1 of 160

The nurse is completing the admission assessment of a 3-year-old who is admitted with bacterial meningitis and hydrocephalus. Which assessment finding is evidence that the child is experiencing increased intracranial pressure (ICP)?

- A. Tachycardia and tachypnea.
- B. Sluggish and unequal pupillary responses.
- C. Increased head circumference and bulging fontanels.
- D. Blood pressure fluctuations and syncope.

2 of 160

A client with acute pancreatitis is admitted with severe, piercing abdominal pain and an elevated serum amylase. Which additional information is the client **most** likely to report to the nurse?

- A. Abdominal pain decreases when lying supine.
- B. Pain lasts an hour and leaves the abdomen tender.
- C. Right upper quadrant pain refers to right scapula.
- D. Drinks alcohol until intoxicated at least twice weekly.

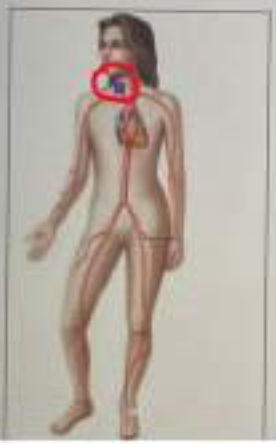
3 of 160

A child newly diagnosed with sickle cell anemia (SCA) is being discharged from the hospital. Which information is **most** important for the nurse to provide the parents prior to discharge?

- A. Instructions about how much fluid the child should drink daily.
- B. Signs of addiction to opioid pain medications.
- C. Information about non-pharmaceutical pain relief measures.
- D. Referral for social services for the child and family.

4 of 160

To auscultate for a carotid bruit, the nurse places the stethoscope at what location (Select the correct location on the image. To change, click on a new location.)



#4: I placed the Red dot on the base of the neck on the right side.

5 of 160

After receiving report on an inpatient acute care unit, which client should the nurse assess **first**?

- ◯ A The client with an obstruction of the large intestine who is experiencing abdominal distention.
- ◯ B The client who had surgery yesterday and is experiencing a paralytic ileus with absent bowel sounds.
- ◯ C The client with a small bowel obstruction who has a nasogastric tube that is draining greenish fluid.
- ◉ D The client with a bowel obstruction due to a volvulus who is experiencing abdominal rigidity.

6 of 160

A teenager presents to the emergency department with palpitations after vaping at a party. The client is anxious, fearful, and hyperventilating. The nurse anticipates the client developing which acid base imbalance?

- ◯ A Respiratory acidosis.
- ◯ B Metabolic alkalosis.
- ◯ C Metabolic acidosis.
- ◉ D Respiratory alkalosis.

7 of 160

A client with dysphasia is being admitted to the medical unit. To best prepare for the client's arrival, the nurse should ensure that the client's bed is in which position?

A 

B 

C 

D 

Submit and Continue

8 of 160

The nurse is taking the blood pressure measurement of a client with Parkinson's disease. Which information in the client's admission assessment is relevant to the nurse's plan for taking the blood pressure reading? (Select all that apply.)

- [x] A Frequent syncope.
- [ ] B Occasional nocturia.
- [x] C Flat affect.
- [x] D Blurred vision.
- [ ] E Frequent drooling.

9 of 160

While caring for a client's postoperative dressing, the nurse observes purulent drainage at the wound. Before reporting this finding to the healthcare provider, the nurse should review which of the client's laboratory values?

- A Serum albumin.
- B Culture for sensitive organisms.
- C Serum blood glucose (BG) level.
- D Creatinine level.

10 of 160

A preschool-aged boy is admitted to the pediatric unit following successful resuscitation from a near-drowning incident. While providing care to the 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. Which action should the nurse take?

- ○ A Develop a water safety teaching plan for the family.
- ◉ B Ask the older brother how he felt during the incident.
- ○ C Tell the older brother that he seems depressed.
- ○ D Commend the older brother for his heroic actions.

11 of 160

A male client with cirrhosis has jaundice and pruritus. He tells the nurse that he has been soaking in hot baths at night with no relief of his discomfort. Which action should the nurse take?

- ◉ A Encourage the client to use cooler water and apply calamine lotion after soaking.
- ○ B Obtain a PRN prescription for an analgesic that the client can use for symptom relief.
- ○ C Suggest that the client take brief showers and apply oil-based lotion after showering.
- ○ D Explain that the symptoms are caused by liver damage and cannot be relieved.

12 of 160

An older client with a long history of coronary artery disease (CAD), hypertension (HTN), and heart failure (HF) arrives in the Emergency Department (ED) in respiratory distress. The healthcare provider prescribes furosemide IV. Which therapeutic response to furosemide should the nurse expected in the client with acute HF?

- ○ A Increased cardiac contractility.
- ◉ B Reduced preload.
- ○ C Relaxed vascular tone.
- ○ D Decreased afterload.

13 of 160

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

- ○ A Encourage coughing and deep breathing.
- ◉ B Minimize the amount of stimuli in the room.
- ○ C Reposition from side to side every hour.
- ○ D Open window shades to provide natural light.

14 of 160

An adolescent who was diagnosed with diabetes mellitus Type 1 at the age of 9, is admitted to the hospital in diabetic ketoacidosis. Which occurrence is the **most** likely cause of the ketoacidosis?

- ○ A Ate an extra peanut butter sandwich before gym class.
- ○ B Incorrectly administered too much insulin.
- ◉ C Had a cold and ear infection for the past two days.
- ○ D Skipped eating lunch.

15 of 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 impending signs of death should be documented.
- ○ B The client's status should be conveyed to the chaplain.
- ◉ C The client's need for pain medication should be determined.
- ○ D The nurse manager should be updated on the client's status.

16 of 160

Which self care measure is **most** important for the nurse to include in the plan of care of a client recently diagnosed with type 2 diabetes mellitus?

- ○ A Self-injection techniques.
- ◉ B Blood glucose monitoring.
- ○ C Diabetic diet meal planning.
- ○ D A realistic exercise plan.

17 of 160

A client who gave birth 48 hours ago has decided to bottle feed the infant. During the assessment, the nurse observes that both breasts are swollen, warm, and tender on palpation. Which instruction should the nurse provide?

- ◉ A Apply ice to the breasts for comfort.
- ○ B Wear a loose-fitting bra during the day to prevent nipple irritation.
- ○ C Run warm water over breasts.
- ○ D Express small amounts of milk from the breasts to relieve pressure.

18 of 160

The nurse is preparing a client who had a below-the-knee (BKA) amputation for discharge to home. Which recommendations should the nurse provide this client? (Select all that apply.)

- ☐ A Avoid range of motion exercises.
- ☑ B Use a residual limb shrinker.
- ☐ C Apply alcohol to the stump after bathing.
- ☑ D Inspect skin for redness.
- ☑ E Wash the stump with soap and water.

19 of 160

A toddler presenting with a history of intermittent skin rashes, hives, abdominal pain, and vomiting that occurs after ingesting of milk products arrives to the clinic accompanied by the parents. Which type of testing should the nurse provide education to the toddler's family about?

- (●) A. Serum immunoglobulin E (IgE).
- ( ) B. Intradermal test.
- ( ) C. Atopy patch test.
- ( ) D. Placebo-controlled food challenge.

20 of 160

A client who is scheduled for a bronchoscopy in the morning is anxious and asking the nurse numerous questions about the procedure. In preparing the client for the procedure, which intervention has the **highest** priority?

- ( ) A. Allow client to gargle with warm salt water.
- ( ) B. Administer a sedative to alleviate anxiety.
- (●) C. Instruct client to write down the questions.
- ( ) D. Deny client's request for a midnight snack.

#20 – check my answer, I wasn't sure about this one●

21 of 160

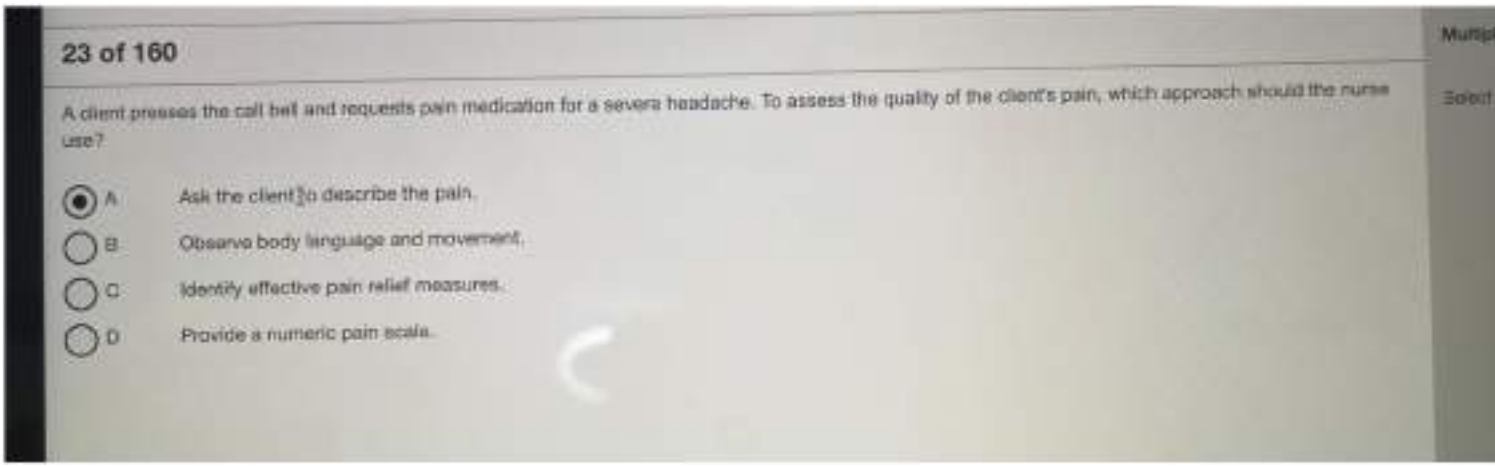
The nurse assesses a client one hour after starting a transfusion of packed red blood cells and determines that there are no indications of a transfusion reaction. What instruction should the nurse provide the unlicensed assistive personnel (UAP) who is working with the nurse?

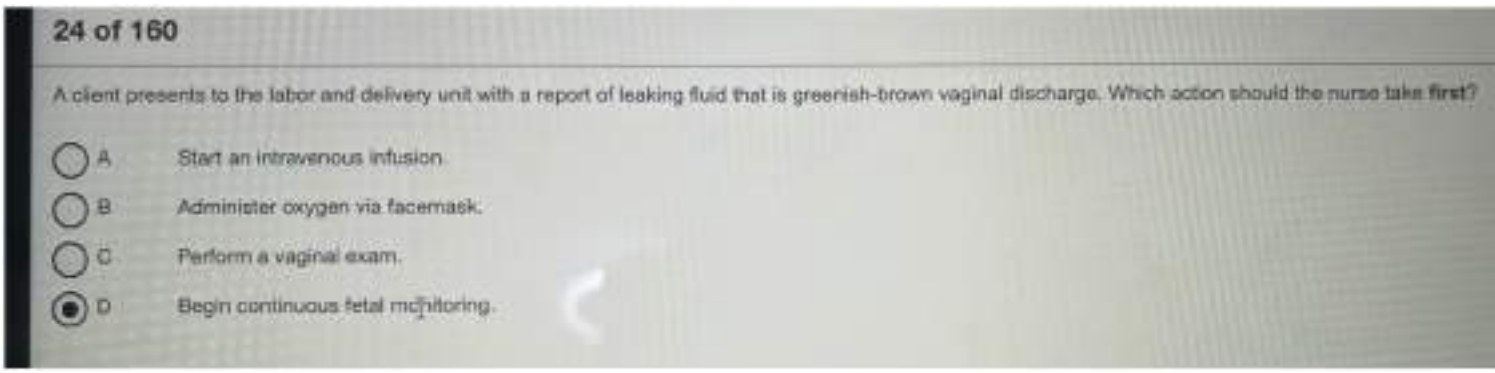
- ( ) A. Notify the nurse when the transfusion has finished, so further client assessment can be done.
- (●) B. Continue to measure the client's vital signs every thirty minutes until the transfusion is complete.
- ( ) C. Monitor the client carefully for the next three hours and report the onset of a reaction immediately.
- ( ) D. Since a reaction did not occur, the priority is to maintain client comfort during the transfusion.

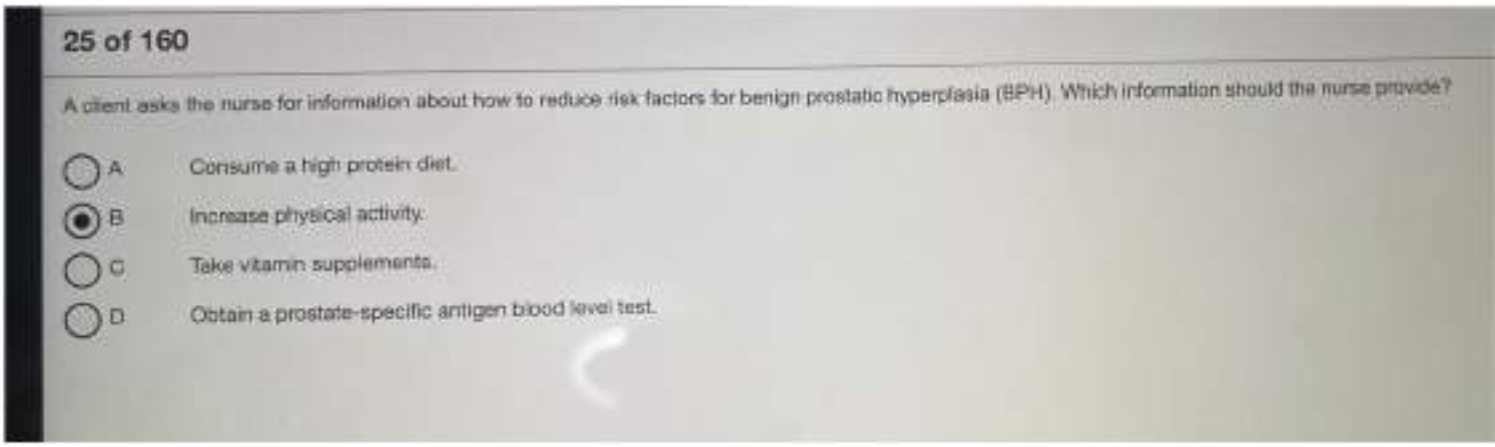
22 of 160

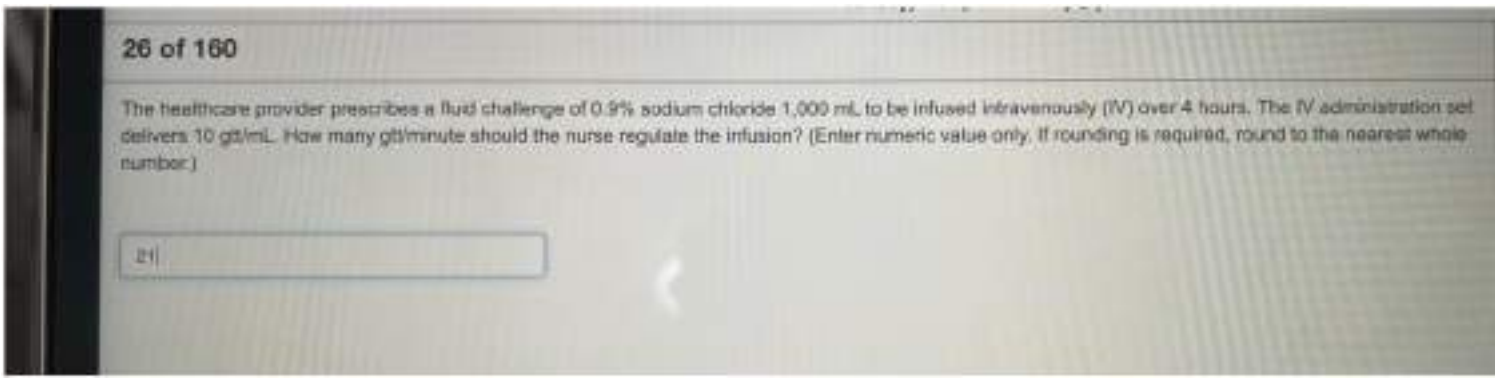
The healthcare provider prescribes a sepsis protocol for a client with multi-organ failure caused by a ruptured appendix. Which intervention is **most** important for the nurse to include in the plan of care?

- ( ) A. Assess warmth of extremities.
- ( ) B. Keep head of bed raised 45 degrees.
- ( ) C. Monitor blood glucose level.
- (●) D. Maintain strict intake and output.









#26: check this answer I think I typed the wrong answer here. Double check my work.

27 of 160

Following a cardiac catheterization and placement of a stent in the right coronary artery, the nurse administers prasugrel, a platelet inhibitor, to the client. To monitor for adverse effects from the medication, which assessment is **most** important for the nurse to include in this clients plan of care?

- (●) A Observe color of urine.
- ( ) B Measure body temperature.
- ( ) C Assess skin turgor.
- ( ) D Check for pedal edema.

28 of 160

A client fell in the bathroom when left unattended by the unlicensed assistive personnel (UAP). Which information should the nurse include in the client's health record?

- ( ) A The UAP left the client to assist another client.
- ( ) B The last time client was assisted to the bathroom.
- ( ) C The unit was understaffed when the client fell.
- (●) D The client fell sustaining a fracture to the left hip.

29 of 160

The nurse is reviewing the diagnostic tests prescribed for a client with a positive skin test. Which subjective findings reported by the client supports the diagnosis of tuberculosis?

- ( ) A Barking cough and vomiting.
- (●) B Mucopurulent cough and night sweats.
- ( ) C Dry cough and chest tightness.
- ( ) D Chronic cough and fatty stools.

30 of 160

In assessing a client with type 1 diabetes mellitus, the nurse notes that the client's respirations have changed from 16 breaths/minute with a normal depth to 32 breaths/minute and deep, and the client has become lethargic. Which assessment data should the nurse obtain **next**?

- ( ) A Temperature.
- ( ) B Breath sounds.
- (●) C Blood glucose.
- ( ) D White blood cell count.

31 of 160

A nurse receives report on a client who is four hours post-total abdominal hysterectomy. The previous nurse reports that it was necessary to change the client's perineal pad hourly and that it is again saturated. The previous nurse also reports that the client's urinary output has decreased. Which action should the nurse implement **first**?

- ○ A Evaluate the skin turgor.
- ◉ B Assess for weakness or dizziness.
- ○ C Change the perineal pad.
- ○ D Measure the urinary output.

32 of 160

The father of a 4-year-old has been battling metastatic lung cancer for the past 2 years. After discussing the remaining options with his healthcare provider, the client requests that all treatment stop and that no heroic measures be taken to save his life. When the client is transferred to the palliative care unit, which action is **most** important for the nurse working on the palliative care unit to take in facilitating continuity of care?

- ○ A Reassure the client that his child will be allowed to visit.
- ○ B Provide the client written information about end-of-life care.
- ◉ C Obtain a detailed report from the nurse transferring the client.
- ○ D Mark the chart with client's request for no heroic measures.

33 of 160

While assessing a client who is admitted with heart failure and pulmonary edema, the nurse identifies dependent peripheral edema, an irregular heart rate, and a persistent cough that produces pink blood-tinged sputum. After initiating continuous telemetry and positioning the client, which intervention should the nurse implement?

- ◉ A Obtain sputum sample.
- ○ B Document degree of edema.
- ○ C Initiate hourly urine output measurement.
- ○ D Administer intravenous diuretics.

34 of 160

A client who is admitted for primary hypothyroidism has early signs of myxedema coma. In assessing the client, in which sequence should the nurse complete these actions? (Rank the first action at the top with the remainder in descending order.)

- Observe breathing patterns.
- Assess blood pressure.
- Measure body temperature.
- Palpate for pedal edema.