

2021 MEDSURG HESI V1 55 QUESTIONS ALL ANSWERED CORRECT

1. The nurse obtains a fingerstick blood glucose level utilizing bedside lancet/glucose meter equipment from a client with a prescribed sliding scale insulin protocol. The meter indicated 56 mg/dl (3.12 mmol/l). At this time, which intervention should the nurse implement first?
 - A. Collect a blood specimen by venipuncture to send to the laboratory for serum glucose analysis
 - B. Prepare the prescribed dose of rapid acting insulin from the sliding scale instructions
 - C. Give the client six ounces of non-diet carbonated soda and instruct client to drink it entirely
 - D. Document the glucose reading in the electronic medical record as the only action needed

2. To achieve maximum mobility and independence for a client multiple sclerosis (MS), which intervention is **most** important for the nurse to implement?
 - A. Provide a walker for ambulation
 - B. Frequently assist client to bathroom
 - C. Apply alternating patches over eyes
 - D. Teaching strengthening exercises

3. A client is admitted to the hospital with symptoms consistent with a right hemisphere stroke. Which neurovascular assessment requires **immediate** intervention by the nurse?
 - A. Pupillary changes to ipsilateral dilation
 - B. Orientation to person and place only
 - C. Left-sided facial drooping and dysphagia
 - D. Unequal bilateral hand grip strengths

4. The nurse is teaching a client with glomerulonephritis about self care. Which dietary recommendations should the nurse encourage the client to follow?
 - A. Limit oral fluid intake to 500 mL per day
 - B. Restrict protein intake by limiting meats and other high-protein foods
 - C. Increase intake of potassium-rich foods such as bananas or cantaloupe
 - D. Increase intake of high-fiber foods, such as bran cereal

5. The nurse is caring for a client with *Herpes zoster* who reports painful, red blisters that align from the back along the chest's curvature to the anterior chest. Which intervention is the **highest priority** for the nurse?
- A. Place the client on contact precautions
 - B. Administer antiviral medications
 - C. Place wet compresses to ruptured vesicles
 - D. Administer narcotic analgesics
6. A young adult who suffered a severe brain injury in an automobile collision has been mechanically ventilated for the past three days and has no spontaneous respiratory effort. After serial electroencephalograms (EEG) reveal no brain activity, the healthcare provider discusses end-of-life options with the family who agree to discontinue life support. Which intervention should the nurse implement?
- A. Ask the family if they wish to remain at the bedside during withdrawal
 - B. Request a living will be placed in the client's medical record
 - C. Discuss the withdrawal procedure with the family and offer support
 - D. Turn off the mechanical ventilator and note the time of death
7. Following a transurethral resection of the prostate (TURP), a client is discharged from the hospital with an indwelling urinary catheter. Which instruction is most important for the nurse to include in the discharge teaching plan?
- A. Eliminate all spicy foods from your diet
 - B. Drink 3 liters of water each day
 - C. Clamp the catheter when taking a shower
 - D. Avoid driving a car for 2 weeks
8. On the first postoperative day, the nurse finds an older male client disoriented and trying to climb over the bed railing. Previously, he was oriented to person, place, and time on admission. Which intervention should the nurse implement **first**?
- A. Apply wrist restraints
 - B. Determine the client's blood pressure
 - C. Administer a mild sedative
 - D. Assess the client for pain

9. Acute soft-tissue injuries (i.e. sprains, strains) provide the nurse with a variety of teaching opportunities. Which instruction should the nurse provide to a client with a soft-tissue injury?
- A. Watch for shortness of breath which may indicate a fat embolus
 - B. Begin range of motion exercises within the first 24 hours
 - C. Apply ice intermittently for the first 24 hours
 - D. After edema subsides, apply heat continuously
10. A client returns to the unit following a craniotomy for removal of a brain tumor and is obtunded, but arouses to painful stimuli. Which assessment is **most** important for the nurse to obtain?
- A. Drainage on dressing
 - B. Last administration of analgesia
 - C. Body temperature
 - D. Serial blood pressure and pulse
11. A male client is admitted to the rehabilitation unit following a cerebrovascular accident (CVA), which resulted in paralysis of his right arm. When the nurse enters the room, he is struggling to put on a shirt, and he curses at the nurse. What is the best first response by the nurse?
- A. "We will give you a class on dressing tomorrow"
 - B. "This unit has a policy against staff harassment"
 - C. "Dressing must be a frustrating experience for you"
 - D. "It is important to dress the right arm first"
12. An older who agitated. Dyspneic, orthopneic, and using accessory muscles to breathe is admitted for further treatment. Initial assessment includes a heart rate 128 beats/minute and irregular, respirations 36 breaths/minutes, blood pressure 168/100 mmHg, wheezes and crackles in all lung fields. An hour after the administration of furosemide XX mg IV, which assessments should the nurse obtain to determine the client's response to treatment? (Select all that apply)
- A. Skin elasticity
 - B. Pain scale
 - C. Lung sounds
 - D. Urinary output
 - E. Oxygen saturation
13. The nurse is caring for an older male client with impaired skin integrity to shearing forces and pressure that is manifested as a draining stage 3 sacral ulcer. Which intervention is most important for the nurse to implement?

- A. Teach the family how to perform wound care
- B. Encourage a diet high in protein
- C. Ensure that IV fluids are administered as prescribed
- D. Daily range of motion exercises

14. A young adult female visit the clinic for primary dysmenorrhea and tells the nurse that she started taking a calcium supplement to reduce her menstrual cramps, but quit taking calcium because it causes constipation. The client wants to know what she can do to relieve her menstrual cramps. Which action should the nurse implement **first** to address the client's concern?

- A. Encourage client to increase her dietary intake of fiber
- B. Question the client about her use of birth control pills
- C. Ask her how much calcium she had been taking daily
- D. Determine if she takes any over the counter analgesics

15. While planning care for a client with carpal tunnel syndrome, the nurse identifies a collaborative problem of pain. What is the etiology of this problem?

- A. Compression of nerve
- B. Diminished blood flow
- C. Ischemic tissue changes
- D. Irritation of nerve endings

16. A client with a medical diagnosis of a ruptured cerebral aneurysm exhibits these symptoms: no eye opening, no sound vocalized, and flexion to pain (decorticate posturing). When calculating the Glasgow Coma Scale score, which value should the nurse document for the client?

- A. 13

- B. 9
- C. 3
- D. 5

17. A client with acute myelogenous leukemia (AML) is admitted for chemotherapy (CT) using cytarabine and the antitumor antibiotic daunorubicin. Which measures are the most important for the nurse to implement during the induction stage of chemotherapy?

- A. Assessment for graft versus host disease
- B. Precautions to prevent infection and bleeding
- C. Administration of whole blood products
- D. Scheduling of outpatient maintenance therapy

18. To reduce the risk for pulmonary complication for a client with Amyotrophic Lateral Sclerosis (ALS), which interventions should the nurse implement? (Select all that apply)

- A. Perform chest physiotherapy
- B. Establish a regular bladder routine
- C. Initiate passive range of motion exercises
- D. Encourage use of incentive spirometry
- E. Teach the client breathing exercises

19. A client with polycystic kidney disease is admitted because of an abrupt onset of massive polyuria. The client is pale, tachycardic, and febrile. Which serum laboratory findings requires **immediate** intervention by the nurse?

- A. Sodium 184 mEq/L
- B. Glucose 110 mg/dL
- C. Calcium 9 mg/dL
- D. HcO₃ 25 mEq/L

20. A client tells the nurse, "I just received good news about my tumor. I have a neoplasm, but it is benign." How should the nurse respond?

- A. Inform the healthcare provider that the client does not understand the test results
- B. Ask the client if the diagnostic test indicated any secondary metastasis
- C. Reinforce the client's joy and clarify the typical use of the term "neoplasm"