Hesi exit exam test bank 2023

Following discharge teaching, a male client with duodenal ulcer tells the nurse the he will drink plenty of dairy products, such as milk, to help coat and protect his ulcer. What is the best follow-up action by the nurse?

A. Review with the client the need to avoid foods that are rich in milk and cream

2. A male client with hypertension, who received new antihypertensive prescriptions at his last visit returns to the clinic two weeks later to evaluate his blood pressure (BP). His BP is 158/106 and he admits that he has not been taking the prescribed medication because the drugs make him "feel bad". In explaining the need for hypertension control, the nurse should stress that an elevated BP places the client at risk for which pathophysiological condition?
   A. Stroke secondary to hemorrhage

3. The nurse observes an unlicensed assistive personnel (UAP) positioning a newly admitted client who has a seizure disorder. The client is supine and the UAP is placing soft pillows along the side rails. What action should the nurse implement?
   A. Instruct the UAP to obtain soft blankets to secure to the side rails instead of pillows.

4. An adolescent with major depressive disorder has been taking duloxetine (Cymbalta) for the past 12 days. Which assessment finding requires immediate follow-up?
   A. Describes life without purpose

5. A 60-year-old female client with a positive family history of ovarian cancer has developed an abdominal mass and is being evaluated for possible ovarian cancer. Her Papanicolau (Pap) smear results are negative. What information should the nurse include in the client's teaching plan?
   A. Further evaluation involving surgery may be needed

6. A client who recently underwear a tracheostomy is being prepared for discharge to home. Which instructions is most important for the nurse to include in the discharge plan?
   A. Teach tracheal suctioning techniques
7. In assessing an adult client with a partial rebreather mask, the nurse notes that the oxygen reservoir bag does not deflate completely during inspiration and the client's respiratory rate is 14 breaths / minute. What action should the nurse implement?
   A. Document the assessment data
   B. Rational: reservoir bag should not deflate completely during inspiration and the client's respiratory rate is within normal limits.
8. During shift report, the central electrocardiogram (EKG) monitoring system alarms.

Which client alarm should the nurse investigate firs?

A. Respiratory apnea of 30 seconds

9. During a home visit, the nurse observed an elderly client with diabetes slip and fall. What action should the nurse take first?

A. Check the client for lacerations or fractures

10. At 0600 while admitting a woman for a schedule repeat cesarean section (C-Section), the client tells the nurse that she drank a cup a coffee at 0400 because she wanted to avoid getting a headache. Which action should the nurse take first?

A. Inform the anesthesia care provider

11. After placing a stethoscope as seen in the picture, the nurse auscultates S1 and S2 heart sounds. To determine if an S3 heart sound is present, what action should the nurse take first?

A. Listen with the bell at the same location

12. A 66-year-old woman is retiring and will no longer have a health insurance through her place of employment. Which agency should the client be referred to by the employee health nurse for health insurance needs?

A. Medicare

13. A client who is taking an oral dose of a tetracycline complains of gastrointestinal upset. What snack should the nurse instruct the client to take with the tetracycline?

A. Toasted wheat bread and jelly

14. Following a lumbar puncture, a client voices several complaints. What complaint indicated to the nurse that the client is experiencing a complication?

A. **"I have a headache that gets worse when I sit up"**

B. "I am having pain in my lower back when I move my legs"

C. "My throat hurts when I swallow"

D. "I feel sick to my stomach and am going to throw up"

15. An elderly client seems confused and reports the onset of nausea, dysuria, and urgency with incontinence. Which action should the nurse implement?

A. Obtain a clean catch mid-stream specimen

16. The nurse is assisting the mother of a child with phenylketonuria (PKU) to select foods that are in keeping with the child's dietary restrictions. Which foods are contraindicated for this child?

A. Foods sweetened with aspartame

17. Before preparing a client for the first surgical case of the day, a part-time scrub nurse asks the circulating nurse if a 3 minute surgical hand scrub is adequate preparation for this client. Which response should the circulating nurse provide?

A. Direct the nurse to continue the surgical hand scrub for a 5 minute duration

18. Which breakfast selection indicates that the client understands the nurse's instructions about the dietary management of osteoporosis?

A. Bagel with jelly and skim milk

19. The charge nurse of a critical care unit is informed at the beginning of the shift that less than the optimal number of registered nurses will be working that shift. In planning assignments, which client should receive the most care hours by a registered nurse (RN)?

A. An 82-year-old client with Alzheimer's disease newly-fractures femur who has a Foley catheter and soft wrist restrains applied

20. A mother brings her 6-year-old child, who has just stepped on a rusty nail, to the pediatrician's office. Upon inspection, the nurse notes that the nail went through the shoe and pierced the bottom of the child's foot. Which action should the nurse implement first?

- **A. Cleanse the foot with soap and water and apply an antibiotic ointment**
- **B.** Provide teaching about the need for a tetanus booster within the next 72 hours.
- **C.** have the mother check the child's temperature q4h for the next 24 hours
- **D.** transfer the child to the emergency department to receive a gamma globulin injection

21. The mother of an adolescent tells the clinic nurse, "My son has athlete's foot, I have been applying triple antibiotic ointment for two days, but there has been no improvement." What instruction should the nurse provide?

- **A.** Stop using the ointment and encourage complete drying of the feet and wearing clean socks.

22. A 26-year-old female client is admitted to the hospital for treatment of a simple goiter, and levothyroxine sodium (Synthroid) is prescribed. Which symptoms indicate to the nurse that the prescribed dosage is too high for this client? The client experiences

- **A.** Bradycardia and constipation
- **B.** Lethargy and lack of appetite
- **C.** Muscle cramping and dry, flushed skin
- **D. Palpitations and shortness of breath**

23. A client with a history of heart failure presents to the clinic with a nausea, vomiting, yellow vision and palpitations. Which finding is most important for the nurse to assess to the client?

- **A.** Obtain a list of medications taken for cardiac history

24. The healthcare provider prescribes an IV solution of isoproterenol (Isuprel) 1 mg in 250 ml of D_5W at 300 mcg/hour. The nurse should program the infusion pump to deliver how many ml/hour? (Enter numeric value only.)

- **A.** 75
- **B.** Rationale: Convert mg to mcg and use the formula D/H x Q. 300 mcg/hour / 1,000 mcg x 250 ml = 3/1 x 25 = 75 ml/hour

25. The pathophysiological mechanism are responsible for ascites related to liver failure? (Select all that apply)

- **A.** Fluid shifts from intravascular to interstitial area due to decreased serum protein
- B. Increased hydrostatic pressure in portal circulation increases fluid shifts into abdomen
- C. Increased circulating aldosterone levels that increase sodium and water retention

26. The nurse is auscultating a client's heart sounds. Which description should the nurse use to document this sound? (Please listen to the audio first to select the option that applies)

- **A.** Murmur
- **B.** Rationale: A murmur is auscultated as a swishing sound that is associated with the blood turbulence created by the heart or valvular defect.

27. The healthcare provider prescribes celtazidime (Fortax) 35 mg every 8 hours IM for an infant. The 500 mg vial is labeled with the instruction to add 5.3 ml diluent to provide a concentration of 100 mg/ml. How many ml should the nurse administered for each dose? (Enter numeric value only. If rounding is required, round to the nearest tenth)

A. 0.4

B. rationale: 35mg/100mg x 1 = 0.35 = 0.4 ml

28. The nurse notes that a client has been receiving hydromorphone (Dilaudid) every six hours for four days. What assessment is most important for the nurse to complete?

A. Auscultate the client's bowel sounds

B. Observe for edema around the ankles

C. Measure the client's capillary glucose level

D. Count the apical and radial pulses simultaneously

E. Rationale: hydromorphone is a potent opioid analgesic that slows peristalsis and frequently causes constipation, so it is most important to Auscultate the client's bowel sounds

29. A female client is admitted with end stage pulmonary disease is alert, oriented, and complaining of shortness of breath. The client tells the nurse that she wants "no heroic measures" taken if she stops breathing, and she asks the nurse to document this in her medical record. What action should the nurse implement?

A. Ask the client to discuss "do not resuscitate" with her healthcare provider

30. A client is receiving a full strength continuous enteral tube feeding at 50 ml/hour and has developed diarrhea. The client has a new prescription to change the feeding to half strength. What intervention should the nurse implement?

A. Add equal amounts of water and feeding to a feeding bag and infuse at 50ml/hour

31. A female client reports that her hair is becoming coarse and breaking off, that the outer part of her eyebrows have disappeared, and that her eyes are all puffy. Which follow-up question is best for the nurse to ask?

A. Have you noticed any changes in your fingernails?

B. Rationale: The pattern of reported manifestations is suggestive of hypothyroidism

32. After a third hospitalization 6 months ago, a client is admitted to the hospital with ascites and malnutrition. The client is drowsy but responding to verbal stimuli and reports recently spitting up blood. What assessment finding warrants immediate intervention by the nurse?

A. Capillary refill of 8 seconds

B. bruises on arms and legs

C. round and tight abdomen

D. pitting edema in lower legs

33. After the nurse witnesses a preoperative client sign the surgical consent form, the nurse signs the form as a witness. What are the legal implications of the nurse's signature on the client's surgical consent form? (Select all that apply)

A. The client voluntarily grants permission for the procedure to be done

B. The client is competent to sign the consent without impairment of judgment

C. The client understands the risks and benefits associated with the procedure

34. Following surgery, a male client with antisocial personality disorder frequently requests that a specific nurse be assigned to his care and is belligerent when another nurse is assigned. What action should the charge nurse implement?

A. Advise the client that assignments are not based on clients requests

35. A client with cervical cancer is hospitalized for insertion of a sealed internal cervical radiation implant. While providing care, the nurse finds the radiation implant in the bed. What action should the nurse take?

A. Place the implant in a lead container using long-handled forceps

36. The client with which type of wound is most likely to need immediate intervention by the nurse?

A. **Laceration**
B. Abrasion
C. Contusion
D. Ulceration

E. Rationale: A laceration is a wound that is produced by the tearing of soft body tissue. This type of wound is often irregular and jagged. A laceration wound is often contaminated with bacteria and debris from whatever object caused the cut.

37. The nurse is planning care for a client admitted with a diagnosis of pheochromocytoma. Which intervention has the highest priority for inclusion in this client's plan of care?

A. Monitor blood pressure frequently

B. Rationale: A pheochromocytoma is a rare, catecholamine-secreting tumor that may precipitate life-threatening hypertension. The tumor is malignant in 10% of cases but may be cured completely by surgical removal. Although pheochromocytoma has classically been associated with 3 syndromes—von Hippel-Lindau (VHL) syndrome, multiple endocrine neoplasia type 2 (MEN 2), and neurofibromatosis type 1 (NF1)—there are now 10 genes that have been identified as sites of mutations leading to pheochromocytoma.

38. When caring for a client who has acute respiratory distress syndrome (ARDS), the nurse elevates the head of the bed 30 degrees. What is the reason for this intervention?

A. **To reduce abdominal pressure on the diaphragm**
B. to promote retraction of the intercostal accessory muscle of respiration
C. to promote bronchodilation and effective airway clearance
D. to decrease pressure on the medullary center which stimulates breathing
E. Rationale: a semi-sitting position is the best position for matching ventilation and perfusion and for decreasing abdominal pressure on the diaphragm, so that the client can maximize breathing.

39. When assessing a mildly obese 35-year-old female client, the nurse is unable to locate the gallbladder when palpating below the liver margin at the lateral border of the rectus abdominal muscle. What is the most likely explanation for failure to locate the gallbladder by palpation?

A. The client is too obese
B. Palpating in the wrong abdominal quadrant
C. Deeper palpation technique is needed
D. **The gallbladder is normal**
E. Rationale: a normal healthy gallbladder is not palpable

40. A woman with an anxiety disorder calls her obstetrician's office and tells the nurse of increased anxiety since the normal vaginal delivery of her son three weeks ago. Since she

is breastfeeding, she stopped taking her antianxiety medications, but thinks she may need to start taking them again because of her increased anxiety. What response is best for the nurse to provide this woman?

A. describe the transmission of drugs to the infant through breast milk
B. encourage her to use stress relieving alternatives, such as deep breathing exercises
C. **Inform her that some antianxiety medications are safe to take while breastfeeding**
D. Explain that anxiety is a normal response for the mother of a 3-week-old.
E. Rationale: there are several antianxiety medications that are not contraindicated for breastfeeding mothers.

41. An older male client with a history of type 1 diabetes has not felt well the past few days and arrives at the clinic with abdominal cramping and vomiting. He is lethargic, moderately, confused, and cannot remember when he took his last dose of insulin or ate last. What action should the nurse implement first?

A. **Start an intravenous (IV) infusion of normal saline**
B. obtain a serum potassium level
C. administer the client's usual dose of insulin
D. assess pupillary response to light
E. Rationale: the nurse should first start an intravenous infusion of normal saline to replace the fluids and electrolytes because the client has been vomiting, and it is unclear when he last ate or took insulin. The symptoms of confusion, lethargy, vomiting, and abdominal cramping are all suggestive of hyperglycemia, which also contributes to diuresis and fluid electrolyte imbalance.

42. A client who received multiple antihypertensive medications experiences syncope due to a drop in blood pressure to 70/40. What is the rationale for the nurse's decision to hold the client's scheduled antihypertensive medication?

A. increased urinary clearance of the multiple medications has produced diuresis and lowered the blood pressure
B. the antagonistic interaction among the various blood pressure medications has reduced their effectiveness
C. **The additive effect of multiple medications has caused the blood pressure to drop too low**
D. the synergistic effect of the multiple medications has resulted in drug toxicity and resulting hypotension

43. Which client is at the greatest risk for developing delirium?

A. **An adult client who cannot sleep due to constant pain.**
B. an older client who attempted 1 month ago
C. a young adult who takes antipsychotic medications twice a day
D. a middle-aged woman who uses a tank for supplemental oxygen

44. Which intervention should the nurse include in a long-term plan of care for a client with Chronic Obstructive Pulmonary Disease (COPD)?

A. **Reduce risks factors for infection**
B. Administer high flow oxygen during sleep
C. Limit fluid intake to reduce secretions
D. Use diaphragmatic breathing to achieve better exhalation

45. Which location should the nurse choose as the best for beginning a screening program for

hypothyroidism?

A. **A business and professional women's group.**
B. An African-American senior citizens center
C. A daycare center in a Hispanic neighborhood
D. An after-school center for Native-American teens

46. A female client has been taking a high dose of prednisone, a corticosteroid, for several months. After stopping the medication abruptly, the client reports feeling "very tired". Which nursing intervention is most important for the nurse to implement?

A. **Measure vital signs**
B. Auscultate breath sounds
C. Palpate the abdomen
D. Observe the skin for bruising

47. A male client reports the onset of numbness and tingling in his fingers and around his mouth. Which lab is important for the nurse to review before contacting the health care provider?

A. capillary glucose
B. urine specific gravity
C. **Serum calcium**
D. white blood cell count

48. What explanation is best for the nurse to provide a client who asks the purpose of using the log-rolling technique for turning?

A. working together can decrease the risk for back injury
B. **The technique is intended to maintain straight spinal alignment.**
C. Using two or three people increases client safety.
D. turning instead of pulling reduces the likelihood of skin damage

49. A client receiving chemotherapy has severe neutropenia. Which snack is best for the nurse to recommend to the client?

A. Baked apples topped with dried raisins

50. Which action should the school nurse take first when conducting a screening for scoliosis?

A. Inspect for symmetrical shoulder height.

51. An unlicensed assistive personnel (UAP) assigned to obtain client vital signs reports to the charge nurse that a client has a weak pulse with a rate of 44 beat/ minutes. What action should the charge nurse implement?

A. Assign a practical nurse (LPN) to determine if an apical radial deficit is present

52. After a sudden loss of consciousness, a female client is taken to the ED and initial assessment indicate that her blood glucose level is critically low. Once her glucose level is stabilized, the client reports that was recently diagnosed with anorexia nervosa and is being treated at an outpatient clinic. Which intervention is more important to include in this client's discharge plan?

A. Encourage a low-carbohydrate and high-protein diet

53. A client with a peripherally inserted central catheter (PICC) line has a fever. What client assessment is most important for the nurse to perform?

A. Observe the antecubital fossa for inflammation.

54. The nurse administers an antibiotic to a client with respiratory tract infection. To evaluate the medication's effectiveness, which laboratory values should the nurse monitor? Select

all that apply

A. White blood cell (WBC) count

B. Sputum culture and sensitivity

55. A client is admitted to isolation with the diagnosis of active tuberculosis. Which infection control measures should the nurse implement?

A. **Negative pressure environment**

B. contact precautions

C. droplet precautions

D. protective environment

56. A school nurse is called to the soccer field because a child has a nose bleed (epistaxis). In what position should the nurse place the child?

A. Sitting up and leaning forward

57. A young adult who is hit with a baseball bat on the temporal area of the left skull is conscious when admitted to the ED and is transferred to the Neurological Unit to be monitored for signs of closed head injury. Which assessment finding is indicative of a developing epidural hematoma?

A. Altered consciousness within the first 24 hours after injury.

58. A female client with breast cancer who completed her first chemotherapy treatment today at an out-patient center is preparing for discharge. Which behavior indicates that the client understands her care needs

A. Rented movies and borrowed books to use while passing time at home

59. Which instruction should the nurse provide a pregnant client who is complaining of heartburn?

A. Eat small meal throughout the day to avoid a full stomach.

60. A client is admitted to the intensive care unit with diabetes insipidus due to a pituitary gland tumor. Which potential complication should the nurse monitor closely?

A. **Hypokalemia**

B. Ketonuria.

C. Peripheral edema

D. Elevated blood pressure

E. Rational: pituitary tumors that suppress antidiuretic hormone (ADH) result in diabetes insipidus, which causes massive polyuria and serum electrolyte imbalances, including hypokalemia, which can lead to lethal arrhythmias.

61. A female client reports she has not had a bowel movement for 3 days, but now is defecating frequent small amount of liquid stool. Which action should the nurse implement?

A. Digitally check the client for a fecal impaction

62. After changing to a new brand of laundry detergent, an adult male reports that he has a fine itchy rash. Which assessment finding warrants immediate intervention by the nurse?

A. Bilateral Wheezing.

63. The nurse should teach the parents of a 6 year-old recently diagnosed with asthma that the symptom of acute episode of asthma are due to which physiological response?

A. Inflammation of the mucous membrane & bronchospasm

64. A 10 year old who has terminal brain cancer asks the nurse, "What will happen to my body when I die?" How should the nurse respond?

A. "The heart will stop beating & you will stop breathing."

65. The nurse is assessing a 3-month-old infant who had a pylorotomy yesterday. This child should be medicated for pain based on which findings? Select all that apply:

- **A. Restlessness**
- **B. Clenched Fist**
- **C. Increased pulse rate**
- **D. Increased respiratory rate.**
- **E.** Increased temperature
- **F.** Peripheral pallor of the skin

66. The nurse is preparing to administer an oral antibiotic to a client with unilateral weakness, ptosis, mouth drooping and, aspiration pneumonia. What is the priority nursing assessment that should be done before administering this medication?

- **A.** Determine which side of the body is weak.

67. The nurse who is working on a surgical unit receives change of shift report on a group of clients for the upcoming shift. A client with which condition requires the most immediate attention by the nurse?

- **A.** Gunshot wound three hours ago with dark drainage of 2 cm noted on the dressing.
- **B.** Mastectomy 2 days ago with 50 ml bloody drainage noted in the Jackson-pratt drain.
- **C.** Collapsed lung after a fall 8h ago with 100 ml blood in the chest tube collection container
- **D. Abdominal-perineal resection 2 days ago with no drainage on dressing who has fever and chills.**
- **E.** Rationale: the client with an abdominal- perineal resection is at risk for peritonitis and needs to be immediately assessed for other signs and symptoms for sepsis.

68. The nurse is caring for a client who had gastric bypass surgery yesterday. Which intervention is most important for the nurse to implement during the first 24 postoperative hours?

- **A.** Measure hourly urinary output.
- **B.** Rationale: a serious early complications of gastric bypass surgery is an anastomoses leak, often resulting in death.

69. When preparing to discharge a male client who has been hospitalized for an adrenal crisis, the client expresses concern about having another crisis. He tells the nurse that he wants to stay in the hospital a few more days. Which intervention should the nurse implement?

- **A.** Schedule an appointment for an out-patient psychosocial assessment.

70. An adult female client tells the nurse that though she is afraid her abusive boyfriend might one day kill her, she keeps hoping that he will change. What action should the nurse take first?

- **A.** Explore client's readiness to discuss the situation.

71. In caring for a client with Cushing syndrome, which serum laboratory value is most important for the nurse to monitor?

- **A.** Lactate
- **B. Glucose**
- **C.** Hemoglobin
- **D.** Creatinine

72. Azithromycin is prescribed for an adolescent female who has lower lobe pneumonia and

recurrent chlamydia. What information is most important for the nurse to provide to this client?

A. Use two forms of contraception while taking this drug.

73. A client in the emergency center demonstrates rapid speech, flight of ideas, and reports sleeping only three hours during the past 48h. Based on these finding, it is most important for the nurse to review the laboratory value for which medication?

A. Divalproex.

B. Rationale: divalproex is the first line of treatment for bipolar disorder BPD because it has a high therapeutic index, few side effects, and a rapid onset in controlling symptoms and preventing recurrent episodes of mania and depression. The serum value of divalproex should be determined since the client is exhibiting symptoms of mania, which may indicate non-compliance with the medication regimen.

74. A male client who is admitted to the mental health unit for treatment of bipolar disorder has a slightly slurred speech pattern and an unsteady gait. Which assessment finding is most important for the nurse to report to the healthcare provider?

A. Serum lithium level of 1.6 mEq/L or mmol/l (SI)

B. Rationale: The therapeutic level of Serum lithium is 0.8 to 1.5 mEq/L or mmol/l (SI). Slurred speech and ataxia are sign of lithium toxicity.

75. A client was admitted to the cardiac observation unit 2 hours ago complaining of chest pain. On admission, the client's EKG showed bradycardia, ST depression, but no ventricular ectopy. The client suddenly reports a sharp increase in pain, telling the nurse, "I feel like an elephant just stepped on my chest" The EKG now shows Q waves and ST segment elevations in the anterior leads. What intervention should the nurse perform?

A. Administer prescribed morphine sulfate IV and provide oxygen at 2 L/min per nasal cannula.

76. The nurse is developing a teaching program for the community. What population characteristic is most influential when choosing strategies for implementing a teaching plan?

A. Literacy level

77. A client is being discharged with a prescription for warfarin (Coumadin). What instruction should the nurse provide this client regarding diet?

A. Eat approximated the same amount of leafy green vegetables daily so the amount of vitamin K consumed is consistent.

78. A client who had a small bowel resection acquired methicillin resistant staphylococcus aureus (MRSA) while hospitalized. He treated and released, but is readmitted today because of diarrhea and dehydration. It is most important for the nurse to implement which intervention.

A. Maintain contact transmission precaution

79. A postoperative female client has a prescription for morphine sulfate 10 mg IV q3 hours for pain. One dose of morphine was administered when the client was admitted to the post anesthesia care unit (PACU) and 3 hours later, the client is again complaining of

pain. Her current respiratory rate is 8 breaths/minute. What action should the nurse take?

A. Administer Naxolone IV

80. Which intervention is most important for the nurse to include in the plan of care for an older woman with osteoporosis?

A. Place the client on fall precautions

81. Based on the information provided in this client's medical record during labor, which should the nurse implement? (Click on each chart tab for additional information. Please be sure to scroll to the bottom right corner of each tab to view all information contained in the client's medical record.)

A. Continue to monitor the progress of labor.

82. An unlicensed assistive personnel UAP leaves the unit without notifying the staff. In what order should the unit manager implement this intervention to address the UAPs behavior? (Place the action in order from first on top to last on bottom.)

1. Note date and time of the behavior.
2. Discuss the issue privately with the UAP.
3. Plan for scheduled break times.
4. Evaluate the UAP for signs of improvement.

83. A client with intestinal obstructions has a nasogastric tube to low intermittent suction and is receiving an IV of lactated ringer's at 100 ml/H. which finding is most important for the nurse to report to the healthcare provider?

A. Serum potassium level of 3.1 mEq/L or mmol/L (SI)

B. Rationale: **The normal potassium level** in the blood is 3.5-5.0 milliEquivalents per liter (mEq/L).

84. Which type of Leukocyte is involved with allergic responses and the destruction of parasitic worms?

A. Neutrophils

B. Lymphocytes

C. **Eosinophils**

D. Monocytes

E. Rationale: Eosinophils are involved in allergic responses and destruction of parasitic worms.

85. The healthcare provider prescribes the antibiotic cephradine 500mg PO every 6 hours for a client with a postoperative wound infection. Which foods should the nurse encourage this client to eat?

A. Yogurt and/or buttermilk.

86. Several months after a foot injury, and adult woman is diagnosed with neuropathic pain. The client describes the pain as severe and burning and is unable to put weight on her foot. She asks the nurse when the pain will "finally go away." How should the nurse respond?

A. Assist the client in developing a goal of managing the pain

87. One day following an open reduction and internal fixation of a compound fracture of the leg, a male client complains of "a tingly sensation" in his left foot. The nurse determines the client's left pedal pulses are diminished. Based on these finding, what is the client's greatest risk?

A. Neurovascular and circulation compromise related to compartment syndrome.

88. The nurse is completing a head to be assessment for a client admitted for observation after falling out of a tree. Which finding warrants immediate intervention by the nurse?

A. Clear fluid leaking from the nose.

89. A client with multiple sclerosis (MS) has decreased motor function after taking a hot bath (Uhthoff's sign). Which pathophysiological mechanism supports this response?

A. Temporary vasodilation

90. While assessing a radial artery catheter, the client complains of numbness and pain distal to the insertion site. What interventions should the nurse implement?

A. Promptly remove the arterial catheter from the radial artery.

91. A client is admitted with an epidural hematoma that resulted from a skateboarding accident. To differentiate the vascular source of the intracranial bleeding, which finding should the nurse monitor?

A. Rapid onset of decreased level of consciousness.

92. The nurse finds a client at 33 weeks gestation in cardiac arrest. What adaptation to cardiopulmonary resuscitation (CPR) should the nurse implement?

A. Position a firm wedge to support pelvis and thorax at 30 degree tilt.

93. When preparing a client for discharge from the hospital following a cystectomy and a urinary diversion to treat bladder cancer, which instruction is most important for the nurse to include in the client's discharge teaching plan?

A. Report any signs of cloudy urine output.

94. For the past 24 hours, an antidiarrheal agent, diphenoxylate, has been administered to a bedridden, older client with infectious gastroenteritis. Which finding requires the nurse to take further action?

A. Tented skin turgor.

95. After repositioning an immobile client, the nurse observes an area of hyperemia. To assess for blanching, what action should the nurse take?

A. Apply light pressure over the area.

96. The nurse enters a client's room and observes the client's wrist restraint secured as seen in the picture. What action should the nurse take?

A. Reposition the restraint tie onto the bedframe.

97. A female client with acute respiratory distress syndrome (ARDS) is chemically paralyzed and sedated while she is on as assist-control ventilator using 50% FIO2. Which assessment finding warrants immediate intervention by the nurse?

A. Diminished left lower lobe sounds

B. Rationale: Diminished lobe sounds indicate collapsed alveoli or tension pneumothorax, which required immediate chest tube insertion to re-inflate the lung.

98. The development of atherosclerosis is a process of sequential events. Arrange the pathophysiological events in orders of occurrence. (Place the first event on top and the last on the bottom)

1. Arterial endothelium injury causes inflammation
2. Macrophages consume low density lipoprotein (LDL), creating foam cells
3. Foam cells release growth factors for smooth muscle cells
4. Smooth muscle grows over fatty streaks creating fibrous plaques
5. Vessel narrowing results in ischemia

99. Following a motor vehicle collision, an adult female with a ruptured spleen and a blood pressure of 70/44, had an emergency splenectomy. Twelve hours after the surgery, her

urine output is 25 ml/hour for the last two hours. What pathophysiological reason supports the nurse's decision to report this finding to the healthcare provider?

A. Oliguria signals tubular necrosis related to hypoperfusion

100. A nurse-manager is preparing the curricula for a class for charge nurses. A staffing formula based on what data ensures quality client care and is most cost-effective?

A. Skills of staff and client acuity

101. When performing postural drainage on a client with Chronic Obstructive Pulmonary Disease (COPD), which approach should the nurse use?

A. Explain that the client may be placed in five positions

102. A client presents in the emergency room with right-sided facial asymmetry. The nurse asks the client to perform a series of movements that require use of the facial muscles. What symptoms suggest that the client has most likely experience a Bell's palsy rather than a stroke?

A. Inability to close the affected eye, raise brow, or smile

103. The nurse is teaching a client how to perform colostomy irrigations. When observing the client's return demonstration, which action indicated that the client understood the teaching?

A. Keeps the irrigating container less than 18 inches above the stoma

104. The nurse should teach the client to observe which precaution while taking dronedarone?

A. Avoid grapefruits and its juice

105. A client who sustained a head injury following an automobile collision is admitted to the hospital. The nurse include the client's risk for developing increased intracranial pressure (ICP) in the plan of care. Which signs indicate to the nurse that ICP has increased?

A. Increased Glasgow coma scale score.

B. Nuchal rigidity and papilledema.

C. **Confusion and papilledema**

D. Periorbital ecchymosis.

E. Rationale: papilledema is always an indicator of increased ICP, and confusion is usually the first sign of increased ICP. Other options do not necessarily reflect increased ICP.

106. The nurse is caring for a client receiving continuous IV fluids through a single lumen central venous catheter (CVC). Based on the CVC care bundle, which action should be completed daily to reduce the risk for infection?

A. Confirm the necessity for continued use of the CVC.

107. During an annual physical examination, an older woman's fasting blood sugar (FBS) is determined to be 140 mg/dl or 7.8 mmol/L (SI). Which additional finding obtained during a follow-up visit 2 weeks later is most indicative that the client has diabetes mellitus (DM)?

A. Repeated fasting blood sugar (FBS) is 132 mg/dl or 7.4 mmol/L (SI).

108. A new mother tells the nurse that she is unsure if she will be able to transition into parenthood. What action should the nurse take?

A. Determine if she can ask for support from family, friend, or the baby's father.

109. A client who was admitted yesterday with severe dehydration is complaining of pain a 24 gauge IV with normal saline is infusing at a rate of 150 ml/hour. Which

intervention should the nurse implement first?

A. Stop the normal saline infusion.

110. An elderly female is admitted because of a change in her level of sensorium. During the evening shift, the client attempts to get out bed and falls, breaking her left hip. Buck's skin traction is applied to the left leg while waiting for surgery. Which intervention is most important for the nurse to include in this client's plan care?

A. Ensure proper alignment of the leg in traction.

111. An Unna boot is applied to a client with a venous stasis ulcer. One week later, when the Unna boot is removed during a follow-up appointment, the nurse observes that the ulcer site contains bright red tissue. What action should the nurse take in response to this finding?

A. Document the ongoing wound healing.

112. At the end of a preoperative teaching session on pain management techniques, a client starts to cry and states, "I just know I can't handle all the pain." What is the priority nursing diagnosis for this client?

A. Anxiety

113. The nurse note a visible prolapse of the umbilical cord after a client experiences spontaneous rupture of the membranes during labor. What intervention should the nurse implement immediately?

A. Elevate the presenting part off the cord.

114. A client who had a right hip replacement 3 day ago is pale has diminished breath sound over the left lower lung fields, a temperature of 100.2 F, and an oxygen saturation rate of 90%. The client is scheduled to be transferred to a skilled nursing facility (SNF) tomorrow for rehabilitative critical pathway. Based on the client's symptoms, what recommendation should the nurse give the healthcare provider?

A. Reassess readiness for SNF transfer.

115. A client who is newly diagnosed with type 2 diabetes mellitus (DM) receives a prescription for metformin (Glucophage) 500 mg PO twice daily. What information should the nurse include in this client's teaching plan? (Select all that apply.)

A. Recognize signs and symptoms of hypoglycemia.

B. Report persist polyuria to the healthcare provider.

C. Take Glucophage with the morning and evening meal.

116. The nurse is developing an educational program for older clients who are being discharged with new antihypertensive medications. The nurse should ensure that the educational materials include which characteristics? Select all that apply

A. Written at a twelfth grade reading level

B. **Contains a list with definitions of unfamiliar terms**

C. Uses common words with few Syllables

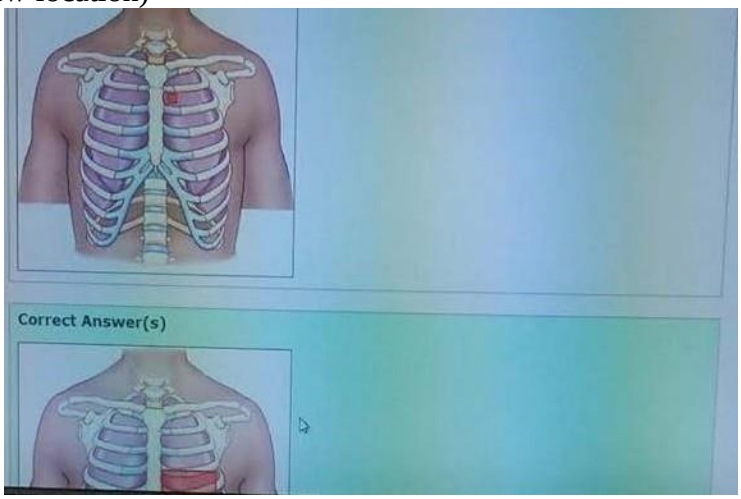
D. Printed using a 12 point type font

E. **Uses pictures to help illustrate complex ideas**

F. Rationale: During the aging process older clients often experience sensory or cognitive changes, such as decreased visual or hearing acuity, slower thought or reasoning processes, and shorter attention span. Materials for this age group should include at least of terms, such as a medical terminology that incline may not know and use common words that expresses information clearly and simply. Simple, attractive pictures help hold the learner's attention. The reading level of

material should be at the 4th to 5th grade level. Materials should be printed using large font (18-point or higher), not the standard 12-point font.

117. During the admission assessment, the nurse auscultates heart sounds for a client with no history of cardiovascular disease. Where should the nurse listen when assessing the client's point of maximal impulse (PMI) (Click the chosen location. To change, click on a new location)

A. 

118. An older male adult resident of long-term care facility is hospitalized for a cardiac catheterization that occurred yesterday. Since the procedure was conducted, the client has become increasingly disoriented. The night shift nurse reports that he attempted to remove the sandbag from his femoral artery multiple times during the night. What actions should the nurse take? (Select all that apply.)

A. Notify the healthcare provider of the client's change in mental status.

B. Include q2 hour's reorientation in the client's plan of care.

119. An older male comes to the clinic with a family member. When the nurse attempts to take the client's health history, he does not respond to questions in a clear manner. What action should the nurse implement first?

A. Assess the surroundings for noise and distractions.

120. The nurse caring for a client with acute renal fluid (ARF) has noted that the client has voided 800 ml of urine in 4 hours. Based on this assessment, what should the nurse anticipate that client will need?

A. Large amounts of fluid and electrolyte replacement.

121. Which intervention should the nurse include in the plan of care for a child with tetanus?

A. Minimize the amount of stimuli in the room

122. Suicide precautions are initiated for a child admitted to the mental health unit following an intentional narcotic overdose. After a visitor leaves, the nurse finds a package of cigarettes in the client's room. Which intervention is most important for the nurse to implement?

A. Remove cigarettes for the client's room

123. A family member of a frail elderly adult asks the nurse about eligibility

requirements for hospice care. What information should the nurse provide? (Select all that apply.)

A. A client must be willing to accept palliative care, not curative care.

B. The healthcare provider must project that the client has 6 months or less to live.

124. A client with atrial fibrillation receives a new prescription for dabigatran. What instruction should the nurse include in this client's teaching plan?

A. Avoid use of nonsteroidal ant-inflammatory drugs (NSAID).

125. A nurse with 10 years experience working in the emergency room is reassigned to the perinatal unit to work an 8 hour shift. Which client is best to assign to this nurse?

A. A mother with an infected episiotomy

126. An infant who is admitted for surgical repair of a ventricular septal defect (VSD) is irritable and diaphoretic with jugular vein distention. Which prescription should the nurse administer first?

A. Digoxin.

127. The nursing staff on a medical unit includes a registered nurse (RN), practical nurse (PN), and an unlicensed assistive personnel (UAP). Which task should the charge nurse assign to the RN?

A. Supervise a newly hired graduate nurse during an admission assessment.

128. While teaching a young male adult to use an inhaler for his newly diagnosed asthma, the client stares into the distance and appears to be concentrating on something other than the lesson the nurse is presenting. What action should the nurse take?

A. Ask the client what he is thinking about at his time.

129. After several hours of non-productive coughing, a client presents to the emergency room complaining of chest tightness and shortness of breath. History includes end stage chronic obstructive pulmonary disease (COPD) and diabetes mellitus. While completing the pulmonary assessment, the nurse hears wheezing and poor air movement bilaterally. Which actions should the nurse implement? (Select all that apply.)

A. Administer PRN nebulizer treatment.

B. Obtain 12 lead electrocardiogram.

C. Monitor continuous oxygen saturation.

130. The nurse caring for a 3-month-old boy one day after a pylorotomy notices that the infant is restless, is exhibiting facial grimaces, and is drawing his knees to his chest. What action should the nurse take?

A. Administer a prescribed analgesia for pain.

131. A 4-year-old with acute lymphocytic leukemia (ALL) is receiving a chemotherapy (CT) protocol that includes methotrexate (Mexate, Trexal, MIX), an antimetabolite. Which information should the nurse provide the parents about caring for their child?

A. Use sunblock or protective clothing when outdoors.

132. Two days after admission a male client remembers that he is allergic to eggs, and informs the nurse of the allergy. Which actions should the nurse implement? (Select all that apply)

A. Notify the food services department of the allergy.

B. Enter the allergy information in the client's record.

C. Add egg allergy to the client's allergy arm band.

133. The rapid response team's detects return of spontaneous circulation (ROSC) after 2 min of continuous chest compressions. The client has a weak, fast pulse and no

respiratory effort, so the healthcare provider performs a successful oral, intubation. What action should the nurse implement?

A. Perform bilateral chest auscultation.

134. After administering an antipyretic medication. Which intervention should the nurse implement?

A. Encouraging liberal fluid intake

135. A client with hyperthyroidism is being treated with radioactive iodine (I-131). Which explanation should be included in preparing this client for this treatment?

A. Describe radioactive iodine as a tasteless, colorless medication administered by the healthcare provider

136. After a colon resection for colon cancer, a male client is moaning while being transferred to the Postanesthesia Care Unit (PACU). Which intervention should the nurse implement first?

A. Determine client's pulse, blood pressure, and respirations

137. The nurse is caring for a group of clients with the help of a licensed practical nurse (LPN) and an experienced unlicensed assistive personnel (UAP). Which procedures can the nurse delegate to the UAP? (Select all that apply)

A. Take postoperative vital signs for a client who has an epidual following knee arthroplasty

B. Collect a sputum specimen for a client with a fever of unknown origin

C. Ambulate a client who had a femoral-popliteal bypass graft yesterday

138. A male client with cirrhosis has ascites and reports feeling short of breath. The client is in semi Fowler position with his arms at his side. What action should the nurse implement?

A. Raise the head of the bed to a Fowler's position and support his arms with a pillow

139. A client with a history of chronic pain requests a nonopioid analgesic. The client is alert but has difficulty describing the exact nature and location of the pain to the nurse. Which action should the nurse implement next?

A. Administer the analgesic as requested

B. Rationale: Chronic pain may be difficult to describe but should be treated with analgesics as indicated.

140. A client with a chronic health problem has difficulty ambulating short distance due to generalized weakness, but is able to bear weight on both legs. To assist with ambulation and provide the greatest stability, what assistive device is best for this client?

A. Crutches with 2 point gait.

B. Crutches with 3 point gait.

C. **Crutches with 4 point gait.**

D. A quad cane

141. The nurse uses the parkland formula (4ml x kg x total body surface area = 24 hours fluid replacement) to calculate the 24-hours IV fluid replacement for a client with 40% burns who weighs 76kg. How many ml should the client receive? (Enter numeric value only.)

A. Answer: 12160

B. Rationale: 4ml x 67kg x 40 (bsa) =12,160 ml

142. A client with leukemia undergoes a bone marrow biopsy. The client's laboratory values indicate the client has thrombocytopenia. Based on this data, which nursing assessment is most important following the procedure?

A. **Observe aspiration site.**

B. Assess body temperature

C. Monitor skin elasticity

D. Measure urinary output

143. An 18-year-old female client is seen at the health department for treatment of condylomata acuminate (perineal warts) caused by the human papillomavirus (HPV). Which intervention should the nurse implement?

A. Reinforce the importance of annual papanicolaou (Pap) smears.

144. A client admitted to the psychiatric unit diagnosed with major depression wants to sleep during the day, refuses to take a bath, and refuses to eat. Which nursing intervention should the nurse implement first?

A. Establish a structured routine for the client to follow.

145. A client with history of bilateral adrenalectomy is admitted with a week, irregular pulse, and hypotension. Which assessment finding warrants immediate intervention by the nurse?

A. Ventricular arrhythmias.

B. Rationale: adrenal crisis, a potential complication of bilateral adrenalectomy, results in the loss of mineralocorticoids and sodium excretions that is characterized by hyponatremia, hyperkalemia, dehydration, and hypotension. Ventricular arrhythmias are life threatening and required immediate intervention to correct critical potassium levels.

146. The mother of a 7-month-old brings the infant to the clinic because the skin in the diaper area is excoriated and red, but there are no blisters or bleeding. The mother reports no evidence of watery stools. Which nursing intervention should the nurse implement?

A. Instruct the mother to change the child's diaper more often.

147. A resident of a long-term care facility, who has moderate dementia, is having difficulty eating in the dining room. The client becomes frustrated when dropping utensils on the floor and then refuses to eat. What action should the nurse implement?

A. Encourage the client to eat finger foods.

148. A client is receiving mesalamine 800 mg PO TID. Which assessment is most important for the nurse to perform to assess the effectiveness of the medication?

A. Bowel patterns

B. Rationale: the client should be assessed for a change in bowel patterns to evaluate the effectiveness of this medication because Mesalamine is used to treat ulcerative colitis (a condition which causes swelling and sores in the lining of the colon [large intestine] and rectum) and also to maintain improvement of ulcerative colitis symptoms. Mesalamine is in a class of medications called anti-inflammatory agents. It works by stopping the body from producing a certain substance that may cause inflammation.

149. While in the medical records department, the nurse observes several old medical records with names visible in waste container. What action should the nurse implement?

A. Contact the medical records department supervisor.

150. A 16-year-old adolescent with meningococcal meningitis is receiving a continuous IV infusion of penicillin G, which is prescribed as 20 million units in a total volume of 2 liters of normal saline every 24 hr. The pharmacy delivers 10 million units/ liters of normal saline. How many ml/hr should the nurse program the infusion pump? (Enter numeric value only. If rounding is required, round to the nearest whole number.)

A. Answer 83

B. Rationale: 1000 ml ---- 12hr.

C. Xml --------- 1hr.

D. 1000/12 = 83.33 = 83.

151. While visiting a female client who has heart failure (HF) and osteoarthritis, the home health nurse determines that the client is having more difficulty getting in and out of the bed than she did previously. Which action should the nurse implement first?

A. Submit a referral for an evaluation by a physical therapist.

152. A client has an intravenous fluid infusing in the right forearm. To determine the client's distal pulse rate most accurately, which action should the nurse implement?

A. Palpate at the radial pulse site with the pads of two or three fingers.

153. A child is admitted to the pediatric unit diagnosed with sickle cell crisis. When the nurse walks into the room, the unlicensed assistive personnel (UAP) is encouraging the child to stay in bed in the supine position. Which action should the nurse implement?

A. Reposition the client with the head of the bed elevated.

154. A preschool-aged boy is admitted to the pediatric unit following successful resuscitation from a near-drowning incident. While providing care to child, the nurse begins talking with his preadolescent brother who rescued the child from the swimming pool and initiated resuscitation. The nurse notices the older boy becomes withdrawn when asked about what happened. What action should the nurse take?

A. Ask the older brother how he felt during the incident.

155. After six days on a mechanical ventilator, a male client is extubated and place on 40% oxygen via face mask. He is awake and cooperative, but complaining of a severe sore throat. While sipping water to swallow a medication, the client begins coughing, as if strangled. What intervention is most important for the nurse to implement?

A. Hold oral intake until swallow evaluation is done.

156. The nurse is interacting with a female client who is diagnosed with postpartum depression. Which finding should the nurse document as an objective signs of depression? (Select all that apply)

A. Interacts with a flat affect.

B. Avoids eye contact.

C. Has a disheveled appearance.

157. A client in the postanesthesia care unit (PACU) has an eight (8) on the Aldrete postanesthesia scoring system. What intervention should nurse implement?

A. Transfer the client to the surgical floor.

158. In caring for the body of a client who just died, which tasks can be delegate to the unlicensed assistive personnel (UAP)? (Select all that apply.)

A. Place personal religious artifacts on the body.

B. Attach identifying name tags to the body.

C. Follow cultural beliefs in preparing the body.

159. An adult male reports the last time he received penicillin he developed a severe maculopapular rash all over his chest. What information should the nurse provide the client about future antibiotic prescriptions?

A. Be alert for possible cross-sensitivity to cephalosporin agents.

160. A client with a prescription for “do not resuscitate” (DNR) begins to manifest signs of impending death. After notifying the family of the client’s status, what priority action should the nurse implement?

A. The client’s need for pain medication should be determined.

161. A client with cirrhosis of the liver is admitted with complications related to end stage liver disease. Which intervention should the nurse implement? (Select all that apply.)

A. **Monitor abdominal girth.**

B. Increase oral fluid intake to 1500 ml daily.

C. **Report serum albumin and globulin levels.**

D. Provide diet low in phosphorous.

E. **Note signs of swelling and edema.**

F. Rational: monitoring for increasing abdominal girth and generalized tissue edema and swelling are focused assessments that provide data about the progression of disease related complications. In advanced cirrhosis, liver function failure results in low serum albumin and serum protein levels, which caused third spacing that results in generalized fluid retention and ascites. Other options are not indicated in end stage liver disease.

162. During discharge teaching, the nurse discusses the parameters for weight monitoring with a client who was recently diagnosed with heart failure (HF). Which information is most important for the client to acknowledge?

A. Report weight gain of 2 pounds (0.9kg) in 24 hours

163. Which problem, noted in the client's history, is important for the nurse to be aware of prior to administration of a newly prescribed selective serotonin reuptake inhibitor (SSRI)?

A. **Aural migraine headaches.**

164. When implementing a disaster intervention plan, which intervention should the nurse implement first?

A. Initiate the discharge of stable clients from hospital units

B. **Identify a command center where activities are coordinated**

C. Assess community safety needs impacted by the disaster

D. Instruct all essential off-duty personnel to report to the facility

165. The nurse is evaluating a client's symptoms, and formulates the nursing diagnosis, "high risk for injury due to possible urinary tract infection." Which symptoms indicate the need for this diagnosis?

A. **Fever and dysuria.**

166. A client is admitted with metastatic carcinoma of the liver, ascites, and bilateral 4+ pitting edema of both lower extremities. When the client complains that the antiembolic stocking are too constricting, which intervention should the nurse implement?

A. Maintain both lower extremities elevated on pillows.

167. A client with muscular dystrophy is concerned about becoming totally dependent and is reluctant to call the nurse to assist with activities of daily living (ADLs). To achieve maximum mobility and independence, which intervention is most important for the nurse to include in the client's plan of care?

A. Teach family proper range of motion exercises.

168. The nurse is teaching a postmenopausal client about osteoporosis prevention. The client reports that she smokes 2 packs of cigarettes a day and takes 750 mg calcium supplements daily. What information should the nurse include when teaching this client about osteoporosis prevention?

A. Postmenopausal women need an intake of at least 1,500 mg of calcium daily.

169. When evaluating a client's rectal bleeding, which findings should the nurse document?

A. Color characteristics of each stool.

170. The nurse is auscultating a client's lung sounds. Which description should the nurse use to document this sound?

A. High pitched or fine crackles.

B. Rhonchi

C. High pitched wheeze

D. Stridor

171. An adult male is admitted to the emergency department after falling from a ladder. While waiting to have a computed tomography (CT) scan, he requests something for a severe headache. When the nurse offers him a prescribed does of acetaminophen, he asks for something stronger. Which intervention should the nurse implement?

A. Explain the reason for using only non-narcotics.

172. The nurse is managing the care of a client with Cushing's syndrome. Which interventions should the nurse delegate to the unlicensed assistive personnel (UAP)? (Select all that apply)

A. Weigh the client and report any weight gain.

B. Report any client complaint of pain or discomfort.

C. Note and report the client's food and liquid intake during meals and snacks.

173. Ten years after a female client was diagnosed with multiple sclerosis (MS), she is admitted to a community palliative care unit. Which intervention is most important for the nurse to include in the client's plan of care?

A. Medicate as needed for pain and anxiety.

174. An increased number of elderly persons are electing to undergo a new surgical procedure which cures glaucoma. What effect is the nurse likely to note as a result of this increases in glaucoma surgeries?

A. Decrease prevalence of glaucoma in the population.

175. The nurse is caring for a client who is entering the second stage of labor. Which action should the nurse implement first?

A. Convey to the client that birth is imminent.

176. To evaluate the effectiveness of male client's new prescription for ezetimibe, which action should the clinic nurse implement?

A. Remind the client to keep his appointments to have his cholesterol level checked.

177. Diagnostic studies indicate that the elderly client has decreased bone density. In providing client teaching, which area of instruction is most important for the nurse to include?

178. Fall prevention measures.

179. A young adult client is admitted to the emergency room following a motor vehicle collision. The client's head hit the dashboard. Admission assessment include: Blood pressure 85/45 mm Hg, temperature 98.6 F, pulse 124 beat/minute and respirations 22 breath/minute. Based on these data, the nurse formulates the first portion of nursing diagnosis as " Risk of injury" What term best expresses the "related to" portion of nursing diagnosis?

A. Infection

B. Increase intracranial pressure

C. Shock

D. Head Injury.

180. An older male client with history of diabetes mellitus, chronic gout, and osteoarthritis comes to the clinic with a bag of medication bottles. Which intervention should the nurse implement first?

A. Identify pills in the bag.

181. A male client who was diagnosed with viral hepatitis A 4 weeks ago returns to the clinic complaining of weakness and fatigue. Which finding is most important for the nurse to report to the healthcare provider?

A. New onset of purple skin lesions.

182. In assessing a client twelve hours following transurethral resection of the prostate (TURP), the nurse observes that the urinary drainage tubing contains a large amount of clear pale pink urine and the continuous bladder irrigation is infusing slowly. What action should the nurse implement?

A. Ensure that no dependent loops are present in the tubing.

183. The healthcare provider prescribes the antibiotic Cefdinir (cephalosporin) 300mg PO every 12 h for a client with postoperative wound infections. Which feeds should the nurse encourage this client to eat?

A. Yogurt and/or buttermilk.

B. Avocados and cheese

C. Green leafy vegetables

D. Fresh fruits

184. The charge nurse is making assignment on a psychiatric unit for a practical nurse (PN) and newly license register nurse (RN). Which client should be assigned to the RN?

A. An adult female who has been depress for the past several month and denies suicidal ideations.

B. A middle-age male who is in depressive phase on bipolar disease and is receiving Lithium.

C. A young male with schizophrenia who said voices is telling him to kill his psychiatric.

D. An elderly male who tell the staff and other client that he is superman and he can fly.

E. Rationale: The RN should deal with the client with command hallucinations and these can be very dangerous if the client's acts on the commands, especially if the command is a homicidal in nature. Other client present low safety risk.

185. A client at 30 week gestation is admitted due to preterm labor. A prescription of terbutaline sulfate 8.35 mg is gives subcutaneously. Based on which finding should the nurse withhold the next dose of this drug?

A. Maternal pulse rate of 162 beats per min

186. In assessing an older female client with complication associated with chronic obstructive pulmonary disease (COPD), the nurse notices a change in the client's appearance. Her face appears tense and she begs the nurse not to leave her alone. Her pulse rate is 100, and respirations are 26 per min. What is the primary nursing diagnosis?

A. Anxiety related to fear of suffocation.

187. A client with a cervical spinal cord injury (SCI) has Crutchfield tongs and skeletal traction applied as a method of closed reduction. Which intervention is most important for the nurse to include in the client's a plan of care?

A. Provide daily care of tong insertion sites using saline and antibiotic ointment

188. A client arrives on the surgical floor after major abdominal surgery. What intervention should the nurse perform first?

A. Determine the client's vital sign.

189. A client is admitted to the emergency department with a respiratory rate of 34 breaths per minute and high pitched wheezing on inspiration and expiration, the medical diagnosis is severe exacerbation of asthma. Which assessment finding, obtained 10 min after the admission assessment, should the nurse report immediately to the emergency department healthcare provider?

190. No wheezing upon auscultation of the chest.

191. The nurse is planning a class for a group of clients with diabetes mellitus about blood glucose monitoring. In teaching the class as a whole, the nurse should emphasize the need to check glucose levels in which situation?

A. During acute illness

192. A 350-bed acute care hospital declares an internal disaster because the emergency generators malfunctioned during a city-wide power failure. The UAPs working on a general medical unit ask the charge nurse what they should do first. What instruction should the charge nurse provide to these UAPs?

A. Tell all their assigned clients to stay in their rooms.

193. The nurse is auscultating is auscultating a client's heart sounds. Which description should the nurse use to document this sound? (Please listen to the audio file to select the option that applies.)

A. Murmur

B. s1 s2

C. pericardial friction rub

D. s1 s2 s3

194. The healthcare provider changes a client's medication prescription from IV to PO administration and double the dose. The nurse notes in the drug guide that the prescribed medication, when given orally, has a high first-pass effect and reduce bioavailability. What action should the nurse implement?

A. Administer the medication via the oral route as prescribed

195. A client refuses to ambulate, reporting abdominal discomfort and bloating caused by "too much gas buildup" the client's abdomen is distended. Which prescribed PRN medication should the nurse administer?

A. Simethicone (Mylicon)

196. The public nurse health received funding to initiate primary prevention program in the community. Which program the best fits the nurse's proposal?

A. Case management and screening for clients with HIV.

B. Regional relocation center for earthquake victims

C. Vitamin supplements for high-risk pregnant women.

D. Lead screening for children in low-income housing.

E. Rational: Primary prevention activities focus on health promotions and disease preventions, so vitamin for high-risk pregnant women provide adequate vitamin and mineral for fetal developmental.

197. When assessing and adult male who presents as the community health clinic with a history of hypertension, the nurse note that he has 2+ pitting edema in both ankles. He also has a history of gastroesophageal reflex disease (GERD) and depression. Which intervention is the most important for the nurse to implement?

A. Arrange to transport the client to the hospital

B. Instruct the client to keep a food journal, including portions size.

C. Review the client's use of over the counter (OTC) medications.

D. Reinforce the importance of keeping the feet elevated.

E. Rationale: Sodium is used in several types of OTC medications. Including antacids, which the client may be using to treat his GERD. Further evaluation is need it to determine the need for hospitalization (A) A food journal (B) may help over, but dietary modifications are needed now since edema is present. (C) May relieve dependent edema, but not treat the underlying etiology.

198. An older client is admitted to the intensive care unit with severe abdominal pain, abdominal distention, and absent bowel sound. The client has a history of smoking 2 packs of cigarettes daily for 50 years and is currently restless and confused. Vital signs

are: temperature 96`F, heart rate 122 beats/minute, respiratory rate 36 breaths/minute, mean arterial pressure(MAP) 64 mmHg and central venous pressure (CVP) 7 mmHg. Serum laboratory findings include: hemoglobin 6.5 grams/dl, platelets 6o, 000, and white blood cell count (WBC) 3,000/mm3. Based on these findings this client is at greatest risk for which pathophysiological condition?

A. **Multiple organ dysfunction syndrome (MODS)**

B. Disseminated intravascular coagulation (DIC)

C. Chronic obstructive disease.

D. Acquired immunodeficiency syndrome (AIDS)

E. Rational: MODS are a progressive dysfunction of two or more major organs that requires medical intervention to maintain homeostasis. This client has evidence of several organ systems that require intervention, such as blood pressure, hemoglobin, WBC, and respiratory rate. DIC may develop as a result of MODS. The other options are not correct.

199. A man expresses concern to the nurse about the care his mother is receiving while hospitalized. He believes that her care is not based on any ethical standards and ask what type of care he should expect from a public hospital. What action should the nurse take?

A. **Provide the man and his mother with a copy of the Patient's Bill of Rights**

200. A client experiencing withdrawal from the benzodiazepines alprazolam (Xanax) is demonstrating severe agitation and tremors. What is the best initial nursing action?

A. Administer naloxone (Narcan) per PNR protocol

B. **Initiate seizure precautions**

C. Obtain a serum drug screen

D. Instruct the family about withdrawal symptoms.

E. Rationale: Withdrawal of CNS depressants, such as Xanax, results in rebound over-excitation of the CNS. Since the client exhibiting tremors, the nurse should anticipate seizure activity and protect the client.

201. The nurse is caring for a client who is taking a macrolide to treat a bacterial infection. Which finding should the nurse report to the healthcare provider before administering the next dose?

A. **Jaundice**

B. Nausea

C. Fever

D. Fatigue

202. A client with Alzheimer's disease (AD) is receiving trazodone (Desyrel), a recently prescribed atypical antidepressant. The caregiver tells the home health nurse that the client's mood and sleep patterns are improved, but there is no change in cognitive ability. How should the nurse respond to this information?

A. Explain that it may take several weeks for the medication to be effective

B. Confirm the desired effect of the medication has been achieved.

C. Notify the health care provider than a change may be needed.

D. Evaluate when and how the medication is being administered to the client.

E. Rationale: Trazodone o Desyrel, an atypical antidepressant, is prescribed for client with AD to improve mood and sleep.

203. A client with diabetic peripheral neuropathy has been taking pregabalin (Lyrica) for 4 days. Which finding indicates to the nurse that the medication is effective?

A. Reduced level of pain

B. Full volume of pedal pulses

C. Granulating tissue in foot ulcer

D. Improved visual acuity

204. A group of nurse-managers is asked to engage in a needs assessment for a piece of equipment that will be expensed to the organization's budget. Which question is most important to consider when analyzing the cost-benefit for this piece of equipment?

A. How many departments can use this equipment?

B. Will the equipment require annual repair?

C. Is the cost of the equipment reasonable?

D. Can the equipment be updated each year?

205. While receiving a male postoperative client's staples de nurse observe that the client's eyes are closed and his face and hands are clenched. The client states, "I just hate having staples removed". After acknowledgement the client's anxiety, what action should the nurse implement?

A. Encourage the client to continue verbalize his anxiety

B. Attempt to distract the client with general conversation

C. Explain the procedure in detail while removing the staples

D. Reassure the client that this is a simple nursing procedure.

E. Rational: Distract is an effective strategy when a client experience anxiety during an uncomfortable procedure. (A & D) increase the client's anxiety.

206. A male client is admitted for the removal of an internal fixation that was inserted for the fracture ankle. During the admission history, he tells the nurse he recently received vancomycin (vancomycin) for a methicillin-resistant Staphylococcus aureus (MRSA) wound infection. Which action should the nurse take? (Select all that apply.)

A. Collect multiple site screening culture for MRSA

B. Call healthcare provider for a prescription for linezolid (Zyrovix)

C. Place the client on contact transmission precautions

D. Obtain sputum specimen for culture and sensitivity

E. Continue to monitor for client sign of infection.

F. Rationale: Until multi-site screening cultures come back negative (A), the client should be maintained on contact isolation(C) to minimize the risk for nosocomial infection. Linezolid (Zyvox), a broad spectrum anti-infectant, is not indicated, unless the client has an active skin structure infection cause by MRSA or multidrug- resistant strains (MDRSP) of Staphylococcus aureus. A sputum culture is not indicated9D) based on the client's history is a wound infection.

207. A vacuum-assistive closure (VAC) device is being use to provide wound care for a client who has stage III pressure ulcer on a below-the- knee (BKA) residual limb. Which intervention should the nurse implement to ensure maximum effectiveness of the device?

A. Ensure the transparent dressing has no tears that might create vacuum leaks

208. The nurse is developing the plan of care for a client with pneumonia and includes the nursing diagnosis of "Ineffective airway clearance related to thick pulmonary secretions." Which intervention is most important for the nurse to include in the client's plan of care?

A. Increase fluid intake to 3,000 ml/daily

209. The nurse plans to collect a 24- hour urine specimen for a creatinine clearance test. Which instruction should the nurse provide to the adult male client?

A. Clearance around the meatus, discard first portion of voiding, and collect the rest in a sterile bottle

B. Urinate at specific time, discard the urine, and collect all subsequent urine during the next 24 hours.

C. For the next 24 hours, notify the nurse when the bladder is full, and the nurse will collect catheterized specimens.