

HESI Pathophysiology
Exam V1 All New 55
Answers

1. The nurse is caring for a client with liver cirrhosis. Which diagnostic test will most likely be altered because of liver damage?

A Bone scan.

B Serum glucose.

C MRI of the chest.

D Colonoscopy.

With liver cirrhosis, there is an alteration in the function of liver tissue. One function of the liver is to either breakdown glycogen into glucose in response to glucagon or produce glycogen in response to insulin. For the client with liver cirrhosis, the blood glucose level could be either too high or too low. Choices A,

C, and D are not specifically altered in liver cirrhosis.

2. A client recovering from a kidney transplant has an 8 mm area of induration after an intradermal PPD tuberculin test. What will need to be done prior to treating this client for active tuberculosis? A

Nothing since this is a diagnostic indication of active disease. **B**

Determine active disease present through a chest x-ray.

C Conduct a multiple-puncture tine test. D

Evaluate results of liver function tests.

A positive tuberculin test alone does not indicate active disease. A chest x-ray will be done to evaluate for the presence of dense lesions in the apical and posterior segments of the upper lobe and possible cavity formation. Choice A is incorrect because a positive tuberculin skin test alone does not indicate active disease. Choice C is incorrect because a multiple-puncture tine test is less accurate than the PPD test. Choice D is incorrect because liver function tests are obtained prior to treating with isoniazid. The client needs to be diagnosed with active tuberculosis first.

3. The nurse determines that a client is at risk for the development of osteoporosis because of which assessment findings?

A African American female aged 45.

B Diagnosed with inflammatory bowel disease.

C Infrequent alcohol intake.

D Participates in walking 5 times a week for 30 minutes.

A malabsorption disorder, such as inflammatory bowel disease, is a nonmodifiable

risk for the development of osteoporosis. This disorder will affect

calcium absorption. Choice A is incorrect because African American females have greater bone density than other ethnic backgrounds. Choice C is incorrect

because heavy alcohol intake suppresses bone formation and contributes to nutritional deficiencies associated with osteoporosis. Choice D is incorrect because walking increases blood flow to the bones and increases osteoblast growth and activity.

4. A client's latest electrocardiogram waveform is demonstrating changes in the ST segment. The nurse is concerned that the client will begin to demonstrate:

A Ventricular

dysrhythmias.B Atrial

dysrhythmias.

C Atrioventricular conduction blocks.

D Sinus arrhythmias.

Ventricular dysrhythmias originate in the ventricles. One characteristic of this waveform is an abnormal ST segment. Choice B is incorrect because P wave changes are seen in atrial dysrhythmias. Choice C is incorrect because changes

would be seen in the QRS complex and P waves. Choice D is incorrect because a sinus arrhythmia is a sinus rhythm that fluctuates with respirations. There are

no specific waveform changes with this arrhythmia.

5. A client with type 2 diabetes mellitus has microalbuminuria. The nurse should prepare to instruct the client on which treatment for this clinical finding? (Select all that apply.)

A Weight management.

B Hypertension treatment.C

Exercise.

D Reduce salt intake.

E Postural hypotension.

Microalbuminuria is an abnormal level of albumin in the urine. For the client with

type 2 diabetes mellitus, management of this finding includes weight management, control of hypertension, exercise, and reduce salt intake.

Choice E

is incorrect because postural hypotension is a finding consistent with autonomic neuropathies or another type of complication of diabetes mellitus.

6. A client with type 2 diabetes mellitus is surprised to learn of a wound on

the bottom of the left heel. What would be the reason why this client is not aware of this wound?

A Microvascular changes in the skin.

B Sensory loss from peripheral neuropathy.

C Elevated blood lipid levels.

D Autonomic neuropathy.

Peripheral neuropathy is associated with diabetes mellitus. This disorder appears

first in the toes and feet and progresses upwards. The client with this disorder has distal paresthesias and impaired sensations of pain, light touch, and vibration. Choice A is not correct because microvascular changes in the skin may

contribute to the development of wound but, however, would not be the reason why the client was unaware of the wound. Choice C is incorrect because elevated blood lipid levels do not cause sensory changes in those with diabetes mellitus. Choice D is incorrect because autonomic neuropathy affects sweating and pupillary, cardiovascular, gastrointestinal, and genitourinary functioning.

7. The nurse is providing dietary instruction for a client with diverticular

disease. What should the nurse instruct the client to avoid eating?

A Unpeeled raw fruit.

B Popcorn and berries.

C Cooked cereals.

D Raw vegetables.

The client with diverticular disease is instructed to avoid food with small seeds such as popcorn and berries which could obstruct diverticula. Choices A, C, and

D are foods that are recommended to increase the fiber and residue in the client with diverticular disease.

8. A client, being treated with whole blood for a massive gastrointestinal

hemorrhage, continues to bleed and has a platelet count of 25,000.

Which

treatment should the nurse prepare to administer to this client?

A Albumin.

B Fresh frozen

plasma. **C Platelets.**

D Packed red blood cells.

An infusion of platelets is indicated in the client with a platelet count between 20,000 – 50,000 who is hemorrhaging. Choice A is a blood volume expander that is used in shock and trauma. Choice B is used to restore clotting factors. Choice D is used to restore intravascular volume.

9. A client being treated for liver cirrhosis is demonstrating a change in level of consciousness. Which laboratory test would most likely determine the cause for this client's symptom?

A Serum potassium.

B Serum glucose.

C Serum calcium.

D Serum ammonia.

The accumulation of nitrogenous wastes affects the mental status and thought processes of the client with liver cirrhosis. A serum ammonia level would help determine the cause of the client's change in level of consciousness. Choice A is

incorrect because a change in this value will not affect the client's level of consciousness. Choice B is incorrect because in liver cirrhosis, the glucose level

is most likely elevated which will not alter the client's level of consciousness. Choice C is incorrect because in liver cirrhosis, a change in this value will not affect the client's level of consciousness.

10. A client, who continues to be successfully treated for liver disease, is demonstrating signs of encephalopathy. What could be the cause for this new manifestation?

A Impaired nutrient metabolism.

B Impaired fat absorption.

C Impaired renal function.

D Impaired bile synthesis.

For the client who is being successfully treated for liver disease, the new manifestation of encephalopathy would indicate a build up of ammonia in the blood. The liver detoxifies ammonia but converts it to urea for excretion by the kidneys. If the kidneys are malfunctioning, the client will develop symptoms of

encephalopathy. Choices A, B, and D would not cause encephalopathy in the client with liver disease.

11. A client, being treated with chemotherapy for leukemia, is diagnosed