

## ATI RN ADULT MEDICAL SURGICAL 2023 FOR NGN FORM B

A nurse is providing follow-up care for a client who sustained a compound fracture 3 weeks ago. The nurse should recognize that an UNEXPECTED finding for which of the following LABORATORY VALUES is a manifestation of OSTEOMYELITIS and should be reported to the provider? - ANSWER- An increased sedimentation rate occurs when a client has any type of inflammatory process, such as osteomyelitis

A nurse is reviewing the medical records of a client who is taking WARFARIN for chronic arterial fibrillation. Which of the following values should the nurse identify as a desired outcome for this therapy? - ANSWER- INR 2.5

Clients receive warfarin therapy to decrease the risk of stroke, myocardial infarction (MI), or pulmonary emboli (PE) from blood clots. Since warfarin is an anticoagulant, the medication must be monitored to ensure the anticoagulation is within the therapeutic range and prevent hemorrhage (levels of anticoagulation) or stroke, MI, PE (low levels of anticoagulation). An INR 2.5 is within the targeted therapeutic range of 2 to 3 for a client who has atrial fibrillation.

A nurse is planning a health promotional presentation for a group of African American clients at a community center. Which of the following disorders presents the greatest risk to this group of clients? - ANSWER- Hypertension

When using the safety/risk reduction approach to client care, the nurse should determine that the disorder with the greatest risk for this group of clients is hypertension. The prevalence of hypertension is highest among African American clients, followed by Caucasian clients, and then Hispanic clients.

A nurse is reviewing the laboratory results of a client who has aplastic anemia. Which of the following findings indicates a potential complication? - ANSWER- WBC count 2,000/mm<sup>3</sup>

A WBC count of 2,000/mm<sup>3</sup> is below the expected reference range and indicates a risk for severe immunosuppression

A nurse is caring for an older adult client who has dementia and requires acute care for a respiratory infection. The client is agitated and is attempting to remove the IV catheter. Which of the following actions should nurse take to avoid restraining the client? - ANSWER- Keep the client occupied with a manual activity.

The nurse should provide the client with a manual activity such as a puzzle or an art project. This can help to distract the client from the IV catheter.

A nurse is planning care for a client who has a sealed radiation implant for cervical cancer. Which of the following interventions should the nurse include in the plan of care? - ANSWER- Keep a lead-lined container in the client's room

The nurse should keep a lead-lined container and forceps in the client's room in case of accidental dislodgement of the implant.

A nurse reviewing the ABG results of a client who has advanced COPD. Which of the following results should the nurse expect? - ANSWER- PaCO<sub>2</sub> 56 mm Hg

A client who has COPD retains PaCO<sub>2</sub> due to the weakening and the collapse of the alveolar sacs, which decreases the area in the lungs for gas exchange and causes the PaCO<sub>2</sub> to increase above the expected reference range.

A nurse is assessing a client who has peripheral arterial disease. Which of the following findings should the nurse expect? - ANSWER- Hair loss on the lower legs

The nurse should expect a client who has a peripheral arterial disease to have hair loss on the lower legs as a result of impaired arterial circulation affecting follicular growth.

A nurse is caring for a client who has breast cancer and tells the nurse that they would like to have acupuncture because it provides greater relief than pain medication. Which of the following statements should the nurse make? - ANSWER- "I can speak to the provider about incorporating acupuncture into your treatment plan."

The nurse should serve as an advocate for the client by acting on behalf of the client and offering to speak with the provider. The client

has the right to make choices and decisions about their treatment and the nurse should support these decisions and assist the client to carry them out.

A nurse is providing teaching to a client who has hypertension and a NEW prescription for verapamil. Which of the following information should the nurse include in the teaching? - ANSWER- " Increase fiber intake to avoid constipation."

The nurse should instruct the client that constipation is an adverse effect of verapamil. The client should increase fiber intake to promote regular bowel function.

A nurse is planning care for a client who is scheduled for a thoracentesis. Which of the following interventions should the nurse include in the plan? - ANSWER- Encourage the client to take deep breaths after the procedure

After a thoracentesis, the client should deep breathe to re-expand the lung.

A nurse is reviewing the medical record of a client who has osteomyelitis and a prescription for gentamicin. Which of the following findings from the client's medical record should indicate to the nurse the need to withhold the medication and notify the provider? - ANSWER- Serum Creatinine

A client who has an elevated serum creatinine level should not receive gentamicin because the medication is nephrotoxic.

A nurse is providing postoperative teaching for a client who had a total knee arthroplasty. Which of the following instructions should the nurse include? - ANSWER- Flex the foot every hour when awake

The nurse should instruct the client to flex the foot every hour to reduce the risk for thromboembolism and promote venous return.

A nurse is teaching a group of newly licensed nurses about pain management for older adult clients. Which of the following statements by a newly licensed nurse indicates an understanding of the teaching? - ANSWER- "Ibuprofen can cause gastrointestinal bleeding in older adult clients."

A nurse is teaching a client about osteoporosis prevention. The nurse should instruct the client that which of the following medications can increase their risk for developing osteoporosis? - ANSWER- Prednisone

The nurse should instruct the client that prednisone can increase the risk of developing osteoporosis due to suppression of bone formation, and an increase in bone resorption by osteoclasts. Prednisone can also reduce intestinal absorption of calcium.

A nurse is caring for a client who has homonymous hemianopsia as a result of a stroke. To reduce the risk of falls when ambulation, the nurse should provide which of the following instructions to the client? - ANSWER- "Scan the environment by turning your head from side to side."

Homonymous hemianopsia is the loss of the same visual field in both eyes. Turning their head from side to side helps enlarge a client's visual field. This technique is also useful for the client during mealtimes.

A nurse is assessing a client who has a diagnosis of rheumatoid arthritis. Which of the following nonpharmacological interventions should the nurse suggest to the client to reduce pain? - ANSWER- The nurse should instruct the client to alternate heat and cold applications to decrease joint inflammation and pain. Then application of cold can relieve joint swelling and the application of heat can decrease joint stiffness and pain.

A nurse is assessing a client who has diabetes insipidus. Which of the following findings should the nurse expect? - ANSWER- Low urine specific gravity

An expected finding for a client who has diabetes insipidus is a urine specific gravity between 1.001 and 1.005. Decreased water reabsorption by the renal tubules is caused by an alteration in antidiuretic hormone release or the kidneys responsiveness to the hormone.

A nurse is providing preoperative teaching for a client who is scheduled for a mastectomy. Which of the following statements should the nurse make? - ANSWER- "I will refer you to community resources that can provide support."

The nurse should provide the client with support resources, including community programs, to assist the client with acceptance of body image changes.

A nurse is providing teaching to a client who has a new prescription for psyllium. Which of the following information should the nurse include in

the teaching? - ANSWER- Drink 240 mL (8 oz) of water after administration