

ATI Med Surg Proctored Exam

nursing (Chamberlain University)

ATI Med Surg Proctored Exam Questions & Answers

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A nurse is caring for a client who experienced a traumatic head injury and has an intraventricular catheter (Ventriculostomy) for ICP monitoring. The nurse should monitor the client for which of the following complications related to the ventriculostomy?:

- a. Headache
- b. Infection
- c. Aphasia
- d. Hypertension (Correct Answer) - ✓ b. Infection

Monitor for infection and use strict asepsis to avoid life-threatening meningitis.

A nurse is providing education to a client who is to undergo an EEG the next day. Which of the following info should the nurse include in the teaching?

- a. "Do not wash your hair the morning of the procedure."
- b. "Try and stay awake most of the night prior to the procedure."
- c. "The procedure will take approximately 15 mins."
- d. "You will need to lie flat for 4 hours after the procedure." (Correct Answer) - ✓ b. "Try and stay awake most of the night prior to the procedure."

Tell the client to remain awake to provide cranial stress and increase the possibility of abnormal electrical activity

A nurse is caring for a client who is postprocedural following a lumbar puncture and reports a throbbing headache when sitting upright. Which of the following actions should the nurse take? SATA.

- a. Use the GCS scale to assess the client
- b. Assist the client into a supine position
- c. Administer an opioid analgesic
- d. Encourage the client to increase PO fluid intake
- e. Instruct the client to perform coughing and deep breathing (Correct Answer) - ✓ B, D

A nurse is caring for a client who has continuous bladder irrigation following a transurethral resection of the prostate (TURP). Which of the following findings should the nurse report to the provider?

- a. Output equal to the instilled irrigate
- b. Client reports bladder spasms
- c. Viscous urinary output with clots
- d. Reports of strong urge to urinate (Correct Answer) - ✓ c. Viscous urinary output with clots

Urine that is bright red with clots is an indication of arterial bleeding.

A nurse is monitoring the ECG of a client who has hypocalcemia. Which of the following findings should the nurse expect?

- a. Flattened T waves
- b. Prolonged QT intervals
- c. Shortened QT intervals
- d. Widened QRS complexes (Correct Answer) - ✓ b. Prolonged QT intervals

Manifestations of hypocalcemia include tingling, numbness, tetany, seizures, prolonged QT intervals, and laryngospasm.

A nurse is preparing a client who has a brain tumor for a CT scan. Which of the following factors affects the manner in which the nurse will prepare the client for the scan?

- a. No food or fluids consumed for 4 hours
- b. Difficulty recalling recent events
- c. Development of hives while eating shrimp
- d. Paresthesia in both hands (Correct Answer) - ✓ c. Development of hives while eating shrimp

Shellfish allergy is contraindication of use of contrast media during a CT scan.

A nurse is preparing an in-service program about the stages of acute kidney injury. Which of the following pieces of info should the nurse include about prerenal azotemia?

- a. Prerenal azotemia begins prior to the onset of symptoms
- b. Interference with renal perfusion causes renal azotemia
- c. Prerenal azotemia is irreversible, even in early stages
- d. Infections and tumors cause prerenal azotemia (Correct Answer) - ✓ b. Interference with renal perfusion causes prerenal azotemia.

Prerenal = interference with renal perfusion, such as from heart failure or hypovolemic shock.

A nurse is teaching a client who has CAD about the difference between angina pectoris and MI. Which of the following should the nurse identify as indications of MI? SATA.

- a. N/V
- b. Diaphoresis and dizziness
- c. Chest and left arm pain that subsides with rest
- d. Anxiety and feelings of doom

e. Bounding pulse and bradypnea (Correct Answer) - ✓ A, B, D

A nurse is reviewing the lab results of a lumbar puncture for a client who has manifestations of bacterial meningitis. Which of the following findings should the nurse expect?

- a. Elevated glucose
- b. Elevated protein
- c. Presence of RBCs
- d. Presence of D-dimer (Correct Answer) - ✓ b. Elevated protein

Manifestations of bacterial meningitis include increase protein in the CSF, decreased glucose. RBCs can indicate bleeding, however, WBCs are what indicates bacterial meningitis.

A nurse is providing teaching to a client who has a new diagnosis of myasthenia gravis (MG). Which of the following pieces of information should the nurse include?

- A. Use enemas to treat constipation caused by daily medications
- B. Take a hot bath when muscles ache
- C. Eat a low-calorie diet
- D. Set an alarm to ensure medication dosages are taken on time (Correct Answer) - ✓ D. Set an alarm to ensure medication dosages are taken on time

The nurse should instruct the client to take medication dosages on time to maintain a therapeutic blood level. Dosages should not be missed or postponed because this can cause an exacerbation of the disease.

A nurse is teaching a client who has a new diagnosis of primary open-angle glaucoma (POAG). Which of the following pieces of information should the nurse include in the teaching? (Select all that apply.)

- A. Lost vision can improve with eye drops.
- B. Administer eye drops as needed for vision loss.
- C. Glasses will be necessary to correct the accompanying presbyopia.
- D. Driving can be dangerous due to the loss of peripheral vision.
- E. Laser surgery can help reestablish the flow of aqueous humor. (Correct Answer) - ✓ D. Driving can be dangerous due to the loss of peripheral vision.

E. Laser surgery can help reestablish the flow of aqueous humor.

A nurse is assessing a client who has a fractured left femur and is in skeletal traction. Which of the following findings should the nurse report to the provider?

- A. Ecchymosis of the thigh
- B. Serous drainage at the pin site
- C. Chest petechiae
- D. Muscle spasms in the left leg (Correct Answer) - ✓ C. Chest petechiae

The nurse should identify chest petechiae as an indication of fat embolism syndrome. Clients who have fractures of the long bones such as the femur are at increased risk of fat emboli. Fat emboli typically occur 12 to 48 hours after the injury when fat droplets from the marrow enter into the systemic circulation and are deposited in the lungs. The nurse should immediately notify the provider because the client could progress to acute respiratory failure.

A nurse is assessing a client who has Kaposi's sarcoma. Which of the following findings should the nurse expect?

- A. Nonproductive cough, fever, and shortness of breath

- B. Lesions on the retina that produce blurred vision
- C. Onset of progressive dementia
- D. Reddish-purple skin lesions (Correct Answer) - ✓ D. Reddish-purple skin lesions

Kaposi's sarcoma is commonly associated with AIDS and manifests as hyperpigmented multicentric lesions that can be firm, flat, raised, or nodular. Following a biopsy, the lesions are treated with radiation and/or chemotherapy.

A nurse is completing an assessment for a client who has a history of unstable angina. Which of the following findings should the nurse expect?

- A. Chest pain is relieved soon after resting.
- B. Nitroglycerin relieves chest pain.
- C. Physical exertion does not precipitate chest pain.
- D. Chest pain lasts for longer than 15 min. (Correct Answer) - ✓ D. Chest pain lasts for longer than 15 min.

A client who has unstable angina will have chest pain lasting longer than 15 minutes. This is due to reduced blood flow in a coronary artery from atherosclerotic plaque and thrombus formation causing partial arterial obstruction or from an artery spasm.

Incorrect Answers:

A. A client who has unstable angina will have chest pain even while resting because of insufficient blood flow to the coronary arteries and a decreased oxygen supply. Chest pain at rest is a condition called variant

(Prinzmetal's) angina and is caused by an arterial spasm.

B. A client who has unstable angina will have minimal, if any, relief of chest pain with nitroglycerin.

C. A client who has unstable angina will report chest pain or discomfort with exertion, which can limit the client's activity.

A nurse is assessing a client with a closed head injury who has received mannitol for manifestations of increased intracranial pressure (ICP). Which of the following findings indicates that the medication is having a therapeutic effect?

A. The client's serum osmolarity is 310 mOsm/L.

B. The client's pupils are dilated.

C. The client's heart rate is 56/min.

D. The client is restless. (Correct Answer) - ✓ A. The client's serum osmolarity is 310 mOsm/L.

Mannitol is an osmotic diuretic used to reduce cerebral edema by drawing water out of the brain tissue. A serum osmolarity of 310 mOsm/L is desired. A decrease in cerebral edema should result in a decrease in ICP.

A nurse is planning care for a client who has AIDS and has developed stomatitis. Which of the following interventions should the nurse include in the plan of care?

A. Rinse the mouth with chlorhexidine solution every 2 hr

B. Limit fluid intake with meals

C. Provide oral hygiene with a firm-bristled toothbrush after each meal

D. Avoid salty foods (Correct Answer) - ✓ D. Avoid salty foods

Stomatitis is an inflammation of the mucosa of the mouth, usually with ulcerations. Foods that are spicy, acidic, or salty should be avoided to prevent further irritation and damage to the oral mucosa.

A nurse is caring for a client who had a left lower lobectomy to treat lung cancer. Which of the following factors will have a significant impact on the plan of care for this client?

- A. The client will need intensive smoking-cessation education.
- B. After surgery, the prognosis for clients with lung cancer is usually good.
- C. Lung cancer usually has metastasized before the client presents with symptoms.
- D. Oxygen therapy is ineffective following a lobectomy. (Correct Answer) - ✓ C. Lung cancer usually has metastasized before the client presents with symptoms.

The nurse should be aware that lung cancer is usually at an advanced stage before the client has any manifestations. This has implications for both short-term and long-term care options for the client.

A nurse is examining the ECG of a client who has hyperkalemia. Which of the following ECG changes should the nurse expect?

- A. Elevated ST segments
- B. Absent P waves
- C. Depressed ST segments
- D. Varying PP intervals (Correct Answer) - ✓ A. Elevated ST segments

Elevated ST segments can indicate hyperkalemia and pericarditis.

A nurse is caring for a client during the first 72 hr following a cerebrovascular accident (CVA). Which of the following actions should the nurse take?

- A. Turn the client's head to the side with the head of the bed elevated 60°
- B. Place the head of the bed flat with pillows under the client's neck and feet

- C. Elevate the head of the bed 25° to 30° with the client in a neutral midline position
- D. Position the client in a dorsal recumbent position with pillows under the head and knees (Correct Answer) - ✓

A nurse is caring for a client who is taking streptomycin. Which of the following medications increases the client's risk of developing ototoxicity when taken with streptomycin?

- A. Cefoxitin
- B. Furosemide
- C. Naproxen
- D. Amphotericin B (Correct Answer) - ✓ B. Furosemide

Furosemide, a high-ceiling (loop) diuretic, increases the risk of developing ototoxicity when taken with streptomycin, an aminoglycoside.

A nurse is preparing to administer an IM injection for a client. Which of the following factors should the nurse identify as a potential contraindication to administering the medication via the IM route?

- A. The medication is a depot preparation.
- B. The client is taking an anticoagulant.
- C. The medication is a particulate suspension.
- D. The client has been vomiting. (Correct Answer) - ✓ B. The client is taking an anticoagulant.

Because of the risk of bleeding from the injection site, anticoagulant therapy (e.g. warfarin) is a contraindication to receiving medications via the IM route.

A nurse is caring for a client with *Clostridium difficile* who has contact-isolation precautions in place. Which of the following actions should the nurse perform?