2023 NGN HESI LEVEL 1 PRACTICE EXAM LATEST (Already graded A)

The nurse is caring for a client who is receiving 24-hour total parenteral nutrition (TPN) via a central line at 54 ml/hr. When initially assessing the client, the nurse notes that the TPN solution has run out and the next TPN solution is not available. What immediate action should the nurse take?
A. Infuse normal saline at a keep vein open rate.
B. Discontinue the IV and flush the port with heparin.
C. Infuse 10% dextrose and water at 54 ml/hour.
D. Obtain a stat blood glucose level and notify the healthcare provider. - ✔✔C

A crying toddler has a blood pressure measurement of 120/70 mm Hg. What action should the nurse implement?
A. Notify the healthcare provider of the measurement.
B. Quiet the child and retake the blood pressure.
C. Ask the parent if the child has a history of hypertension.
D. Document the finding and recheck in 4 hours. - ✔✔B

The mother of a neonate asks the nurse why it is so important to keep the infant warm. What information should the nurse provide?
A. The kidneys and renal function are not fully developed.
B. Warmth promotes sleep so the infant will grow quickly.
C. A large body surface area favors heat loss to the environment.
D. The thick layer of subcutaneous fat is inadequate for insulation. - ✔✔C

What action by the nurse demonstrates culturally sensitive care?
A. Asks permission before touching a client.
B. Avoids questions about male-female relationships.
C. Explains the differences between Western medical care and cultural folk remedies.
D. Applies knowledge of a cultural group unless a client embraces Western customs. - ✔✔A

A client has a nursing diagnosis of, "Spiritual distress related to a loss of hope, secondary to impending death." What intervention is best for the nurse to implement when caring for this client?
A. Help the client to accept the final stage of life.
B. Assist and support the client in establishing short-term goals.
C. Encourage the client to make future plans, even if they are unrealistic.
D. Instruct the client's family to focus on positive aspects of the client's life. - ✔✔B

A client who is 5 foot 5 inches tall and weighs 200 pounds is scheduled for surgery the next day. Which question is most important for the nurse to include during the preoperative assessment?

A. "What is your daily calorie consumption?"
B. "What vitamin and mineral supplements do you take?"
C. "Do you feel that you are overweight?"
D. "Will a clear liquid diet be okay after surgery?" - ✔✔B

The nurse working in the emergency department is assessing four clients' ability to tolerate pain. Which client is likely to tolerate a higher level of pain?
A. A 10-year-old who was burned by a camp fire earlier today.
B. A 70-year-old who has a postoperative infection from a surgery one week ago.
C. A 23-year-old woman who sprained her knee while bicycling.
D. A 55-year-old woman who has had moderate low back pain for three months. - ✔✔D

A hospitalized male client is receiving nasogastric tube feedings via a small-bore tube and a continuous pump infusion. He reports that he had a bad bout of severe coughing a few minutes ago, but feels fine now. What action is best for the nurse to take?
A. Record the coughing incident. No further action is required at this time.
B. Stop the feeding, explain to the family why it is being stopped, and notify the healthcare provider.
C. After clearing the tube with 30 ml of air, check the pH of fluid withdrawn from the tube.
D. Inject 30 ml of air into the tube while auscultating the epigastrium for gurgling. - ✔✔C

In evaluating client care, which action should the nurse take first?
A. Determine if the expected outcomes of care were achieved.
B. Review the rationales used as the basis of nursing actions.
C. Document the care plan goals that were successfully met.
D. Prioritize interventions to be added to the client's plan of care. - ✔✔A

A female client asks the nurse to find someone who can translate her treatment concerns into her native language. Which action should the nurse take?
A. Explain that anyone who speaks her language can answer her questions.
B. Provide a translator only in an emergency situation.
C. Ask a family member or friend of the client to translate.
D. Request and document the name of the certified translator. - ✔✔D

An unlicensed assistive personnel (UAP) places a client in a left lateral position prior to administering a soap suds enema. Which instruction should the nurse provide the UAP?
A. Position the client on the right side of the bed in reverse Trendelenburg.
B. Fill the enema container with 1000 mL of warm water and 5 mL of castile soap.
C. Reposition in a Sims' position with the client's weight on the anterior ilium.
D. Raise the side rails on both sides of the bed and elevate the bed to waist level. - ✔✔C

A child with a penetrating eye injury comes to the school clinic. What action should the nurse implement?
A. Remove the object impaled in the eye and then apply a regular eye patch.
B. Place an ice bag over the eye until the healthcare provider is seen.
C. Irrigate the affected eye copiously with a cool sterile saline solution.
D. Apply a Fox shield to the affected eye and any type of patch to the other eye. - ✔✔D

When making the bed of a client who needs a bed cradle, which action should the nurse include?
A. Teach the client to call for help before getting out of bed.
B. Keep both the upper and lower side rails in a raised position.
C. Keep the bed in the lowest position while changing the sheets.
D. Drape the top sheet and covers loosely over the bed cradle. - ✔✔D

A male client with venous incompetence stands up and his blood pressure subsequently drops. Which finding should the nurse identify as a compensatory response?
A. Bradycardia.
B. Increase in pulse rate.
C. Peripheral vasodilation.
D. Increase in cardiac output. - ✔✔B

When assessing a preschooler, which finding warrants further assessment by the nurse?
A. Able to ride a tricycle.
B. Talks about an imaginary friend.
C. Dresses independently.
D. Gains 2 pounds (0.9kg) in 12 months. - ✔✔D

The nurse completes visual inspection of a client's abdomen. What technique should the nurse perform next in the abdominal examination?
A. Percussion.
B. Auscultation.
C. Deep palpation.
D. Light palpation. - ✔✔B

The nurse is assessing a postmenopausal woman who is complaining of urinary urgency and frequency and stress incontinence. She also reports difficulty in emptying her bladder. These complaints are most likely due to which condition?
A. Cystocele.
B. Bladder infection.
C. Pyelonephritis.
D. Irritable bladder. - ✔✔A

What action should the nurse implement when adding sterile liquids to a sterile field?
A. Use an outdated sterile liquid if the bottle is sealed and has not been opened.
B. Consider the sterile field contaminated if it becomes wet during the procedure.

C. Remove the container cap and lay it with the inside facing down on the sterile field.
D. Hold the container high and pour the solution into a receptacle at the back of the sterile field. - ✔✔B

What is the best action for the nurse to take when initiating contact with a toddler for the first time?
A. Ask the toddler to point to where it hurts.
B. Tell the child your name and that you are the nurse.
C. Call the child by name while picking up the toddler.
D. Kneel in front of the toddler and speak softly to the child. - ✔✔D

A single mother of two teenagers, ages 16 and 18, was just told that she has advanced cancer. She is devastated by the news, and expresses her concern about who will care for her children. Which statement by the nurse is likely to be most helpful at this time?
A. "Your children are old enough to help you make decisions about their futures."
B. "The social worker can tell you about placement alternatives for your children."
C. "Tell me what you would like to see happen with your children in the future."
D. "You have just received bad news, and you need some time to adjust to it." - ✔✔C

During the admission interview, which technique is most efficient for the nurse to use when obtaining information about signs and symptoms of a client's primary health problem?
A. Restatement of responses.
B. Open-ended questions.
C. Closed-ended questions.
D. Problem-seeking responses. - ✔✔C

The nurse is providing passive range of motion (ROM) exercises to the hip and knee for a client who is unconscious.
After supporting the client's knee with one hand, what action should the nurse take next?
A. Raise the bed to a comfortable working level.
B. Bend the client's knee.
C. Move the knee toward the chest as far as it will go.
D. Cradle the client's heel. - ✔✔D

The nurse should instruct a client to avoid which product while taking carisoprodol (Soma) for muscle spasms?
A. Aspirin products.
B. Antacids.
C. Alcoholic beverages.
D. Dairy products. - ✔✔C

The nurse is administering medications through a nasogastric tube (NGT) which is connected to suction. After ensuring correct tube placement, which action should the nurse take next?

A. Clamp the tube for 20 minutes.
B. Flush the tube with water.
C. Administer the medications as prescribed.
D. Crush the tablets and dissolve in sterile water. - ✔✔B

A female client informs the nurse that she uses herbal therapies to supplement her diet and manage common ailments. What information should the nurse offer the client about general use of herbal supplements?
A. Most herbs are toxic or carcinogenic and should be used only when proven effective.
B. There is no evidence that herbs are safe or effective as compared to conventional supplements in maintaining health.
C. Herbs should be obtained from manufacturers with a history of quality control of their supplements.
D. Herbal therapies may mask the symptoms of serious disease, so frequent medical evaluation is required during use. - ✔✔C

A 73-year-old Hispanic client is seen at the community health clinic with a history of protein malnutrition. What information should the nurse obtain first?
A. Amount of liquid protein supplements consumed daily.
B. Foods and liquids consumed during the past 24 hours.
C. Usual weekly intake of milk products and red meats.
D. Grains and legume combinations used by the client. - ✔✔B

An older client who is a resident in a long term care facility has been bedridden for a week. Which finding should the nurse identify as a client risk factor for pressure ulcers?
A. Generalized dry skin.
B. Localized dry skin on lower extremities.
C. Red flush over entire skin surface.
D. Rashes in the axillary, groin, and skin fold regions. - ✔✔D

A 6-year-old squirms and giggles when the nurse begins to palpate the abdomen. What action should the nurse implement?
A. Postpone the abdominal palpation until the next examination.
B. Place the child's hand under the examiner's hand while palpating.
C. Touch the abdomen firmly as the child takes short, quick breaths.
D. Press the abdomen with the child bearing down and holding the breath. - ✔✔B

An older client with a d ecreased percentage of lean body mass is likely to receive a prescription that is adjusted based on which pharmacokinetic process?
A. Absorption.
B. Metabolism.
C. Elimination.
D. Distribution - ✔✔D

What is the correct procedure for performing an opthalmoscopic examination on a client's right retina?