

# NURS 6002 HESI EXIT RN 2022 V5 (MOST RECENT ONE) Exam Questions and Answer Rated A+

1. The nurse is reviewing medical prescriptions for newly admitted clients. It would be a *priority* for the nurse to follow up with the physician if a client with

  - (a) a potassium level of 4.5mEq/L has Kayexalate (sodium polystyrene) prescribed
  - (b) a Dilantin (phenytoin) level of 8 mcg/ml is placed on seizure precautions
  - (c) sensitivity to Aspirin (acetylsalicylic acid) is prescribed Tylenol (acetaminophen)
  - (d) sensitivity to Penicillin is prescribed Zithromax (azithromycin)
2. The nurse should *intervene* if the nurse notes a staff member

  - (a) obtaining a clients consent prior to their operative procedure after receiving Ativan (lorazepam)
  - (b) placing a client on the affected side following surgical repair of a retinal detachment
  - (c) handling a wet cast with the palms of the hands
  - (d) using a broad base of support while transferring a client
3. The community health nurse is caring for the following clients. It would be a *priority* for the nurse to initiate a multidisciplinary conference for the client who is

  - (a) 12 years old with Autism who is starting a new school and recently had a URI (upper respiratory tract infection)

(b) 16 years old, has type 1 Diabetes Mellitus, is unemployed and had a recent Hemoglobin A1c of 13%

(c) 52 years old, with Myasthenia Gravis, recently prescribed Mestinon (pyridostigmine) and employed as a mail carrier

(d) 70 years old, has schizophrenia, lives alone and reports hearing non threatening voices.

4. The nurse from the postpartum unit has been temporarily assigned to the medical surgical unit. It would be *most appropriate* to assign this nurse to the client who\*

(a) has returned from right total hip replacement surgery four hours ago

(b) is being observed for increased intracranial pressure

(c) had surgery two hours ago to remove the appendix

(d) is two weeks post partum being maintained on a mechanical ventilator for respiratory failure

5. The nurse in a well baby clinic has assessed several children today. It would be a *priority* for the nurse to suggest follow up for the child who is

(a) 2 months old with a positive babinski refl ex

(b) 5 months old and does not hold their own bottle

(c) 10 months old who cries around strangers

(d) 18 months old who needs support while ambulating

6. The nurse is caring for a mechanically ventilated client who was declared brain dead. An Advance Directive is not documented on the

medical record. It would be *most appropriate* to obtain consent for organ donation from the

- (a) client's primary care provider
- (b) client's nurse manager
- (c) **closest living family member**
- (d) hospital's ethics committee

7. The nurse has received report on four clients. The nurse should *first* assess the client who has\*

- (a) Chronic Obstructive Pulmonary Disease (COPD) with a pulse oximetry reading of 90%
- (b) Parkinson's Disease and is demanding to leave the hospital against medical advice (AMA)
- (c) **been admitted with suspected Guillian-Barre' Syndrome and has begun plasmapheresis therapy**
- (d) Congestive Heart Failure (CHF) whose pitting edema has increased to 2(+)

8. It would be *appropriate* to assign which of these tasks to the CNA?

- (a) Feeding a client who is experiencing dysphagia
- (b) **One-on-one client observation for safety**
- (c) Removal of an indwelling catheter
- (d) Performing a simple dressing change

9. The nurse should *intervene* if a staff member is observed

- (a) **discussing a client's diagnosis with visiting family members**

- (b) collaborating with another nurse to review a prescription for blood transfusion
- (c) interrupting other staff members discussing a client in the cafeteria
- (d) reviewing a client's lab values with the nutritionist

10. The nurse is preparing a staff presentation on legal and ethical issues in nursing. The nurse would be *correct* to include which of the following examples?

- (a) Putting a client in a geriatric chair with the lap tray in front of the client in the day room to watch television is false imprisonment
- (b) Telling a client that you will put in a feeding tube if the client does not eat is an example of battery
- (c) Telling a client with bipolar disorder who is suicidal that they have a right to refuse to take their medications is an example of malpractice
- (d) Placing hands on a client who says –do not touch me|| is an example of assault

11. The nurse from the pediatric unit has been temporarily assigned to the Emergency Department. It would be *most appropriate* to assign that nurse to the client who\*

- (a) reports epigastric pain that –feels like indigestion||
- (b) has back pain and a pulsating abdominal mass
- (c) is HIV+ reporting vomiting and diarrhea

(d)presents with lower abdominal pain and is six weeks pregnant

12. Four clients recently returned to the unit following invasive diagnostic testing. The nurse should immediately *intervene* if one of the clients

(a)reports blood tinged sputum following a bronchoscopy

(b)has decreased abdominal girth following paracentesis

(c)reports a headache following a lumbar puncture

(d)is observed flexing and extending the legs two hours after cardiac catheterization

13. The nurse is made aware of the following situations. The nurse should *fi rst* check the client who

(a)had a transurethral prostatectomy (TURP) and is reporting urinary dribbling two hours after the indwelling catheter is removed

(b)has cervical traction and is moving the legs by fl exing and extending the feet

(c)has Alzheimer's disease (stage 1) and was returned to the room after being found wandering in the hallway

(d)has a history of partial seizures and is sitting in the bed picking at the clothing and smacking the lips

14. The nurse in a community health clinic is talking with the parent of a child with Celiac Disease. Which of the following statements would *require follow-up* by the

nurse for *additional teaching*? (a) -This weekend we are going to a seafood restaurant. ||

(b) —I can feed my child oatmeal and eggs for breakfast. ||

(c) -My child loves to eat rice and chicken for dinner. ||

(d) -Last night we ate fish with corn for dinner. ||

15. The charge nurse is observing a Licensed Practical Nurse (LPN) performing care for assigned clients. *Follow up* will be required if the LPN\*: (a) assesses a client's apical pulse before administering Digoxin (lanoxin)

(b) elevates the client's stump on a pillow eight hours after amputation

(c) dons a clean glove on the dominant hand before tracheal suctioning

(d) positions a client on the operative side following a pneumonectomy

16. The nurse at a health promotion fair has taught a group of parents about car seat and seat belt safety. Which of the following statements, if made by the parent, would indicate a *correct* understanding of the information given?

(a) -I will place my newborn infant in a rear facing car seat in the middle of the rear seat. ||

(b) —I will wear a lap seat belt high on my belly since I am 8 months pregnant. ||

(c) —I can use a front-facing car seat once my baby weighs 15 pounds. ||

(d)—I can allow my six-year-old to use a seat belt in the front passenger seat.||

17. The nurse is caring for a client being treated for Vancomycin Resistant Enterococcus (VRE). The nurse *should* place the client on
- (a) **contact precautions**
  - (b) droplet precautions
  - (c) protective precautions
  - (d) airborne precautions
18. The nurse is caring for a client with a Vancomycin Resistant Enterococcus (VRE) wound infection. Which of the following actions would be *appropriate* for the nurse to take?
- (a) Wear a particulate respirator mask when providing wound care
  - (b) Instruct visitors not to bring flowers into the client's room
  - (c) Place the client in a private room with negative air pressure
  - (d) **Wear a disposable gown when changing the client's dressing**
19. The nurse *should* initiate protective precautions for a client who has a
- (a) Red Blood Cell Count (RBC) of 3,900/mm<sup>3</sup>
  - (b) Platelet count of 400,000 $\mu$ /L
  - (c) Hemoglobin (Hgb) 9.0 g/dl
  - (d) **White Blood Cell Count (WBC) 2,500/mm<sup>3</sup>**

20. The nurse has provided health promotion teaching for a group of clients who were recently diagnosed with the Human immunodeficiency virus (HIV). Which statement, if made by one of the clients, would *require further teaching*?

- (a) —I am glad that I can still clean my parakeet's cage.||
- (b) —I will not go to the parade this weekend.||
- (c) —I will increase protein in my diet.||
- (d) —I will miss not being able to work in my garden.||

21. The nurse in the emergency department is caring for clients admitted following a rescue from a burning bus. The nurse should *fi rst* see the client who

- (a) has the tibia bone protruding through the skin and is in severe pain
- (b) has third degree burns of the left foot and is crying
- (c) is unconscious, pulseless, and has dilated pupils
- (d) has soot on the face and the nares and is coughing

22. A nurse is observing a newly-hired nurse provide care for assigned clients. The nurse should *follow up* if the newly-hired nurse is observed

- (a) wearing gloves when taking the blood pressure of a client with disseminated varicella zoster
- (b) cleansing the wound from the outer surface to the inner surface for a client whose wound is infected with a multi-drug resistant organism



- (c) washing the hands with the fingertips pointed downward before providing care for a client on protective precautions
- (d) removing the gloves before removing the gown when leaving a room of a client who is on contact precautions

**23.** The nurse is caring for a client who has been diagnosed with rheumatoid arthritis.

The nurse should anticipate that the client will *initially* be prescribed

- (a) Disease-modifying rheumatic agents (DMARDs)
- (b) **Nonselective anti-inflammatory drugs (NSAIDs)**

(c) Long-term corticosteroids

(d) Biologic Response Modifiers

**24.** The nurse is assessing a 2-month-old infant at a well baby clinic. The nurse *should*

anticipate the infant should

(a) roll from prone to back

(b) have no head lag

(c) **smile socially**

(d) have no tonic neck reflex

**25.** The nurse is teaching a class on infant nutrition. The nurse *should* instruct parents to introduce (a) fruit juices at 3 months

(b) honey sweetened water at 6 months

(c) **pureed chicken at 7 months**

(d) whole milk at 9 months

**26.** The nurse is caring for a 7-year-old who has thrombocytopenia and is on protective precautions. Which of the following would be an *appropriate* toy for the nurse to provide to the client?

(a) Finger paints and paper

(b) A rubber ball and bat

(c) A board game

(d) A stuffed toy

27. The nurse on a pediatric unit has been informed that the following clients are being admitted. The nurse should *fi rst* plan to assess the client who is\* (a) 2 years old, has a temperature of 100.8 F and a blood pressure of 68/44

(b) 4 years old with a history of asthma and has a peak expiratory flow rate (PERF) of 81%

(c) 5 years old, has a fracture of the tibia and is reporting pain rated 7 on a pain scale of 0 (no pain) to 10 (severe pain)

(d) 7 years old with ulcerative colitis and has had 15 blood tinged stools today

28. The nurse is providing discharge instructions to the parents of an infant who has a cleft lip. The nurse *should instruct* the parents to

(a) place the infant in a prone position after each feeding

(b) encourage the parents to provide the infant rest periods during feedings

- (c) regularly offer the infant a pacifier to enhance the sucking reflex
- (d) elevate the child's head forty five degrees during feeding

**29.** The nurse is assessing a 3-year-old during a well-child visit. During the visit the boy says to his mother, –Mommy, I love you. I'm going to marry you. || The nurse *should*

- (a) suggest to the mother not to encourage these types of statements
- (b) explain to the child that he will not be able to marry his mother even though he loves her
- (c) tell the mother that this statement is appropriate for his stage of development
- (d) recommend that the mother provide more opportunities for her son to play with other 3-year-old boys

**30.** The nurse is assessing a child with coarctation of the aorta. Which of the following would be an *expected* finding?

- (a) diminished blood pressure in the upper extremities
- (b) excessive weight gain
- (c) high pitched murmur
- (d) absence of femoral pulses

31. The nurse is caring for a child with an acyanotic heart defect.

Which of the following would be an *expected* finding. **Select all that apply.**

- (a) \_\_\_\_\_ poor suck reflex
- (b) \_\_\_\_\_ tachycardia
- (c) \_\_\_\_\_ increased respiratory rate
- (d) \_\_\_\_\_ bradycardia
- (e) \_\_\_\_\_ fainting spells
- (f) \_\_\_\_\_ delayed growth and development

32. The nurse is teaching a new mother about immunizations. Which of the following

*should* the nurse include in the teaching?

- (a) -Your baby should wait six months to receive any immunizations since the baby was born preterm.||
- (b) -Your baby will receive the first hepatitis B vaccine after one year of age.||
- (c) -Acellular Pertussis vaccine has less side effects than whole-cell pertussis vaccine.||

(d) The Haemophilus Influenza Type b (HIB) is given annually to protect against the flu.

33. The mother of an infant tells the nurse that the baby has not been tolerating feedings lately and she noticed an olive-shaped mass in the infant's abdomen. The nurse recognizes that this could be an *expected* finding if the infant has
- (a) intussusception
  - (b) Hirschsprung's disease
  - (c) umbilical hernia
  - (d) pyloric stenosis
34. The nurse is teaching a group of parents about the expected growth and development of three-year-old children. The nurse should include that a three-year-old *should*
- (a) discriminate between fantasy and reality
  - (b) ride a tricycle independently
  - (c) have a vocabulary of 7,000 words
  - (d) play in a group of two or three with one being the leader
35. The nurse and the nursing assistant are caring for a group of clients. Which of the following client care activities should the nurse assign to the nursing assistant? **Select all that apply.**

- (a) \_\_\_\_ reinforcing the dressing of a client who has a decubitus ulcer
- (b) \_\_\_\_ **monitoring the vital** signs of a client who had a myocardial infarction 12 hours ago and is being transferred from the coronary care unit
- (c) \_\_\_\_ administering a prescribed Fleet's enema to a client who will undergo a colonoscopy in two hours
- (d) \_\_\_\_ **placing a client who had an** above the knee amputation 24 hours ago in a prone position
- (e) \_\_\_\_ **assisting a client who had a colon** resection 36 hours ago to ambulate
- (f) \_\_\_\_ showing a client who had a vaginal hysterectomy 36 hours ago how to perform perineal care

**36.** The nurse is caring for a client with Acquired immunodeficiency syndrome (AIDS) who was started on Zidovudine (AZT). It would be *important* for the nurse to assess

- (a) blood ammonia serum
- (b) serum potassium
- (c) complete blood count (CBC)
- (d) serum uric acid

37. The nurse is performing an abdominal assessment. Indicate the correct sequence the nurse *should* use to perform this assessment.

- (a) percussion
- (b) palpation
- (c) auscultation
- (d) inspection

Answer \_\_\_\_\_

38. The nurse has become aware of the following client situations. The nurse should *fi rst* assess the client who\*

- (a) had received a unit of packed red blood cells four hours ago and is requesting a bedpan
- (b) had an abdominal hysterectomy yesterday and is reporting calf pain
- (c) has history of multiple sclerosis and is reporting diplopia
- (d) had a tonsillectomy three hours ago and is reporting a sore throat



**39.** The nurse is caring for a client who has been prescribed 1,000 ml of Ringer's Lactate to infuse over 8 hours. The available intravenous set delivers 10 drops per milliliter. How many drops per minute should the nurse set the intravenous controller to administer?

Answer \_\_\_\_\_

**40.** The primary health care provider has prescribed an oral solution of Potassium Chloride (KCL) 20 mEq PO, QD. The drug available is Potassium Chloride 10 mEq/15ml. How many ml should the nurse administer?

Answer \_\_\_\_\_

41. The primary health care provider has prescribed Heparin 5000 units SC. The drug available is heparin sodium 7500units/ml. **Choose all of the correct answers** for nursing considerations for the administration of heparin sodium.

- (a) \_\_\_\_\_ administer the heparin in the abdomen
- (b) \_\_\_\_\_ administer 0.5ml of heparin sodium
- (c) \_\_\_\_\_ aspirate after inserting the needle
- (d) \_\_\_\_\_ use a 1 inch 21 gauge needle
- (e) \_\_\_\_\_ refrain from massaging the site after administer heparin
- (f) \_\_\_\_\_ remember that protamine sulfate is the antidote for heparin

42. The nurse has attended a staff development conference on cultural considerations for clients receiving hospice care. Which of the following statements if made by the nurse would ***require follow-up***?

- (a) The family of a client of the Buddhist faith may ask for a priest to be present at the time of death
- (b) The family of a client of the Jewish faith may request to have mirrors covered after the death of the client
- (c) The family of a client of the Muslim faith may request that the body of the client be turned to face the East at the time of the client's death
- (d) **The family of a client of the Hindu faith may request that the client body be bathed after the client's death**

43. The nurse is caring for a client with bipolar disorder who has Lithium (Lithotabs) prescribed. The nurse *should* suggest that the client have which of the following snacks?
- (a) A fresh fruit cup
  - (b) Coffee and oatmeal cookies
  - (c) Tuna fish salad on saltine crackers
  - (d) Raw vegetables
44. The nurse has provided discharge instructions for a client who has been prescribed Digoxin (Lanoxin). It would *require follow up* by the nurse if the client says
- (a) —I will consult my primary health care provider before taking medications that contain aspirin.||
  - (b) —I will not take any antacids within two hours of taking the digoxin.||
  - (c) —I will avoid fruits such as avocados, grapefruit and cantaloupe.||

(d)—I will remember that any visual disturbance can be a sign of digitalis toxicity.||

**45.** The nurse is caring for a client who has bumetanide (Bumex) prescribed. The nurse *should* suggest that the client include which of the following foods in the diet?

- (a) **Apricots**
- (b) Organ meats
- (c) Sardines
- (d) Apples

**46.** The nurse is providing teaching for a client with ulcerative colitis.

Select all of the following that the nurse should include in the teaching

- (a) \_\_\_\_\_ steatorrhea commonly occurs or excessive secretion of fecal lipids is common
- (b) \_\_\_\_\_ **ulcerative colitis occurs most frequently in Jewish males 30-50 years of age**
- (c) \_\_\_\_\_ a diet high in residue and low in complex carbohydrates is helpful in controlling symptoms
- (d) \_\_\_\_\_ **Corticosteroids may be prescribed during an exacerbation**
- (e) \_\_\_\_\_ metronidazole (Flagyl) and ciprofloxacin (Cipro) are antibiotics commonly used during acute exacerbations
- (f) \_\_\_\_\_ **eating small frequent meals and lying down after eating promotes absorption of nutrients**

47. The nurse is precepting a newly-hired nurse who is caring for a client receiving a prescribed continuous nasogastric feeding. The nurse should *intervene* immediately if the newly-hired nurse
- (a) instills 30cc of normal saline into the feeding tube while auscultating over the stomach for bowel sounds
  - (b) checks the pH of the 60ml gastric aspirate removed from the feeding tube
  - (c) maintains the client with the head of the bed elevated at 45 degrees
  - (d) hangs four hours worth of prescribed feeding formula in an open delivery system
48. The nurse is observing a staff member caring for clients. It would require *immediate intervention* if the nurse observes the staff member
- (a) placing a client who had an above-the-knee amputation (AKA) 24 hours ago in a prone position

- (b) keeping the head of the bed elevated for the client who had an supratentorial craniotomy 12 hours ago
- (c) giving orange juice to a client who has a clear liquid diet prescribed
- (d) removing all liquids from the tray before giving the tray to a client who has dumping syndrome

- 49.** The primary health care provider has prescribed ampicillin (Omnipen) 0.5 GM PO Q6H to a 15 month old toddler who weighs 22 pounds. The drug available is ampicillin suspension 250 mg/5 ml. The recommended dosage is 50 mg/kg/ day every 6 to 8 hours. The nurse *should*
- (a) call the primary health care provider to report that the prescription exceeds the recommended dosage
  - (b) determine if the toddler has previously had a penicillin or a cephalosporin prescribed
  - (c) give the toddler the ampicillin mixed with applesauce
  - (d) wait until the result of the throat culture obtained one hour ago is reported
- 50.** The nurse is instructing a class for parents of children diagnosed with sickle cell anemia. The nurse should instruct the parents to have the children avoid
- (a) exposure to hot water
  - (b) other children with infections
  - (c) medications containing aspirin
  - (d) non - contact sports

51. The nurse is assessing a 5-month-old infant. The nurse *should expect* the infant to

- (a) roll from abdomen to back
- (b) sit without support
- (c) say ‘mama’ and ‘dada’
- (d) prefer use of one hand over the other

52. The home health care nurse is assigned to see four clients who all live within three miles of each other. The nurse should *first* see the client who has

- (a) gastroesophageal reflux disease (GERD) and is reporting a burning abdominal pain that is relieved by walking
- (b) cancer of the esophagus who has given away a favorite shirt since the last visit

(c) regional enteritis (Crohn's disease) who has an elevated temperature and is vomiting

(d) a gastrostomy tube who will begin self-feeding for the first time

**53.** A student nurse is administering magnesium hydroxide/aluminum hydrate (Maalox) prescribed as an antacid to a client. The nursing instructor *should intervene* if the student plans to administer the antacid

(a) two hours after the client has eaten a meal

(b) **at the same time as a prescribed iron preparation**

(c) after briskly shaking the bottle of Maalox

(d) when assessing the client for the presence of gastric pain

**54.** The nurse has attended a staff development conference on vitamins and minerals. Which of the following statements if made by the nurse would *require follow-up*?

(a) -Vitamin B12 (cobalamin) supplement may be needed if a client has a gastrectomy.||

(b) -Vitamin D (calciferol) is necessary for proper utilization of calcium and phosphorous.||

(c) -Vitamin A can be found in squash, pumpkin, and carrots.||

(d) **-Vitamin B6 (pyridoxine) supplements are given to help prevent macular degeneration.||**



55. A nurse is caring for a two-month-old infant being evaluated for congenital hypothyroidism. The nurse *should recognize* which of the following findings as being consistent with congenital hypothyroidism?

- (a) The infant sleeps for 6 hours at a time
- (b) The infant has a high-pitched cry
- (c) The infant has been having frequent loose stools
- (d) The infant has 3 + reflexes

56. The nurse in the emergency department is assessing a toddler who has swallowed some bleach. The toddler is crying. It would be a *priority* for the nurse to follow up if the parent says

- (a) —I brought the container of bleach with me. ||
- (b) —I could not get my toddler to vomit. ||
- (c) —I gave my toddler a tablespoonful of ipecac syrup. ||

(d)—I attempted to perform CPR to prevent my toddler from becoming unresponsive. ||

57. The nurse is caring for a client who is ventilator dependent. The nurse is aware that the high pressure alarm can be sounded for various reasons.

**Select all reasons that could apply.**

- (a)  increased bronchial secretions
- (b)  the presence of an air leak
- (c)  the presence of a kink in the tubing
- (d)  the client stops breathing spontaneously
- (e)  acute bronchospasm
- (f)  the client is biting the tube
- (g)  the ventilator tubing is disconnected

58. The nurse is caring for a client who has a new colostomy. The colostomy stoma is red, moist and slightly raised. The nurse *should*

- (a) determine if the client is allergic to the skin barrier
- (b) apply petroleum jelly gauze around the stoma
- (c) document the condition of the stoma
- (d) assess the client's temperature

59. The nurse has attended a staff development conference on medical treatments for various neurological disorders. Which of the following statements if made by the nurse would *require follow-up*?

- (a)–Clients with Guillain-Barre´ syndrome (GBS) often have plasmapheresis prescribed.||
- (b)–Myasthenia Gravis can be treated with short-acting anticholinesterase drugs.||
- (c)–Parkinson´s disease may have catechol O-methyltransferase (COMT) inhibitors prescribed along with levodopa-carbidopa (Sinemet).||
- (d)–Clients with Multiple Sclerosis often receive Intravenous immunoglobulin G (IV IgG).||

**60.** The nurse has attended a staff development conference on Meniere´s Disease. Which of the following statements, if made by the nurse *would require follow-up*?

- (a)–Meniere´s Disease symptoms result from excess endolymphatic fluid in the inner ear.||
- (b)–Clients with Meniere´s Disease are encouraged to have a low salt diet.||

(c) – Assistive listening devices are required for clients with Meniere’s Disease. ||

(d) – Stress is suspected to have a role in Meniere’s Disease. ||

61. The nurse is admitting a client to the emergency department who is reporting progressive visual impairment and loss of peripheral vision. The nurse *should* recognize that these symptoms are consistent with the medical diagnosis of

- (a) macular degeneration
- (b) closed angle glaucoma
- (c) senile cataract
- (d) retinal detachment

62. The nurse is caring for a client who has left ventricular failure. Which of the following *should* the nurse recognize as being consistent with this diagnosis?

- (a) 3+ pedal edema
- (b) jugular vein distention
- (c) oxygen saturation of 96%
- (d) wheezing during expiration

63. The nurse has attended a staff development conference on preparing clients for neurological diagnostic tests. Which of the following statements, if made by the nurse would *require follow-up*?

- (a) -The electromyogram (EMG) is performed by introducing small needle electrodes into muscles. ||
- (b) -After having a Positron Emission Tomography (PET) of the head the client can resume normal activities. ||
- (c) -The electroencephalogram (EEG) will require the client to be NPO for 12 hours before the test. ||
- (d) -After the lumbar puncture (LP) the client will need to lie fl at for about 3 hours. ||

64. The nurse has become aware of the following client situations. It would be a

*priority* for the nurse to intervene if a client

- (a) who had a cervical radium implant inserted sixteen hours ago is placed on bed rest
- (b) who had transphenoidal hypophysectomy twelve hours ago is drinking fl uids through a straw
- (c) who has received prescribed Lithium for the past three days is observed eating a pickle brought in by a family member

(d) who had retinal detachment repaired using a gas bubble four hours ago is lying on the operative side postoperatively

65. The nurse is caring for a client who has oxalate kidney stones.

The nurse should teach the client to *avoid*

(a) Spinach and rhubarb

(b) Mushrooms and rice

(c) Shell fish and aged cheese

(d) Organ meats and wine

66. A client with end stage renal disease (ESRD) is scheduled for hemodialysis in one hour. The nurse should *notify the primary health care provider* that the client has a

(a) BUN of 60 mg/dl

(b) Creatinine 3.5 mg/dl

(c) Sodium 145 mEq/L

(d) Potassium 6.8 mEq/L

67. The nurse is caring for a 49 year old female client who reports having frequent vaginal yeast infections. The client is 35% over her ideal body weight. The client has had several diagnostic blood tests prescribed. It would be a *priority* for the nurse to review the results for an elevated

(a) fasting blood glucose

(b) white blood count