

**ATI COMMUNITY HEALTH STUDY GUIDE NON
PROCTORED A 2023-2024 UPDATE ALREADY A
GRADED WITH EXPERT FEEDBACK**

ATI Community Health Study Guide

Non-Proctored A

1. A nurse is preparing to administer medication to a client who has active tuberculosis. Which of the following precautionary measures should the nurse take?

Wear gloves (standard precautions, contact precautions, med admin)

Wear protective eyewear (precaution when irrigating)

Use disposable equipment (standard precautions, contact precautions)

Use an N95 respirator (airborne precautions)

Common illnesses and their precautions:

Contact: shigellosis, herpes simplex, scabies

Droplet: influenza, pertussis, mumps, rubella

Airborne: TB, measles, SARS, varicella

2. A nurse is providing education regarding lead exposure to a group of clients who live in a housing development built in 1986. Which of the following client statements indicates an understanding of the teaching?

“I will use a dry-sanding technique when preparing to repaint my front door.”

(A wet-sanding technique should be used to prevent aerosolizing lead)

“I will vacuum our wood floors every week.”

(wet mop wood floors to prevent aerosolizing lead)

“I will increase the amount of red meat and milk in my child’s diet.”

(iron and calcium helps to prevent lead absorption from their environment)

“I will use hot tap water to prepare my baby’s formula.”

(They should use cold tap water because hot water will dissolve lead more

quickly)

3. A community health nurse is teaching a client who is overweight about steps to take to begin an exercise program. The nurse should identify that which of the following statements is an indication that the client understands the teaching?

“I will need to purchase exercise equipment before I can start.”

(There are several types of exercise that don't require special equipment)

“I should try to perform aerobic exercise for an hour a day, 5 days a week.”

(When beginning a new exercise program, the client should try to get about 30 min of aerobic activity 3-5 times a week.)

“I will see my doctor before beginning an exercise program.”

(They should get a complete physical exam and obtain approval.)

“I should avoid participating in weight-lifting exercises.”

(A balance of aerobic and strength training is desired.)

4. A home health nurse is visiting an older adult client and notes that unwashed dishes are piled up and newspapers cover the front steps. Which of the following questions should the nurse ask the client to determine if the client is socially isolated?

“Why haven’t you brought in your newspaper?”

“Do you need help completing your housework?”

“How often do you have visitors come to see you?”

“Have you considered moving to an assisted living facility?”

5. A school nurse is conducting visual acuity testing for a school-age child using a Snellen letter chart. Which of the following actions should the nurse take?

Allow the child to keep her glasses on during the testing.

(This is correct for the Snellen test)

Have the child stand 5 feet away from the Snellen letter chart.

(They should stand 10 feet away and placed at eye level.)

Progress to the next line once the child reads two symbols correctly.

(They have to read at least four symbols before moving on.)

Begin the test by instructing the child to use both eyes to read the chart.

(Cover right eye first, left eye second, then read with both eyes.)

6. Community leaders have requested a meeting with a community health nurse to discuss creating a mobile meals program. Which of the following information should the community health nurse assess first?

The leadership support of the community

(Should be assessed but not the first thing.)

The accessibility of residences

(Should be assessed but not the first thing.)

The availability of volunteers

(Should be assessed but not the first thing.)

The need for the program

(Helps in the planning stage of the program, which is first.)

7. A nurse manager at a community health clinic is presenting an in service for nurses about assessing clients who have experienced violence. Which of the following statements by a nurse indicates an understanding of the teaching?

“I do not need to ask about violence at future visits once I determine that a client is not at risk.”

(This should be assessed at every visit.)

“I should not document the name of the person the client accuses of the violence in the client’s medical record.”

(The nurse should document the name of that person in case of future reference in a legal case.)

“I should wait until I see signs of physical violence before I help the client develop a safety plan.”

(You should help develop a safety plan for all types of violence: physical, psychological, or sexual)

“I should determine whether a client who has been sexually assaulted requires a rape kit examination”

(must be obtained w/I 24 hours, you should also provide support group and resource information)

8. A public health nurse is working in a community that has a population of 24096. There are 20096 existing cases of heart disease within the population. The nurse can determine which of the following from this information?

Mortality Rate

(The mortality cannot be determined because the number of affected people who died is unknown.)

Attack rate

(The attack rate cannot be calculated because the population has not been exposed to a specific agent.)

Prevalence proportion

(The prevalence proportion can be calculated by using the number of people who were affected at a given time and the total population.)

Incidence proportion

(The incidence proportion cannot be calculated because the number of people newly diagnosed with heart disease over a period of time is not known.)

9. A nurse on the scene following a mass casualty explosion is triaging a client who has a large, open occipital wound and the following findings: respiratory rate 6/min, agonal pattern, capillary refill time 4.5 sec, nonresponsive to painful stimuli. Which of the following actions should the nurse take?

Turn the client to left semi-fowler's position and begin assessing the next client.

(Principles of triage indicate that clients who have extensive injuries and a low-probability of survival do not receive treatment. Therefore, the nurse should provide only comfort measures before moving on to assess the next client.)

Place a firm pressure dressing to the occiput and open the airway.

(The nurse should not perform this action for the client because it does not meet prioritization guidelines following a mass casualty incident.)

Apply a cervical spine collar and perform a focused neurological exam.

(The nurse should not perform this action for the client because it does not meet prioritization guidelines following a mass casualty incident.)

10. A nurse in a county health dept is caring for a client who states, "I've been drinking too much in the evening since my friend died last year". Which of the following responses should the nurse make?

"It sounds like you are probably an alcoholic."

(The nurse is making a judgmental statement, which can make the client feel defensive. This statement will not encourage further communication with the client.)

"Don't you think your family is being affected by your drinking?"

(The nurse is making a judgmental statement, which can make the client feel guilty. This statement will not encourage further communication with the client.)

"Can I give you some information about Alcoholics Anonymous?"

(The nurse is giving information to the client, which conveys a sense of caring. This also allows the nurse to provide additional information on resources that can help the client.)

"I don't think your friend would have approved of your drinking."

(The nurse is making a judgmental statement, which can make the client feel guilty. This statement will not encourage further communication with the client.)

11. A nurse is conducting a home visit for an older adult client. The nurse should identify which of the following findings as an indicator of possible neglect?

Lives alone

(The fact that the client lives alone is not an indicator of possible neglect because many older adults live alone. However, if the client has a lack of access to basic necessities, such as food and water, then these findings would require further assessment.)

Taking outdated prescriptions

(The client taking outdated prescriptions is an example of inadequate medical care and is an indicator of possible neglect.)

Has a BMI of 25

(A BMI of 25 to 30 indicates that the client is overweight. Weight loss and malnourishment are indicators of possible neglect.)

Presence of alcohol in the home

(The presence of alcohol in the home is not an indicator of neglect. However, the nurse should assess the type and amount of alcohol that the client consumes to determine if further intervention is needed.)

12. . A case manager at a home health agency is obtaining equipment for a clients home use. Which of the following actions is a relation of client confidentiality?

The case manager used a computer at the agency with an automatic sign-off mechanism.

(The automatic sign-off is a safety mechanism that helps to safeguard client information. The computer will automatically sign off a user's account after a predetermined length of time so personal health information is not left visible to the public.)

The case manager left a clipboard with the client's prescription information face up on the office desk.