ATI FUNDAMENTALS FINAL EXAM STUDY GUIDE LATEST SOLUTION 2023/2024 COMPLETE QNS & ANS WITH RATIONALES .

A nurse is teaching a client how to self-administer insulin. Which of the following actionsshould the nurse take to evaluate the client's understanding of the process within the psychomotor domain of learning.
A. Ask the client if he want to self-administer his insulin.
B. Have the client list the steps of the procedure.
C. Have the client demonstrates the procedure.
D. Ask the client if he understands the purpose of insulin. - ANS-C. Have the clientdemonstrates the procedure.

Having the client demonstrate the procedure provides the nurse the ability to evaluate the client's understanding within the psychomotor domain of learning.

A nurse is preparing to administer a cleansing enema to a client. Which of the followingactions should the nurse plan to take.
- Insert the rectal tube 15.2 cm (6in.)
- Wear sterile gloves to insert the tubing.
- C. Position the client on his left side.

D. Hold the solution bag 91 cm (36 in) above the client's rectum.
- ANS-C. Position theclient on his left side.

Positioning is an important aspect of administering an enema. Having the client lie on his left side facilitates the flow of the enema solution into the sigmoid and descendingcolon.

A client who reports shortness of breath requests her nurse's help in changing positions.After repositioning the client, which of the following actions should the nurse take next?

A. encourage the client to take deep breaths
B. Observe the rate, depth, and character of the client's respirations.
C. Prepare to administer oxygen.
D. Give the client a back rub to help her relax.
- ANS-B. Observe the rate, depth, andcharacter of the client's respirations.

The nurse should apply the nursing process priority-setting framework when caring for this client. The nurse can use the nursing process to plan client care and prioritize nursing actions. Each step of the nursing process builds on the previous step, beginningwith assessment or data collection. Before the nurse can formulate a plan

of action, implement a nursing intervention, or notify a provider of a change in the client's status, the nurse must first collect adequate data from the client. Assessing or collecting additional data will provide the nurse with knowledge to make an appropriate decision;therefore, the first action the nurse should take is to assess the client's respiratorystatus.

A nurse is caring for a client who has bilateral casts on her hands. Which of thefollowing actions should the nurse take when assisting the client with feeding?

A. Sit at the bedside while feeding the client.
- Order pureed foods.
- Make sure feeding are at room temperature.
- Offer the client a drink of fluid after every bite.
- - ANS-A. Sit at the bedside whilefeeding the client.

The nurse should avoid appearing to be in a hurry. Sitting at the bedside provides theclient with the nurse's full attention during the feeding.

A nurse is caring for a client who, while sitting in a chair, starts to experience a seizure.Which of the following actions should the nurse take?
- Place a padded tongue blade in the client's head.
- Lower the client to the floor and place a pad under the clients head.
- C. Seek the help of a coworker and life the client back to bed.

D. Use an oropharyngeal airway to keep upper airway passages open. - ANS-B. Lowerthe client to the floor and place a pad under the clients head.

To reduce the risk of injury to the client, the nurse should lower the client to the floor and place a pillow or other soft object under the client's head.

A home health nurse is planning to provide health promotion activities for a group of clients in the community. Which of the following activities is an example of the nursepromoting primary prevention?
- Teaching clients to perform self-examinations of breasts and testicles.
- Educating clients about the recommended immunization schedule for adults.
- C. Teaching clients who have type 1 diabetes mellitus about care of the feet

D. Recommending that clients over the age of 50 have a fecal occult blood test annually
- ANS-B. Educating clients about the recommended immunization schedule for adults.

Primary prevention includes health education about disease prevention.

An assistive personnel (AP) is assisting a nurse with the care of a female client who hasan indwelling urinary catheter. Which of the following actions by the AP indicates for further teaching?
A. The AP uses soap and water to clean the perineal
area.
B. The AP tapes the catheter to the client's inner thigh.
C. The AP hangs the collection bag at the level of the bladder.
D. The AP ensures that there are no kinks in the drainage tubing. - ANS-C. The APhangs the collection bag at the level of the bladder.

The AP should place the drainage bag below the level of the bladder to ensure properdrainage by gravity.

A nurse is performing a neurological assessment for a client. Which of the following examinations should the nurse use to check the client's balance.
A. Two-point discrimination
test
B. Glasgow coma scale
C. Babinski reflex
D. Romberg Test - ANS-D. Romberg Test

When using the Romberg test, the nurse instructs the client to stand with his feet together and arms at sides, first with his eyes open and then with eyes closed. The inability to maintain balance is a positive Romberg test.

A nurse is providing discharge teaching to a client who is recovering from lung cancer. The provider instructed the client that he could resume lower-intensity activities of daily living. Which of the following activities should the nurse recommend to the client?
A. Sweeping the floor
B. Shoveling snow
C. Cleaning windows
D. Washing dishes - ANS-D. Washing dishes

Washing dishes requires a low level of activity and is appropriate for this client.

A nurse is planning to perform passive range-of-motion exercises for a client. Which ofthe following actions should the nurse take?
A. Repeat each joint motion five times during each
session
B. Move the joint to the point of considerable resistance
C. Sit approximately 2 feet from the side of the bed closest to the joint being exercised
D. Exercise the smaller joints first.
- ANS-A. Repeat each joint motion five times duringeach session

To maintain the client's joint mobility the nurse should repeat each motion three to fivetimes.

A. nurse is planning care for a client who has a single-lumen nasogastric (NG) tube forgastric decompression. Which of the following actions should the nurse include in the plan of care? (Select all that apply.)
A. Set the suction machine at 120 mm
HG
B. Provide oral hygiene frequently
C. Measure the amount of drainage from the NG tube every
shift
D. Secure the NG tube to the client's gown
E. Apply petroleum jelly to the client's nares.
- ANS-B. Provide oral hygiene frequentlyC. Measure the amount of drainage from the NG tube every shift
D. Secure the NG tube to the client's gown

A nurse is reviewing the laboratory values for a client who has a positive Chvostek's sign. Which of the following laboratory findings should the nurse expect?
- Decrease calcium
- Decreased potassium
- C. Increased potassium

D. Increased calcium - ANS-A. Decrease calcium

Calcium is necessary for nerve conduction and muscle contractions. When the client's total calcium level is below 8.4 mg/dL, tetany and muscle spasms may occur. The nurseshould tap the facial nerve in front of the client's ear. If facial muscle twitching follows this stimulus, it is a positive Chvostek's sign and an indication of hypocalcemia.

A nurse is caring for a client who has a prescription for a vest restraint. Which of the following actions should the nurse take?
A. Fasten the ties on the restraint to the side rails of the
bed
B. Tie the restraint with a quick-release knot
C. Allow one finger's breadth between the restraint and the client's chest.
D. Place the restraint under the client's clothing
- ANS-B. Tie the restraint with a quick-release knot

The nurse should use a quick-release knot that can be untied easily in case the client'swell-being requires quickly removing the restraints.

A nurse is reviewing the correct use of a fire extinguisher with a client. Which of thefollowing actions should the nurse direct the client to take first?
- Aim the hose at the base of the fire
- Squeeze the handle of the extinguisher

- Remove the safety pin from the extinguisher
- Sweep the hose from side to side to dispense material - ANS-C. Remove the safetypin from the extinguisher

Evidenced-based practice indicates removing the safety pin from the extinguisher is thefirst action to take when using a fire extinguisher; therefore, this is the action the nurse should instruct the client to take first.

A nurse is caring for a client who is receiving a blood transfusion. The client reports flank pain and the nurse notes reddish-brown urine in the client's urinary bag. The nurserecognizes these manifestations as which of the following types of transfusion reaction?

A. Hemolytic
- Febrile
- Circulatory overload
- Sepsis - ANS-A. Hemolytic

A hemolytic reaction occurs when the client's blood is incompatible with the donor's blood. Chills, low back pain, hypotension, and tachycardia are indications of a hemolytictransfusion reaction.

A nurse in the emergency department is caring for a client who has abdominal trauma. Which of the following assessment findings should the nurse identify as an indication of hypovolemic shock?
- Warm, dry skin
- Increased urinary
output
- C.Tachycardia

D. Bradypnea - ANS-C. Tachycardia

Due to the decrease in circulating blood volume that occurs with internal bleeding, theoxygen-carrying capacity of the blood is reduced. The body attempts to relieve the hypoxia by increasing the heart rate and cardiac output, along with increasing the respiratory rate.

A nurse in a provider's office is assessing a client who has heart failure. The client has gained weight since her last visit and her ankles are edematous. Which of the following findings by the nurse is another clinical manifestation of fluid volume excess?

A. Sunken eye balls
B. Hypotension
C. Poor skin turgor
D. Bounding pulse - ANS-D. Bounding pulse

Bounding pulse is an expected finding of fluid volume excess.