

HESI MED SURG FINAL EXIT EXAM 2 2023 WITH BOLDED ANSWERS

1. A nurse is caring for a client with diabetes insipidus (DI). Which data warrants the most immediate intervention by the nurse?
 - a. **Serum sodium of 185 mEq/L (185 mmol/L)**
 - b. Dry skin with inelastic turgor
 - c. Apical rate of 100 beats per minute
 - d. Polyuria and excessive thirst
2. The nurse is obtaining the admission history for a client with suspected peptic ulcer disease (PUD). Which subjective data reported by the client supports the medical diagnosis?
 - a. Frequent use of chewable and liquid antacids for indigestion
 - b. Severe abdominal cramps and diarrhea after eating spicy foods
 - c. **Upper mid-abdominal pain described as gnawing and burning**
 - d. Marked loss of weight and appetite over the last 3-4 months
3. Then nurse assesses a client who is newly diagnosed with hyperthyroidism and observes that the client's eyeballs are protuberant, causing a wide-eyes appearance and eye discomfort. Based on this finding, which action should the nurse include in this client's plan of care?
 - a. Assess for signs of increased intracranial pressure
 - b. Prepare to administer intravenous levothyroxine
 - c. Review the client's serum electrolyte values
 - d. **Obtain a prescription for artificial tear drops**
4. To reduce the risk for pulmonary complications for a client with Amyotrophic Lateral Sclerosis (ALS), which interventions should the nurse implement? (Select all that apply)
 - a. **Perform chest physiotherapy**
 - b. **Teach the client breathing exercises**
 - c. Initiate passive range of motion exercises
 - d. Establish a regular bladder routine
 - e. **Encourage use of incentive spirometer**
5. A client is hospitalized with heart failure (HF). Which intervention should the nurse implement to improve ventilation and reduce venous return?
 - a. Perform passive range of motion exercises
 - b. **Place the client in high fowler position**
 - c. Administer oxygen per nasal cannula
 - d. Increase the client's activity level
6. A client who was involved in a motor vehicle collision is admitted with a fractured left femur which is immobilized using a fracture traction splint in preparation for an open reduction internal fixation (ORIF). The nurse determines that the client's distal pulses are diminished in the left foot. Which interventions should the nurse implement? (Select all that apply)
 - A. **Verify pedal pulses using a doppler pulse device**
 - B. **Evaluate the application of the a splint to the left leg**
 - C. Offer ice chips and oral clear liquids
 - D. **Monitor left leg for pain, pallor, parathesia, paralysis, pressure**
 - E. Administer oral antispasmodics and narcotic analgesics
7. The healthcare provider prescribes diagnostic test for a client whose chest X-ray indicates pneumonia. Which diagnostic test should the nurse review for implementation in the most therapeutic treatment of the pneumonia?
 - a. **Sputum culture and sensitivity**
 - b. Blood cultures
 - c. Arterial blood gases (ABG)
 - d. Computerized tomography (CT) of chest
8. A client with a history of asthma and bronchitis arrives at the clinic with shortness of breath, productive cough, and thickened, tenacious mucous, and the inability to walk up a flight of stairs without experiencing breathlessness. Which action is most important for the nurse to instruct the client about self-care?

- a. Call the clinic if undesirable side effects of medications occur
 - b. Avoid crowded enclosed areas to reduce pathogen exposure
 - c. Increase the daily intake of oral fluids to liquefy secretions**
 - d. Teach anxiety reduction methods of feelings of suffocation
9. The home health nurse provides teaching about insulin self-injection to a client who was recently diagnosed with diabetes mellitus. When the client begins to perform a return demonstration of an insulin injection into the abdomen as seen in the video, which instruction should the nurse provide?
- a. Select a different injection site
 - b. Continue with the insulin injection**
 - c. Keep the skin flat rather than bunched
 - d. Lie down flat for better skin exposure
10. The nurse observes an increased number of blood clots in the drainage tubing of a client with continuous bladder irrigation following a trans-urethral resection of the prostate (TURP). Which is the best initial nursing action?
- a. Provide additional oral fluid intake
 - b. Measure the client's intake and output
 - c. Increase the flow of the bladder irrigation**
 - d. Administer a PRN dose of an antispasmodic agent
11. Four days following an abdominal aortic aneurysm repair, the client is exhibiting edema of both lower extremities, and pedal pulses are not palpable. Which action should the nurse implement first?
- a. Evaluate extremities on pillows
 - b. Evaluate edema for pitting
 - c. Assess pulses with a vascular doppler**
 - d. Wrap the feet with warmed blankets
12. A client arrives to the medical-surgical unit 4 hours after a transurethral resection of the prostate. A triple lumen catheter for continuous bladder irrigation with normal saline is infusing and the tinged outflow with blood clots in the tubing and collection bag. Which action should the nurse take?
- a. Monitor catheter drainage**
 - b. Decreasing the flow rate
 - c. Irrigating the catheter manually
 - d. Discontinuing infusing solution
13. The nurse is planning care for an older adult client who experienced a cerebrovascular accident several weeks ago. The client has expressive aphasia and often becomes frustrated with the nursing staff. Which intervention should the nurse implement?
- a. Teach the client use of basic sign language
 - b. Speak slowly to the client
 - c. Encourage client's use of picture charts**
 - d. Ask the client simple question
14. After three days of persistent epigastric pain, a female client presents to the clinic. She has been taking oral antacids without relief. Her vital signs are heart rate 122 beats/minute, respirations 16 breaths/minute, oxygen saturation 96%, and blood pressure 116/70 mmHg. The nurse obtains a 12-lead electrocardiogram (ECG). Which assessment finding is most critical?
- A. Irregular pulse rate
 - B. Bile colored emesis
 - C. ST elevation in three leads**
 - D. Complaint of radiating
15. A client with acute renal injury (AKI) weighs 50 kg and has potassium level of 6.7 mEq/L (6.7 mmol/L) is admitted to the hospital. Which prescribed medication should the nurse administer first?
- a. Calcium
 - b. Sodium polystyrene sulfonate 15 grams by mouth**

- c. Epoetin alfa, recombinant 2,5000 units subcutaneously
 - d. Sevelamer one tablet by mouth
16. A client with gouty arthritis reports tenderness and swelling of the right ankle and great toe. The nurse observes the area of inflammation extends above the ankle area. The client receives prescriptions for colchicine and indomethacin. Which instruction should the nurse include in the discharge teaching?
- a. Eat high-protein foods to achieve ideal body weight
 - b. Drink at least 8 cups of water per day**
 - c. Use electric heating pad when pain is at its worse
 - d. Encourage active range of motion to limit stiffness
17. A client receives a prescription for 1 liter of lactated Ringer's intravenously to be infused over 6 hours. How many mL/hr should the nurse program the infusion pump to deliver? (Enter numerical value only. If rounding is required, round to the nearest whole number.)
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18. A client with a history of peptic ulcer disease (PUD) is admitted after vomiting bright red blood several times over the course of 2 hours. In reviewing the laboratory results, the nurse finds the client's hemoglobin is 12 g/dL. (120 g/L) and the hematocrit is 35% (0.35). Which action should the nurse prepare to take?
- a. Continue to monitor for blood loss
 - b. Administer 1,000 mL normal saline**
 - c. Transfuse 2 units of platelets
 - d. Prepare the client for emergency surgery
19. An obese client with emphysema who smokes at least a pack of cigarettes daily is admitted after experiencing a sudden increase in dyspnea and activity intolerance. Oxygen therapy is initiated and it is determined that the client will be discharged with oxygen. Which information is most important for the nurse to emphasize in the discharge teaching plan?
- A. Methods for weight loss
 - B. Guidelines for oxygen use**
 - C. Approaches to conserve energy
 - D. Strategies for smoking cessation
20. Which food is most important for the nurse to encourage a client with osteomalacia to include in a daily diet?
- a. Fortified milk and cereals**
 - b. Citrus fruits and juices
 - c. Green leafy vegetables
 - d. Red meats and eggs
21. A client with Herpes zoster (shingles) on the thorax tells the nurse of having difficulty sleeping. Which is the probable etiology of this problem?
- a. Frequent cough
 - b. Pain**
 - c. Nocturia
 - d. Dyspnea
22. The nurse is caring for a client who is postoperative for a femoral head fracture repair. Which intervention(s) should the nurse plan to administer for deep vein thrombosis prophylaxis? (Select all that apply.)
- a. Pneumatic compression devices**
 - b. Incentive spirometry
 - c. Assisted ambulation
 - d. Patient-controlled analgesia
 - e. Calf-pump exercises**
 - f. Prescribes anticoagulant therapy**
23. The nurse is obtaining a health history from a new client who has a history of kidney