

ATI Comprehensive A

1. A client who has a diagnosis of complete placenta previa is admitted to the labor and delivery suite at 36 weeks gestation with contractions 5 min in frequency and 1 min in duration. Which of the following actions should the nurse take?

- A. Rupture the amniotic sac
- B. Medicate the client for pain
- C. Prepare the client for a cesarean section**
- D. Perform a vaginal exam

2. A nurse enters a client's room and finds the client lying on the floor in a puddle of water. Which of the following statements should the nurse document in an incident report?

- A. Client fell out of bed because assistive personnel left the rails of the bed down
- B. Client's roommate thinks the client is confused and fell when getting out of bed
- C. Client appears to have slipped in water but reports no injuries
- D. Client found lying on the floor near the bedside table**

3. A charge nurse on a pediatric unit is making assignments for a float nurse from the medical unit. Which of the following clients is appropriate to assign to the float nurse?

- A. A 10-year-old client who has pneumonia and is receiving respiratory treatments**
- B. A 4-year-old client who has a Wilms tumor and is receiving chemotherapy
- C. An 8-month-old client who is scheduled for a surgical repair of a ventricular septal defect tomorrow
- D. A 14-year-old client who is scheduled for discharge today following placement of a Herrington rod

4. A nurse is preparing to administer vancomycin to a client who has an infected wound. The nurse should plan to monitor for which of the following adverse reactions?

- A. Hepatotoxicity
- B. Ototoxicity**
- C. Hypercalcemia
- D. Hypertension

5. A nurse is assessing an infant who has water intoxication. Which of the following findings should the nurse expect?

- A. Generalized edema
- B. Elevated urine specific gravity
- C. Thready pulse**
- D. Increased hematocrit

6. A home health nurse is conducting an initial home visit for a client who has terminal breast cancer. The client has two school-age children and a limited support system. Which of the following is the priority nursing action?

- A. Inform the client of available community resources**
- B. Assist the client in finding child care options
- C. Agree upon short-term goals for the client
- D. Ask the client about their understanding of the diagnosis

7. A nurse in an emergency department is assessing a client who has a nasal fracture. Which of the following findings should cause the nurse to suspect a skull fracture?

- A. Clear fluid drainage from the nares**
- B. Report of pain around the eyes
- C. Dried blood in the mouth
- D. Mandibular asymmetry

8. A nurse in an urgent care clinic is collecting admission history from a client who is at 16 weeks of gestation and has bacterial vaginosis. The nurse should recognize that which of the following clinical findings are associated with this infection?

- A. Profuse milky white discharge**
- B. Frequency and dysuria

- C. Low-grade fever
- D. Hematuria

9. A nurse is discussing the z-track administration of hydroxyzine with a newly licensed nurse. Which of the following statements indicates the newly licensed nurse understands the purpose of the technique?

- A. This technique prevents injury to the sciatic nerve
- B. This technique decreases the risk of subcutaneous infiltration**
- C. This technique allows a larger amount of medication to be injected
- D. This technique increases the absorption rate of the drug

10. A nurse is caring for a full-term newborn immediately following birth. Which of the following actions should the nurse take first?

- A. Instill erythromycin ophthalmic ointment in the newborn's eyes
- B. Weigh the newborn
- C. Place identification bracelets on the newborn
- D. Dry the newborn**

11. A nurse is planning to provide community education about viral hepatitis. Which of the following should the nurse plan to include in the teaching?

- A. A series of four hepatitis vaccines is recommended to prevent viral hepatitis
- B. Hepatitis B is transmitted by contaminated food
- C. Chronic hepatitis can lead to renal cell cancer
- D. Clients who have a history of viral hepatitis are unable to donate blood**

12. A nurse in a residential mental health facility is planning care for a new client who has obsessive compulsive disorder. Which of the following is appropriate for the nurse to include in the plan of care?

- A. Work with the client to create a flexible daily schedule**
- B. Gradually decrease the time allowed for ritualistic behavior
- C. Offer solutions to assist in problem solving
- D. Teach the client to meditate about obsessive thoughts

13. A nurse is assessing an adult male who has a BMI of 20. The nurse should identify that the client's BMI falls within which of the following categories?

- A. Healthy weight
- B. Malnutrition**
- C. Overweight
- D. Obesity

14. A nurse is caring for a client who is nulliparous and in the first stage of labor. The last internal assessment revealed 100% cervical effacement with 5 cm of dilation. At the end of the last contraction, the nurse observes a large gush of fluid coming out of the client's perineal area. Which of the following is a priority action by the nurse?

- A. Perform another internal exam
- B. Notify the client's provider
- C. Check the FHR**
- D. Obtain a pH test of the fluid

15. A nurse is creating a plan of care for a client who has anorexia nervosa. Which of the following interventions should the nurse include in the plan?

- A. Encourage the client to gain 2.3 kg per week
- B. Weigh the client once per week throughout hospitalization
- C. Monitor the client for 1 hr after meals**
- D. Allow the client to choose meal times

16. A nurse is performing a skin assessment on a client who has risk factors for development of skin cancer. The nurse should understand that a suspicious lesion is

- A. Asymmetric, with variegated coloring**

- B. Scaly and red
- C. Brown, with a wart-like texture
- D. Firm and rubbery

17. A nurse is assessing a client's internal eye structures with an ophthalmoscope. Which of the following actions should the nurse take?

- A. Position the examination light toward the client's face
- B. Stand on the right side of the client when examining the left eye
- C. Dim the lights in the room prior to the examination**
- D. Place the ophthalmoscope directly against the client's forehead

18. A nurse is observing a newly licensed nurse irrigate a client's wound. Which of the following actions should the nurse identify as an indication that the newly licensed nurse understands wound irrigation?

- A. Cleanses the wound with povidone-iodine with cotton balls
- B. Administers PO analgesia 20 min prior to irrigation**
- C. Warms the irrigation solution in the microwave oven prior to application
- D. Irrigates the wound from the top to the bottom

19. A nurse is planning care for a child who has increased intracranial pressure with a decrease in level of consciousness. Which of the following interventions should the nurse include in the plan of care?

- A. Perform active range-of-motion exercises
- B. Maintain the head at a midline position**
- C. Suction the airway frequently
- D. Perform neurological checks every 4 hrs

20. A nurse notices smoke coming from a client's room and discovers a fire in the wastebasket. After moving the client to safety, which of the followings is the priority action?

- A. Notify the facility operator
- B. Close the fire doors on the unit**
- C. Turn off oxygen sources
- D. Put out the fire with the appropriate extinguisher

21. A nurse is talking with an adult child of a client who was involuntarily admitted to an inpatient mental health facility. Which of the following statements should the nurse make?

- A. The provider will notify your patient's employer about admission to the facility
- B. Your parent will have to take the medication that the doctor prescribes
- C. Your parent might have electroconvulsive therapy without providing consent
- D. The provider can prescribe restraints if your parent tries to harm others**

22. A nurse is assessing a client who has delirium due to a febrile illness. Which of the following findings should the nurse expect?

- A. Hallucinations**
- B. Agnosia
- C. Bradycardia
- D. Aphasia

23. A nurse is assessing a client who is receiving enteral feedings via a gastrostomy tube. The nurse should identify that which of the following findings indicates fluid overload?

- A. Diminished bowel sounds
- B. Bradycardia
- C. Hypotension
- D. Bounding pulses**

24. A nurse is caring for a client following an open colectomy. Which of the following findings places the client at risk for delayed wound healing?
- A. INR 1.1
 - B. Hyperemesis**
 - C. HbA1c 5.6%
 - D. Uncontrolled pain
25. A nurse is assessing a client who has a complete heart block and is receiving transcutaneous pacing. Which of the following findings indicates to the nurse that the treatment is effective?
- A. Heart rate greater than 60/min**
 - B. Pedal pulses 2+
 - C. Pacer spikes after the QRS complex
 - D. Distended jugular veins
26. A nurse is caring for a client who is taking levothyroxine. Which of the following findings should indicate to the nurse that the medication is effective?
- A. Decreased blood pressure
 - B. Weight loss**
 - C. Decreased inflammation
 - D. Absence of seizures
27. A nurse at the family planning clinic triages several client over the phone. Which of the following clients should the nurse instruct to come to the clinic?
- A. A client who uses a diaphragm for contraception and has lost 30 lb in the past 6 months dieting
 - B. A client who had an intrauterine device inserted yesterday and has cramping and bleeding
 - C. A client who has started taking oral contraceptives and is experiencing bright red vaginal breakthrough bleeding
 - D. A client who has sharp pain in her shoulder following a laparoscopic tubal ligation yesterday**
28. A home health nurse is reviewing treatment goals with a client who has diabetes mellitus. The nurse should evaluate which of the following laboratory tests to determine effective long-term management of blood glucose levels?
- A. 3-hr oral glucose tolerance test
 - B. HbA1c**
 - C. Fasting blood glucose test
 - D. Urinalysis for ketones
29. A nurse is caring for a client who has neutropenia due to HIV. Which of the following precautions should the nurse take while caring for this client?
- A. Wear an N95 respirator
 - B. Insert an indwelling urinary catheter to monitor urinary output
 - C. Monitor the client's vital signs every 8 hr
 - D. Use a dedicated stethoscope**
30. A nurse is planning care for a client who has a gambling disorder. Which of the following instructions should the nurse provide to the client?
- A. Participate in a 12-step program**
 - B. Plan to take clozapine for the next 6 months
 - C. Use systematic desensitization to decrease gambling behaviors
 - D. Learn to use projection to adapt to stressful experiences
31. A nurse is caring for a client who reports difficulty falling asleep at night. Which of the following actions should the nurse take?
- A. Encourage the client to ambulate in the hallway 1 hr before bedtime
 - B. Tell the client to avoid drinking fluids 1 hr before bedtime**
 - C. Schedule routine care tasks during hours when the client is awake
 - D. Advise the client to leave the television in the room on when trying to fall asleep

32. A nurse is planning care for a newborn who has hyperbilirubinemia and is to receive phototherapy. Which of the following interventions should the nurse include?

- A. Clothe the newborn in light cotton
- B. Check the newborn's temperature every 8 hrs.
- C. Administer 120 mL of water between feedings
- D. Place the newborn 45 cm from the light source**

33. A nurse is providing teaching to a client who is at 8 week gestation and experiencing episodes of nausea and vomiting. Which of the following instructions should the nurse include?

- A. Brush teeth immediately after eating
- B. Lay down for 30 min after meals
- C. Drink 12 oz of water with each meal
- D. Eat a dry carbohydrate before getting out of bed**

34. A nurse is teaching a client who is scheduled for placement of a peripherally inserted central catheter line. Which of the following information should the nurse include in the teaching?

- A. Your PICC line will allow long-term access for antibody therapy**
- B. You should use a 5-milliliter barrel syringe to flush your PICC line at home
- C. Your PICC line must be placed in your nondominant arm
- D. You should immobilize the arm with the PICC line using a sling

35. A nurse is planning care for a client who has schizophrenia and is having difficulty expressing their feelings. Which of the following referrals should the nurse make?

- A. Art therapist
- B. Speech-language pathologist
- C. Social worker**
- D. Recreational therapist

36. A nurse in a mental health clinic is observing clients in the day room. The nurse sits down to talk with an adolescent client who was admitted with clinical depression. After a few minutes of conversation, the adolescent asks the nurse, "Why did you choose to talk to me out of this room full of kids?" Which of the following responses by the nurse is therapeutic?

- A. You looked like you would be the most likely to talk back with me
- B. Let's go see what activities are going on outside
- C. Why shouldn't I talk to you? You looked lonely
- D. You're curious why I am interested in you and not the others?**

37. An occupational health nurse at a group of health care clinics is planning activities to prevent and control the spread of communicable disease. The nurse should identify that which of the following activities is a secondary level of prevention?

- A. Influenza immunizations
- B. Tuberculosis screenings**
- C. Presentations about safer sex practices
- D. Evaluations of bloodborne pathogen policies

38. A nurse is caring for a client who has heart failure and has started taking a loop diuretic. Which of the following findings indicates the client is experiencing an adverse effect of the medication?

- A. Decreased reflexes**
- B. Weight gain of 1.4 kg
- C. Increased urinary output
- D. Jugular vein distention

39. A nurse is caring for a client who is postoperative following a bowel surgery and has an NG tube connected to low intermittent suction. Which of the following assessment findings should indicate to the nurse that the NG tube might not be functioning properly?