

NEXT GENERATION RN ATI MENTAL HEALTH PROCTORED EXAM WITH NGN 2023

QUESTION 1

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 2

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 3

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 4

A nurse is planning care for an older adult client who has dementia. Which of the following interventions should the nurse include in the plan of care? (Select all that apply.)

- Give the client one simple direction at a time.
- Refute the client's delusions using logic.
- Allow the client to choose among a variety of activities each day.
- Reinforce orientation to time, place, and person.
- Establish eye contact when communicating with the client.

QUESTION 5

A nurse in a mental health clinic receives a request from a client who is undergoing psychotherapy to obtain a copy of the therapist's notes. Which of the following responses should the nurse make?

- "Are you not happy with your treatment?"
- "We can provide a copy of your records, but the therapist's notes are not included."
- "Why are you interested in seeing your therapist's notes?"
- "I don't think you will benefit from reviewing your therapist's notes right now."

QUESTION 6

A nurse is caring for a client in the emergency department who states she was beaten and sexually assaulted 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 home-schooled
- c. The child has no siblings

d. The child has cystic fibrosis

10. A nurse is providing behavioral therapy for a client who has obsessive-compulsive 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

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**

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?