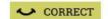
NEW GENERATION ATI ENGAGE ADULT MEDICAL SURGICAL RN 3.0. RN ALTERATIONS IN DIGESTION AND BOWEL ELIMINATION ASSESSMENT RESULTS



RN Alterations in Digestion and Bowel Elimination Assessment

CLOSE

Question: 1 of 28



Time Elapsed: 00:01:12





A nurse is caring for a client in the medical-surgical unit of a hospital.

Exhibit 1

Exhibit 2

Nurses' Notes

Yesterday:

19-year-old client admitted to the medical-surgical nursing unit as a direct admission from their provider's office.

Client has a 4-week history of a recently confirmed diagnosis of Crohn's disease. The client states they have been having up to 20 to 25 loose stools per day and nausea. No vomiting. Fatigue. States their GI provider has been closely following them and adjusting their medications, but their diarrhea is not improving.

Client is alert and oriented x 3. States abdomen is crampy and bloated. Client states they are weak but steady. No issues with ambulation noted.

Skin turgor is decreased, and skin is dry.

Admitted for IV hydration and further evaluation.

Today:

Client is alert and oriented x 3. No new concerns. Abdomen tender on palpation; bowel sounds hyperactive in all 4 quadrants. Client states they have had 7 loose stools this morning and that their rectal area is very painful. On examination of the client's localized perianal areas, nurse notes reddened and excoriated areas. Client flinches when area is touched and pain is assessed as out of proportion from the amount of pressure that was applied by the nurse. Client reports pain as 9 on a scale from 0 to 10. The nurse also notes that there is some mild pus-like drainage expressed from one of the excoriated areas of the perianal skin. Barrier cream applied to these areas.

Complete the following sentence by using the lists of options.





The nurse should recognize that a diagnosis of Crohn's disease places the client at a greater risk for developing anal fissures or fistulas. The nurse should ensure that they inspect the perianal and anal areas for any manifestations of these complications. For instance, the client's high level of pain with pus-like drainage is a priority finding because it could indicate that the client might be developing a fistula and/or an abscess to the rectal areas. Further inspection might be warranted under endoscopy and the provider should be made aware.



CLOSE

Question: 2 of 28



A nurse is providing discharge teaching to a client who has a new diagnosis of inflammatory bowel disease (IBD). Which of the following statements should the nurse include?

"Keep a food diary to monitor the foods that cause 'flare-ups' of your GI issues."

"You should be able to easily tolerate dairy products."

"Caffeine and carbonated beverages should not cause any issues with your disorder."

"A high-residue diet can help alleviate episodes of abdominal pain and diarrhea."

PREVIOUS



CLOSE

Question: 3 of 28

Time Elapsed: 00:02:36





A nurse in the emergency department is caring for a client who reports severe pain of 10 on a scale from 0 to 10 in their abdomen that radiates to their back. The client states that the pain started about 4 hr ago. They are diaphoretic, anxious, and nauseated. There is abdominal guarding noted on the exam. The client has a history of alcohol use disorder and states that they drank "a lot of booze" last night. Which of the following actions should the nurse take first?

Prepare the client for admission to the ICU.

Trepare the element admission to the res.

Obtain an order for an anti-emetic medication.

Start a peripheral IV for hydration.

Obtain an order for a fast-acting pain relief medication.



RN Alterations in Digestion and Bowel Elimination Assessment

CLOSE

CONTINUE

A nurse is teaching a client about reducing risk factors for developing recurring oral herpes (HSV-1). Which statement should the nurse include?

Protect your lips from exposure to direct sunlight or other ultraviolet light."

"Join an early-morning exercise class at the gym to wear off steam."

"Distract yourself by taking harder classes in school."

"Avoid getting the flu shot every year."



RN Alterations in Digestion and Bowel Elimination Assessment

CLOSE

CONTINUE

A nurse is providing teaching to a client who has a new diagnosis of hepatitis B and lives in a large household. Which of the following recommendations should the nurse make about the other members of the client's household?

All individuals living with a newly infected person should move out right away.

There is nothing new or different that these individuals need to do.

All individuals living with a newly infected person should contact their health care provider.

All individuals living with a newly infected person should not be told because this is HIPAA-protected information.



CLOSE

A nurse is caring for a client who states, "I think I might have the beginnings of oral cancer." Which of the following manifestations can be indicative of oral cancer?

Serous-filled blister in the oral cavity or on the lips

A white, scaly patch inside the mouth

White cottage cheese appearance in the mouth

Strawberry appearance of the tongue



CLOSE

Question: 7 of 28	Time Elapsed: 00:04:24
	FLAG
A nurse is caring for a client who just finished treatment for their <i>H. pylori</i> infection. Which of the following should prevent a recurrent infection?	the nurse recommend to
"Avoid spicy foods."	
"Only eat food that is overcooked."	
"Make sure to wash your hands after handling raw fish."	
"Prepare food so that it is slightly undercooked."	
PREVIOUS	CONTINUE



RN Alterations in Digestion and Bowel Elimination Assessment

CLOSE

CONTINUE

Question: 8 of 28

Time Elapsed: 00:04:33

FLAG

A nurse is caring for a client who has a BMI of 31, is a heavy smoker, and reports working long hours and eating fast food frequently. Vital signs are stable, but the client reports frequent throat irritation. The nurse should recognize that the client may be at risk for which of the following conditions?

Tonsilitis

Rhinovirus

GERD

Mononucleosis



RN Alterations in Digestion and Bowel Elimination Assessment

CLOSE

CONTINUE

A nurse working in a clinic is caring for a client who states, "I do not know why I've had a cold sore on my lip since I have had an infection." Which of the following responses should the nurse make?

It is likely related to a gastrointestinal disorder."

Oral herpes lays dormant and can appear during increased stress or with a weakened immune system."

"That should never happen, because once you have had herpes, you are immune from it reoccurring."

"That is likely not herpes, because it doesn't usually appear on the lips."