



Question: 1 of 25

CORRECT

Time Remaining: 16:39:04
Pause Remaining: 00:05:00

PAUSE

FLAG

A nurse is caring for a client in the emergency department (ED).

Vital Signs Nurses' Notes Diagnostic Results

Vital Signs

1700:

- Temperature 35.3° C (96.5° F)
- Blood pressure 88/66 mm Hg
- Heart rate 76/min
- Respiratory rate 10/min
- Pulse oximetry 90% on room air

Which of the following client findings should the nurse report to the provider immediately?



(Select all that apply.)

- Respiratory assessment
- Nutritional status
- Temperature
- Blood alcohol level
- Blood pressure
- Living conditions

CORRECT

My Answer

Blood pressure is correct. The greatest risk to the client is from alcohol toxicity which can result in decreased body temperature, blood pressure, and respiratory rate. The client's current blood pressure is below the expected reference range, indicating hypotension.

Living conditions is incorrect. The nurse should address the issue that the client may be homeless, but other assessments are a higher priority at this time.

Blood alcohol level is correct. The greatest risk to the client is from alcohol toxicity which can result in decreased body temperature, blood pressure, and respiratory rate. A blood alcohol level of 310 mg/dL is a critical value.

Nutritional status is incorrect. The nurse should address the client's nutritional status, but other assessments are a higher priority at this time.

Respiratory assessment is correct. The greatest risk to the client is from alcohol toxicity which can result in decreased body temperature, blood pressure, and respiratory rate. The client's current respiratory rate is below the expected reference range.

Temperature is correct. The greatest risk to the client is from alcohol toxicity which can result in decreased body temperature, blood pressure, and respiratory rate. The client's current temperature is below the expected reference range, indicating hypothermia.

CONTINUE



Question: 2 of 25

Time Remaining: 16:38:34
Pause Remaining: 00:05:00

PAUSE



FLAG

A nurse is assessing a client who has schizophrenia and is taking risperidone. Which of the following findings should the nurse expect?



Weight gain

Dependent edema

Nightmares

Bradycardia

PREVIOUS

CONTINUE

Question: 3 of 25

CORRECT

Time Remaining: 16:37:35
Pause Remaining: 00:05:00

PAUSE



FLAG

A nurse is preparing to administer buspirone 7.5 mg PO every 12 hr to a client. The amount available is buspirone 15 mg/tablet. How many tablets should the nurse administer per dose? (Round the answer to the nearest tenth. Use a leading zero if it applies. Do not use a trailing zero.)



0.5 tablet(s)

CORRECT My Answer

Follow these steps for the Ratio and Proportion method of calculation:

Step 1: What is the unit of measurement the nurse should calculate? tablet(s)

Step 2: What is the dose the nurse should administer? Dose to administer = Desired 7.5 mg

Step 3: What is the dose available? Dose available = Have 15 mg

Step 4: Should the nurse convert the units of measurement? No

Step 5: What is the quantity of the dose available? 1 tablet

Step 6: Set up an equation and solve for X.

<i>Have</i>		<i>Desired</i>
	=	
<i>Quantity</i>		<i>X</i>
15 mg		7.5 mg
	=	
1 tablet		X tablet(s)

X tablet(s) = 0.5 tablet

Step 7: Round if necessary.

Step 8: Reassess to determine whether the amount to administer makes sense. If there are 15 mg/tablet and the prescription reads 7.5 mg, it makes sense to administer 0.5 tablet. The nurse should administer buspirone 0.5 tablet PO.

Follow these steps for the Desired Over Have method of calculation:

Step 1: What is the unit of measurement the nurse should calculate? tablet(s)

Step 2: What is the dose the nurse should administer? Dose to administer = Desired 7.5 mg

Step 3: What is the dose available? Dose available = Have 15 mg

Step 4: Should the nurse convert the units of measurement? No

Step 5: What is the quantity of the dose available? 1 tablet

Step 3: What is the dose available? Dose available = Have 15 mg

Step 4: Should the nurse convert the units of measurement? No

Step 5: What is the quantity of the dose available? 1 tablet

Step 6: Set up an equation and solve for X.

	<i>Desired</i> × <i>Quantity</i>
X =	
	<i>Have</i>

	7.5 mg × 1 tablet
X tablet(s) =	
	15 mg

X tablet(s) = 0.5 tablet

Step 7: Round if necessary.

Step 8: Reassess to determine whether the amount to administer makes sense. If there are 15 mg/tablet and the prescription reads 7.5 mg, it makes sense to administer 0.5 tablet. The nurse should administer buspirone 0.5 tablet PO.

Follow these steps for the Dimensional Analysis method of calculation:

Step 1: What is the unit of measurement the nurse should calculate? (Place the unit of measure being calculated on the left side of the equation.)

X tablet(s) =

Step 2: Determine the ratio that contains the same unit as the unit being calculated. (Place the ratio on the right side of the equation, ensuring that the unit in the numerator matches the unit being calculated.)

	1 tablet
X tablet(s) =	
	15 mg

Step 3: Place any remaining ratios that are relevant to the item on the right side of the equation, along with any needed conversion factors, to cancel out unwanted units of measurement.

	1 tablet	7.5 mg	
X tablet(s) =		×	
	15 mg	1 dose	

Step 4: Solve for X.

X tablet(s) = 0.5 tablet

Step 5: Round if necessary.

Step 6: Reassess to determine whether the amount to administer makes sense. If there are 15 mg/tablet and the prescription reads 7.5 mg, it makes sense to administer 0.5 tablet. The nurse should administer buspirone 0.5 tablet PO.

Question: 4 of 25

Time Remaining: 16:35:37
Pause Remaining: 00:05:00

PAUSE



FLAG

A nurse is teaching a female client who is experiencing alcohol withdrawal about chlordiazepoxide. Which of the following information should the nurse include in the teaching?



- "Notify the provider if pregnancy is desired or suspected."
- "This medication may increase your blood pressure."
- "Breast tenderness may occur with this medication."
- "You can double the dose of medication if you feel anxious."

PREVIOUS

CONTINUE

Question: 5 of 25

CORRECT

Time Remaining: 16:33:16
Pause Remaining: 00:05:00

PAUSE

FLAG

A nurse is caring for a client who has borderline personality disorder (BPD).

Medication Administration Record	Diagnostic Results	Medical History	Nurses Notes
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Medication Administration Record

Naltrexone 50 mg PO once daily

Fluoxetine 20 mg PO every morning

Which of the following 6 assessment findings require immediate follow-up?



- Loss of parent
- Frequency of facility admissions
- Sexual behaviors
- Sodium level
- Increased use of mood-altering substances
- BUN level
- Hepatitis Vital Study (HAA) results
- Hgb level
- Financial

CORRECT

My Answer

Frequency of facility admissions is incorrect. Clients who have BPD frequently seek out admission to medical facilities for impulsive behaviors, depression or anxiety, and to alleviate their feelings of being alone. Therefore, this is not an assessment finding requiring immediate follow-up.

Sodium level is correct. The client's sodium level of 131 mEq/L indicates hyponatremia which is an adverse effect of fluoxetine and should be brought to the attention of the client's provider.

Hgb level is incorrect. The client's Hgb level is within the expected reference range and is not an assessment finding requiring immediate follow-up.

Hepatitis Viral Study (HAA) results is correct. A positive HAA result indicates hepatitis, which is an inflammation of the liver. Follow-up for this finding is necessary in order to determine the specific causative virus and treatment protocol, including any isolation precautions to provide safety for the other clients and staff. Naltrexone is contraindicated in clients who have acute hepatitis or liver failure, so the nurse should inform the provider of this finding immediately.

Sexual behaviors is correct. Having unprotected sexual relations with multiple partners places the client at risk for sexually transmitted infections (STIs). This finding requires immediate follow-up by the nurse or the provider.

Increased use of mood-altering substances is correct. Clients who have BPD are at an increased risk of suicide. Increased consumption of mood-altering substances can be a warning sign for potential self-harm or suicide. Therefore, the nurse should recognize the client's use of these substances as a finding that requires immediate follow-up.

BUN level is incorrect. The client's BUN level is within the expected reference range and is not an assessment finding requiring immediate follow-up.

Loss of parent is correct. Clients who have BPD are at an increased risk of suicide. The death of a loved one is a risk factor for suicide. Therefore, the nurse should recognize that this finding requires immediate follow-up.

Financial status is correct. Clients who have BPD are at an increased risk of suicide. Financial difficulties are a risk factor for suicide. Therefore, the nurse

Question: 6 of 25

CORRECT

Time Remaining: 16:28:40
Pause Remaining: 00:05:00

PAUSE



FLAG

A nurse is preparing to administer olanzapine 20 mg PO daily. Available is olanzapine 10 mg orally-disintegrating tablets. How many tablets should the nurse administer per dose? (Round the answer to the nearest whole number. Use a leading zero if it applies. Do not use a trailing zero.)



tablet(s)

CORRECT

My Answer

Follow these steps for the Ratio and Proportion method of calculation:

- Step 1: What is the unit of measurement the nurse should calculate? tablet(s)
- Step 2: What is the dose the nurse should administer? Dose to administer = Desired 20 mg
- Step 3: What is the dose available? Dose available = Have 10 mg
- Step 4: Should the nurse convert the units of measurement? No
- Step 5: What is the quantity of the dose available? 1 tablet
- Step 6: Set up an equation and solve for X.

Have		Desired	
	=		
Quantity		X	
10 mg		20 mg	
	=		
1 tablet		X tablet(s)	

X tablet(s) = 2 tablets

Step 7: Round if necessary.

Step 8: Reassess to determine whether the amount to give makes sense. If there are 10 mg/tablet and the amount prescribed is 20 mg, it makes sense to administer 2 tablets. The nurse should administer olanzapine 2 tablets PO per dose.

Follow these steps for the Desired Over Have method of calculation:

- Step 1: What is the unit of measurement the nurse should calculate? tablet(s)
- Step 2: What is the dose the nurse should administer? Dose to administer = Desired 20 mg
- Step 3: What is the dose available? Dose available = Have 10 mg

Step 4: Should the nurse convert the units of measurement? No

Step 5: What is the quantity of the dose available? 1 tablet

Step 6: Set up an equation and solve for X.

	<i>Desired × Quantity</i>
X =	
	<i>Have</i>

	20 mg × 1 tablet
X tablet(s) =	
	10 mg

X tablet(s) = 2 tablets

Step 7: Round if necessary.

Step 8: Reassess to determine whether the amount to give makes sense. If there are 10 mg/tablet and the amount prescribed is 20 mg, it makes sense to administer 2 tablets. The nurse should administer olanzapine 2 tablets PO per dose.

Follow these steps for the Dimensional Analysis method of calculation:

Step 1: What is the unit of measurement the nurse should calculate? (Place the unit of measure being calculated on the left side of the equation.)

X tablet(s) =

Step 2: Determine the ratio that contains the same unit as the unit being calculated. (Place the ratio on the right side of the equation, ensuring that the unit in the numerator matches the unit being calculated.)

	1 tablet
X tablet(s) =	
	10 mg

Step 3: Place any remaining ratios that are relevant to the item on the right side of the equation, along with any needed conversion factors, to cancel out unwanted units of measurement.

	1 tablet	20 mg	
X tablet(s) =		×	
	10 mg	1 dose	

Step 4: Solve for X.

X tablet(s) = 2 tablets

Step 5: Round if necessary.

Step 6: Reassess to determine whether the amount to give makes sense. If there are 10 mg/tablet and the amount prescribed is 20 mg, it makes sense to administer 2 tablets. The nurse should administer olanzapine 2 tablets PO per dose.



Question: 8 of 25

CORRECT

Time Remaining: 16:24:59
Pause Remaining: 00:05:00

PAUSE



FLAG

A nurse is caring for a client who has bipolar disorder and has been taking lithium for 1 year. Before administering the medication, the nurse should check to see that which of the following tests have been completed?



Thyroid hormone assay

CORRECT

My Answer

Thyroid testing is important because long-term use of lithium may lead to thyroid dysfunction.



Question: 9 of 25

CORRECT

Time Remaining: 16:22:52
Pause Remaining: 00:05:00

PAUSE



FLAG

A nurse is providing teaching to a client who has schizophrenia and is to begin taking haloperidol. Which of the following information should the nurse include in the teaching?



"You may experience dizziness upon standing while taking this medication."

CORRECT

My Answer

Haloperidol may cause orthostatic hypotension; therefore, the client should be instructed to change positions slowly.