

ATI comprehensive predictor 2 Test Questions Challenge with Solutions 2023-2024.

Do not delegate - **Verified Answer:** What you can EAT E-evaluate A-assess T-teach

Addison's & Cushing's - **Verified Answer:** Addison's = down down down up down

Cushings= up up up down up

hypo/hyponatremia, hypo/hypertension, blood volume, hypo/hyperkalemia, hypo/hyperglycemia

Better peripheral perfusion? - **Verified Answer:** Elevate Veins, DAngle Arteries

APGAR - **Verified Answer:** Appearance (all pink, pink and blue, blue (pale)

Pulse (>100, <100, absent)

Grimace (cough, grimace, no response)

Activity (flexed, flaccid, limp)

Respirations (strong cry, weak cry, absent)

Airborne precautions - **Verified Answer:** MTV or My chicken hez tb
measles, chickenpox (varicella) Herpes zoster/shingles TB

Airborne precautions protective equip - **Verified Answer:** private room,
neg pressure with 6-12 air exchanges/hr mask & respirator N95 for TB

Droplet precautions - **Verified Answer:** spiderman! sepsis, scarlet fever,
streptococcal pharyngitis, parvovirus, pneumonia, pertussis,
influenza,
diphtheria,
epiglottitis,
rubella,
mumps, meningitis, mycoplasma or meningial pneumonia, adeNovirus
(Private room and mask)

Contact precaution - **Verified Answer:** MRS WHISE

protect visitors & caregivers when 3 ft of the pt.

Multidrug-resistant organisms

RSV, Shigella, Wound infections, Herpes simplex, Impetigo, Scabies,

Enteric diseases caused by micro-organisms (C diff),

Gloves and gowns worn by the caregivers and visitors

Disposal of infectious dressing material into a single, nonporous bag without touching the outside of the bag

PMGG= Private room/ share same illness, mask, gown and gloves

Skin infection - **Verified Answer:** VCHIPS

Varicella zoster

Cutaneous diphtheria

Herpes simplex

Impetigo

Pediculosis

Scabies

Air or Pulmonary Embolism - **Verified Answer:** S/S chest pain, dyspnea, tachycardia, pale/cyanotic, sense of impending doom. (turn pt to LEFT side and LOWER the head of bed.)

Woman in labor (un-reassuring FHR) - **Verified Answer:** (late decels, decreased variability, fetal bradycardia, etc) Turn pt on Left side, give O2, stop pitocin, Increase IV fluids!

Tube feeding with decreased LOC - **Verified Answer:** Pt on Right side (promotes emptying of the stomach) Head of bed elevated (prevent aspiration)

After lumbar puncture and oil based myelogram - **Verified Answer:** pt is flat SUPINE (prevent headache and leaking of CSF)

Pt with heat stroke - **Verified Answer:** flat with legs elevated

during Continuous Bladder Irrigation (CBI) - **Verified Answer:** catheter is taped to the thigh. leg must be kept straight.

After Myringotomy - **Verified Answer:** position on the side of AFFECTED ear, allows drainage.

After Cataract surgery - **Verified Answer:** pt sleep on UNAFFECTED side with a night shield for 1-4 weeks

after Thyroidectomy - **Verified Answer:** low or semi-fowler's position, support head, neck and shoulders.

Infant with Spina Bifida - **Verified Answer:** Prone so that sac does not rupture

Buck's Traction (skin) - **Verified Answer:** elevate foot of bed for counter traction

After total hip replacement - **Verified Answer:** don't sleep on side of surgery, don't flex hip more than 45-60 degrees, don't elevate Head Of Bed more than 45 degrees. Maintain hip abduction by separating thighs with pillows.

Prolapsed cord - **Verified Answer:** Knee to chest or Trendelenburg oxygen 8 to 10 L

Cleft Lip - **Verified Answer:** position on back or in infant seat to prevent trauma to the suture line. while feeding hold in upright position.

To prevent dumping syndrome - **Verified Answer:** (post operative ulcer/stomach surgeries) eat in reclining position. Lie down after meals for 20-30 min. also restrict fluids during meals, low CHO and fiber diet. small, frequent meals.

AKA (above knee amputation) - **Verified Answer:** elevate for first 24 hours on pillow. position prone daily to maintain hip extension.

BKA (below knee amputation) - **Verified Answer:** foot of bed elevated for first 24 hours. position prone to provide hip extension.

detached retina - **Verified Answer:** area of detachment should be in the dependent position

administration of enema - **Verified Answer:** pt should be left side lying (Sim's) with knee flexed.

After supratentorial surgery - **Verified Answer:** (incision behind hairline on forehead) elevate HOB 30-40 degrees

After infratentorial surgery - **Verified Answer:** (incision at the nape of neck) position pt flat and lateral on either side.

During internal radiation - **Verified Answer:** on bed rest while implant in place

Autonomic Dysreflexia/Hyperreflexia - **Verified Answer:** S/S pounding headache, profuse sweating, nasal congestion, chills, bradycardia, hypertension. Place client in sitting position (elevate HOB) FIRST!

Shock - **Verified Answer:** bedrest with extremities elevated 20 degrees. knees straight, head slightly elevated (modified Trendelenberg)

Head Injury - **Verified Answer:** elevate HOB 30 degrees to decrease ICP

Peritoneal Dialysis (when outflow is inadequate) - **Verified Answer:** turn pt from side to side BEFORE checking for kinks in tubing

Lumbar Puncture - **Verified Answer:** After the procedure, the pt should be supine for 4-12 hours as prescribed.

Myesthenia Gravis - **Verified Answer:** worsens with exercise and improves with rest

Myesthenia Gravis - **Verified Answer:** a positive reaction to Tensilon--- will improve symptoms

Cholinergic Crisis - **Verified Answer:** Caused by excessive medication --- stop giving Tensilon...will make it worse.

Liver biopsy (prior) - **Verified Answer:** must have lab results for prothrombin time

Myxedema/ hypothyroidism - **Verified Answer:** slowed physical and mental function, sensitivity to cold, dry skin and hair.

Grave's Disease/ hyperthyroidism - **Verified Answer:** accelerated physical and mental function. Sensitivity to heat. Fine/soft hair.

Thyroid storm - **Verified Answer:** increased temp, pulse and HTN

Post-Thyroidectomy - **Verified Answer:** semi-fowler's. Prevent neck flexion/hyperextension. Trach at bedside

Hypo-parathyroid - **Verified Answer:** CATS---Convulsions, Arrhythmias, Tetany, Spasms, Stridor. (decreased calcium) give high calcium, low phosphorus diet

Hyper-parathyroid - **Verified Answer:** fatigue, muscle weakness, renal calculi, back and joint pain (increased calcium) give a low calcium high phosphorous diet

Hypovolemia - **Verified Answer:** increased temp, rapid/weak pulse, increase respiration, hypotension, anxiety. Urine specific gravity >1.030

Hypervolemia - **Verified Answer:** bounding pulse, SOB, dyspnea, rales/crackles, peripheral edema, HTN, urine specific gravity <1.010.
semi fowler's

Diabetes insipidus (decreased ADH) - **Verified Answer:** excessive urine output and thirst, dehydration, weakness, administer Pitressin

SIADH (increased ADH) - **Verified Answer:** change in LOC, decreased deep tendon reflexes, tachycardia. N/V HA administer Declomycin, diuretics

hypokalemia - **Verified Answer:** muscle weakness, dysrhythmias, increase K (rasins bananas apricots, oranges, beans, potatoes, carrots, celery)

Hyperkalemia - **Verified Answer:** MURDER Muscle weakness, Urine (olig, anuria) Resp depression, decreased cardiac contractility, ECG changes, reflexes