Bilirubin: none (none)

,	inurse is cari	ng tor a cile	nt.			CC	impiete the i	ollowing sen	tence by using the lists of opt	ions.
	Exhibit 1	Exhibit 2	Exhibit 3	Exhibit 4	Exhibit 5					
-						Th	e nurse unde		he patient has likely developed	
9	Graphic Rec	ord					lect lect	a	nd will need to be monitored fo	r
	Admission w Current weig									
,	zarrent weig	JII. 74.30 K	8 (10410)							
										CONTINU
A nurse is	caring for a clie	nt.								
Exhibit 1	Exhibit 2	Exhibit 3	Exhibit 4	Exhibit 5						
1&0										
	Intake and O	utput								
0800:		1			A nurse is car	ing for a clier	nt.			
Intake 30	mL orange ju	iice								
Output 8	00 mL clear u	rine			Exhibit 1	Exhibit 2	Exhibit 3	Exhibit 4	Exhibit 5	
1200:					Nurses' No	tes				
Intake 60	mL water wit	th lunch			1401303 140	A. S. A.				
Output 3	00 mL clear u	rine			0800:					
1800:					A client who	has hinola	r disorder i	s admitted t	to the inpatient	
Intake 12	0 mL water w	ith dinner							ent, the client	
	00 mL clear u								e output. It is	
2400					noted that i	he client is	having clon	ic jerking of	upper	
2100:					extremities	Provider n	otified and	laboratory t	ests ordered. Skin	
Intake 30	mL dark sod	a			is warm and	d dry withou	ıt rash.			
Output 2	00 mL clear u	rine								
A nurse is c	aring for a client									
Exhibit 1	Exhibit 2	Exhibit.3	Exhibit 4 E	xhibit 5						
Laborato	ry Results									
0900:					A nurse is car	ing for a clien	t.			
	0.9 mg/dL (0.5					21101.0				
	vel 2.5 mEq/L (ood glucose 80)	Exhibit 1	Exhibit 2	Exhibit 3	Exhibit 4	Exhibit 5	
Urinalysis					Provider Pr	escriptions				
	ce: clear (clear				Lisinopril 10	mg daily				
	nt yellow (amberavity 1.32 (adu		I to 1 0251		Lithium 600					
	one (none)	ar chefte 1.0	1.025)		Omeprazole	40 mg daily	/			
	none (none)									

Question: 6 of 180

Time Remaining: 03:51:04 PAUSE Pause Remaining: 00:05:00

Exhibit 1	Exhibit 2	Exhibit 3	Exhibit 4
Vital Signs			
0730:			
Heart rate	58/min		
11.000	rate 18/mir	1	
BP 118/81			

For each potential action, click to specify if the action is indicated or contraindicated for the client.

Potential Action	Indicated	Contraindicated
Allow the client to watch TV at a high volume.	0	•
Ask the client about the content of their hallucinations.	•	0
Instruct the client on expected hygiene practices.	•	0
Assess the client for suicidal ideation.	•	0
Place the client in a room near the activity room.	0	•

CONTINUE

A nurse is caring for a client on a psychiatric unit.

Temperature 37.2° C (98.9° F)

Exhibit 1	Exhibit 2	Exhibit 3	Exhibit 4		Question	6 01 180			
Nurses' No	otes			•	A nurse is ca	ring for a clie	nt on a psych	iatric unit.	
0700:					Exhibit 1	Exhibit 2	Exhibit 3	Exhibit 4	

Client is admitted to the unit. They deny suicidal ideations at this History and Physical time. Client states, "I am an assistant to a powerful spirit." Client is poorly groomed and has body odor.

0900:

Called to the client's room. Client states, "I cannot believe you put me in a room with spiders on the wall." Client requests immediate transfer to another room.

1200:

Psychiatrist is at the bedside evaluating the client. After history and physical, psychiatrist states that they have diagnosed the client with schizophrenia. Client is to be started on medication and milieu therapy.

Majority of client's history is obtained from client's parent who presents with client today. According to the parent, client has been acting strangely for a few months. Client's symptoms have been progressively worsening.

In the last month, the client has been seeing things that are not present and believes that they are in a close relationship with "a powerful spirit." Client has not been bathing regularly for the ast few weeks.

Client has no significant health history. Client reports that they do not take illicit substances or drink alcohol. Client's grandparent has a history of schizophrenia.

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A nurse is caring for a client on a psychiatric unit.

Exhibit 1	Exhibit	Exhibit 3	Exhibit 4

Laboratory Results

Urine drug screen: negative (negative)

Question: 7 of 180

Time Remaining: 03:50:38
Pause Remaining: 00:05:00
PAUSE

A nurse is caring for a client who is near the end of life and is on complete bed rest. The client states that he needs to have a bowel movement, and the nurse offers a bed pan. The client states, "I've always used the bathroom." Which of the following responses should the nurse make?

"Tell me what concerns you have about using a bed pan."

"Make sure to use nearby furniture to support yourself when walking to the bathroom."

"I will have the physical therapist ambulate you to the bathroom."

"You have to use the bed pan for your own safety."

CONTINUE