancreatitis?

- Decreased WBC
- Increased serum amylase
- Decreased serum lipase
- Increased serum calcium
- A nurse in the ICU is caring for a patientwho has acute respiratory distress syndrome (ARDS) and is receiving mechanical via an endotracheal tube. The provider plans to extubate her within the next 24 hour. Which of the following isan important criterion for extubating the client?
- *Ability to cough effectively*
- · Adequate tidal volume without manually assisted breaths
- No indication of infection
- No need for supplemental oxygen
- A nurse is caring for a patientfollowing a CT scan with dye who suffered from an anaphylactic reaction. Which of the following conditions requires a priority nursing response?
- urticaria
- stridor
- tachypnea
- angioedema
- A nurse is caring for a female patientwho came in to the ED reporting SOB and pain in the lung area. Her heart rate is 110/min, resp. rate 40/min, and blood pressure 140/80 m8juiimHg. Her arterial blood gases are: pH 7.5, PaCO2 29 mmHg,PaO2 60 mm Hg, HCO3 20 mEq/L, and SaO2 86%. Which of the following is the priority intervention?
- Prepare for mechanical ventilation
- Administer oxygen via face mask
- Prepare to administer a sedative
- Monitor for pulmonary embolism
- A nurse is monitoring a patientwho has just had a thoracentesis to remove pleural fluid. Which of the following clinical manifestations indicate a complication that requires notifying the provider immediately?
- Serosanguineous drainage from the puncture site
- Discomfort at the puncture site
- · Increased heart rate

- Decreased temperature
- A group of college students was attending a weekend football rally when one ofthe students stumbled and fell into the bonfire. Although several friends quickly

intervened, the patients ustained partial-thickness burns to both lower legs, chest, and both forearms. Which of the following is priority nursing action when the patientis brought to the ED?

- cover the burned area with sterile gauze
- · inspect mouth for signs of inhalation
- administer intravenous pain medication
- draw blood for a CBC
- A triage nurse in an emergency dept is caring for a patientwho has gunshot wound to the right side of chest. The nurse notices thick dressing on the chest and sucking noise coming from the wound. The patienthas a blood pressure of 100/60 mm Hg, a weak pulse rate of 118/min, and a respiratory rate of 40/min. Which of the following actions should the nurse take initially?
- Raise the foot of the bed to a 90 degree angle
- Remove the dressing to inspect the wound
- Prepare to insert a central line
- Administer oxygen via nasal cannula
- A nurse is suctioning the endotracheal tube of a patientwho is on a ventilator. The client's heart rate increases from 86/min to 110/min and becomes irregular. The nurse should know that the patientrequires which of the following?
- A cardiology consult
- Less frequent suctioning
- An antidysrhythmic medication
- · Pre-oxygenation prior to suctioning
- The nurse is caring for a patientwho is receiving a blood transfusion. The transfusion started 30 minutes ago at a rate of 100 mL/hr. The patientbegins to complain of low back pain and headache and is increasingly restless. What is thefirst nursing action?
- Stop the transfusion, disconnect the blood tubing, and begin a primary infusion of normal saline solution
- Slow the infusion and evaluate the vital signs and the client's history of tranfusion reactions
- Slow the infusion of blood and begin infusion of normal saline solution from the Y connector.

- Recheck the unit of blood for correct identification numbers and crossmatch information
- A patientwith a diagnosis of disseminated intravascular coagulation (DIC) has the following assessment findings: blood pressure of 76/56, temperature 102.6

degrees, resp. 24 breath/min., with complaints of severe neck and back pain. Which nursing action should the nurse implement first?

- Administer acetaminophen (Tylenol) PO.
- Administer ibuprofen (Motrin) PO.
- Draw coagulation study blood work in the AM
- Give morphine sulfate IV
- The nurse administering albuterol (Proventil) via a metered-dose inhaler (MDI) to a patientwho has a history of coronary artery disease is now in congestive heart failure. What side effects will be particularly important to observe for when the patienttakes the medication?
- Tremors and central nervous system stimulation
- Tachycardia and chest discomfort
- Development of oral candidiasis
- An increase in blood pressure
- The nurse is assessing a patientwho is on a ventilator and has an endotrachealtube in place. What data confirms that the tube has migrated too far into the trachea?
- Decreased breath sounds are heard over the left side of the chest
- Increased rhonchi are present at the lung bases bilaterally
- Ventilator pressure alarm continues to sound
- patientis able to speak and coughs excessively
- What is the desired action of dopamine (Intropin) when administered in the treatment of shock?
- It increases myocardial contractility
- It is associated with fewer severe allergic reactions
- It causes rapid vasodilation of the vascular bed
- It supports renal perfusion by dilation of the renal arteries
- The nurse is monitoring an IV infusion of sodium nitroprusside (Nirpride). Fifteen minutes after the infusion is started, the client's BP goes from 190/120 mm Hg to 120/90 mm Hg. What is the priority nursing action?