

ATI ADULT MED SURG RN 3.0: RN CARING FOR THE SURGICAL CLIENT ASSESSMENT RESULTS



Question: 1 of 30

PARTIALLY CORRECT

Time Elapsed: 00:03:29



FLAG

A nurse is caring for a client.

Exhibit 1 Exhibit 2 Exhibit 3 Exhibit 4

History and Physical

Client with history of a cut on left knee after falling outside 2 weeks ago. Saw health care provider yesterday in clinic. Knee swollen, red, warm to the touch, and painful. Reports having fever and chills for the last 24 hr.

The client comes in today for an incision and drainage of a left knee abscess caused by cellulitis.

For each assessment finding, click to specify if the assessment finding is a normal finding, an expected abnormal finding, or an unexpected abnormal finding in a client who is about to undergo surgery. Each finding may support more than one.



Assessment Findings	Normal Finding	Expected Abnormal	Unexpected Abnormal (report to provider)
Platelet count	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Extremity assessment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pain level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
White blood cell count	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Positive hCG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Note: Each column must have at least 1 response option selected.

PARTIALLY CORRECT My Answer

The client's elevated white blood cell count (WBC), pain level, extremity assessment, and temperature are associated with the inflammatory process (cellulitis), with an abscess present that requires the incision and drainage in the first place. Therefore, these are expected findings, even though they are outside defined limits, so the surgeon would not need to be notified. The client's positive human chorionic gonadotropin (HCG) result (possible pregnancy) is an unexpected abnormal for a client about to have surgery, where the risk to the pregnancy is higher. Therefore, this needs to be reported to the surgeon in case the surgery needs to be delayed while further labs are obtained, and risk/benefits are determined. The client's platelet count is normal.

CONTINUE



Question: 2 of 30

PARTIALLY CORRECT

Time Elapsed: 00:05:22



FLAG

A nurse is caring for a client in the preoperative area.

Exhibit 1 Exhibit 2 Exhibit 3

Vital Signs

Preoperative 0600:

Temperature 36.7° C (98° F)
Blood pressure 118/86 mm Hg
Heart rate 76/min
Respiratory rate 16/min
Oxygen saturation 96% on room air
Pain level 2 on a scale from 0 to 10

A nurse is assessing a client in the preoperative area. Which of the following preoperative finding(s) should the nurse relay to the surgeon immediately? **Select all that apply.**



- Urinalysis results
- Temperature
- Serum potassium
- Home medications taken recently
- Platelet count
- White blood cell count (WBC)

PARTIALLY CORRECT My Answer

When prioritizing hypotheses, the nurse should identify that the client's platelet count and positive hCG result should be reported immediately to the provider. This client is at a higher risk for bleeding related to the low platelet count. The client may likely be pregnant as they have a positive hCG. Therefore, elective surgery should be postponed until a negative pregnancy test is confirmed or after the pregnancy has been completed.

PREVIOUS

CONTINUE



Question: 3 of 30

Time Elapsed: 00:06:11



FLAG

A nurse transfers a client to the PACU postoperatively. During the hand-off report, the nurse states that, "Dr. Jones performed a bowel resection." Which of the following sections of the SBAR communication tool does this statement address?



Assessment

Situation

Recommendation

Background

PREVIOUS

CONTINUE



Question: 4 of 30

Time Elapsed: 00:06:50



FLAG

A nurse is preparing a client scheduled for right knee arthroplasty surgery. Which of the following interventions should be the priority for the nurse to address to ensure client safety?



- Provide client education regarding the surgical procedure.
- Have the surgeon mark the surgical site.
- Ensure the client showered the night before.
- Initiate the prescribed antibiotic upon admission to the hospital.

PREVIOUS

CONTINUE



Question: 5 of 30

Time Elapsed: 00:07:47



FLAG

A nurse is completing a preassessment for a surgical client. The nurse asks the client whether they or anyone in their family has a history of complications from anesthesia. Which of the following assessment findings is most concerning?



Malignant hyperthermia

Venous thromboembolism (VTE)

Frequent falls

Sleep apnea

PREVIOUS

CONTINUE



Question: 6 of 30

Time Elapsed: 00:08:18



FLAG

A nurse teaches a surgical client about breathing and relaxation exercises during the preoperative phase. Which of the following postoperative complications would breathing and relaxation exercises help?



- Pain
- Malnutrition
- Sleep apnea
- Frequent falls

PREVIOUS

CONTINUE



Question: 7 of 30

Time Elapsed: 00:09:08



FLAG

A nurse is preparing a client for a surgical appendectomy. The nurse identifies an appendectomy as which of the following types of surgical classification?



Expedited

Elective

Emergent

Urgent

PREVIOUS

CONTINUE



Question: 8 of 30

Time Elapsed: 00:10:09



FLAG

A transplant nurse is providing care related to a client's kidney transplant. Which priority nursing action would be most likely to take place during the preoperative phase?



- Monitoring the client for signs of organ rejection
- Monitoring the client for signs of health care-associated infection
- Educating the client's caregivers about the transplant process
- Administering fluids and surgical wound care

PREVIOUS

CONTINUE



Question: 9 of 30

Time Elapsed: 00:11:36



FLAG

A nurse is teaching a client how to perform deep breathing exercises postoperatively. Which of the following instructions should the nurse include in her demonstration?



- Breathe out through your nose for eight seconds.
- Hold your breath for more than ten seconds or for as long as you can.
- Breathe in through your nose for four seconds.
- Relax at the end for five seconds, then repeat five more times.

PREVIOUS

CONTINUE



Question: 10 of 30

Time Elapsed: 00:15:50



FLAG

A surgical nurse receives additional training to become a transplant nurse. When the nurse administers postoperative care to a transplant client for the first time, which element of care will be new for that nurse?



- Monitoring for signs of organ rejection
- Administering IV fluids and blood if ordered
- Assisting with pain management techniques
- Cleaning and caring for the surgical site

PREVIOUS

CONTINUE