

1. A nurse is updating a plan of care after an evaluation of a client who has dysphagia.  
Which of the following interventions should the nurse include in the plan?
  - a) Ask the client to tilt their head back when swallowing.
  - b) Have the client sit upright for 1 hr. following meals.**
  - c) Administer liquids to the client using a syringe.
  - d) Allow the client to rest for 10 min prior to eating.
  
2. A nurse is assessing the IV infusion site of a client who report pain at the site. The site is red and there is warmth along the course of the vein. Which of the following actions should the nurse take?
  - a) Initiate a new IV line below the original insertion site.
  - b) Discontinue the infusion**
  - c) Raise the head of the bed
  - d) Obtain a culture from the area of the insertion site.
  
3. A nurse is preparing to perform a routine abdominal assessment for a client. Which of the following actions should the nurse take?
  - a) Document shiny, taut skin as an expected finding.
  - b) Perform palpitation after auscultation.**
  - c) Listen for 1 min before documenting absent bowel sounds
  - d) Perform auscultation immediately after the client has consumed a meal.
  
4. A nurse is discussing immunity with a client who has received an immunization. The nurse should identify that an immunization functions as a part of the which of the following types of immunity?
  - a) Passive immunity

- b) Active immunity
  - c) Cellular immunity
  - d) Acquired immunity
5. A nurse is reviewing the medical records of a group of older adult clients. The nurse should identify that which of the following is a risk factor that places older clients at an increased risk for developing infections?
- a) Overproduction of lymphocytes
  - b) Elevated albumin levels
  - c) Lowered immune system function
  - d) Increased body fat
6. A nurse is teaching a client who has asthma the use of a metered dose inhaler. Which of the following instructions should the nurse include in the teaching?
- a) Hold your breath for 6 seconds after inhaling the medication.
  - b) Inhale the medication deeply for 5 seconds.
  - c) Do not shake the medication in the inhaler
  - d) Hold the inhaler 3 inches away from your mouth.
7. A nurse is performing a focused assessment on a client who has a history of COPD and is experiencing dyspnea. Which of the following findings should the nurse expect?
- a) Pulse oximetry reading of 95 %
  - b) Decreased depth of respirations
  - c) Flaring of the nostrils
  - d) Respiratory rate of 16/min

8. A nurse is teaching a client about the correct use of a cane. Which of the following instruction should the nurse include in the teaching? (Selected all that apply)

- a) Ensure the cane has a rubber cap.
- b) Hold the cane on the weaker side.
- c) Flex the elbow slightly when using the cane.
- d) Move the cane and stronger leg forward simultaneously
- e) Use a quad cane for increased support.

9. A nurse is teaching a group of assistive personnel about the expected integumentary changes in older adult clients. Which of the following findings should the nurse include in the teaching?

- a) Increase in subcutaneous tissue
- b) Decrease in pigmentation
- c) Increase in moisture levels
- d) Decrease in elasticity

16. A nurse is providing teaching about measures to promote sleep with a client who has insomnia. Which of the following client statements indicates an understanding of the teaching?

- a) "I can exercise as late as 2 hours before bedtime."
- b) "I should reduce my fluid intake 2 hours before bedtime"
- c) "I should take a 1 hours nap each day"
- d) "I can eat a large meal as late as 1 hours before bedtime"

17. A nurse is assessing the pain level of a client who has dementia and difficulty communicating. Which of the following pain assessment techniques should the nurse use?

- a) Numerical pain scale
- b) Verbal description
- c) Faces pain scale
- d) Behavioral indicators

18. A nurse in an emergency department is monitoring the hydration status of a client who is receiving oral rehydration. Which of the following findings should the nurse identify as requiring further interventions?

- a) Heart rate 120/min
- b) BP 121/74 mm Hg
- c) Temperature 37.78 C (100 F)
- d) Urine specific gravity 1.020

19. A nurse in a provider's office is assessing the motor skill development of a 15 month old toddler during a well child visit. Which of the following gross motor skills should the nurse expect?

- a) Takes several steps on tip toes
- b) Walks without assistance using a wide stance
- c) Has an accentuated cervical curvature when standing
- d) Stands with the feet turned slightly inward.

20. A nurse is teaching a group of parents and guardians about safety risks for adolescents.

Which of the following statements should the nurse include in the teaching?

- a) "Exploring the environment commonly leads to injuries for this age group."
- b) "Most injuries sustained during this time of life are caused by developing motor skills."
- c) "At this age, peer influence to participate in high -risk behaviors can lead to injury"

- d) The risk for injuries sustained during this age are often a result of a changes in cognitive function”

21. A nurse is caring for a client who expresses anxiety about an upcoming surgery. Which of the following actions should the nurse take?

- a) Ask the client to describe their feelings
- b) Discuss the competency of the surgeon with the client
- c) Inform the client that others have had the procedure without problems.
- d) Ask the client why they are experiencing anxiety.

22. A nurse is reviewing information about advance directives with a newly admitted client.

Which of the following statements by the client indicates an understanding of the teaching?

- a) “I need to have an attorney sign my advance directives”
- b) “I have a living will that outlines my wishes if I am unable to make decisions”
- c) “I must have a family member appointed to make my health care decisions”
- d) “I will need to sign a document stating that I want to be resuscitated if I required CPR.”

23. A nurse is planning a community education program about colorectal cancer. Which of the following risk factors should the nurse identify as modifiable? (Select all that apply)

- a) Smoking
- b) Alcohol consumption
- c) Inflammatory bowel disease
- d) High-fat diet
- e) Colorectal polyps