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



RN Caring for the Surgical Client Assessment

CLOSE

Question: 1 of 30

Time Elapsed: 00:03:29



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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			
Temperature		~	
Extremity assessment		~	
Pain level		~	
White blood cell		~	
Positive hCG	~	П	~

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



CLOSE

Question: 2 of 30

Time Elapsed: 00:05:22





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.

CONTINUE

PREVIOUS



Question: 3 of 30	Time Elapsed: 00:06:11
	L FLAG
A nurse transfers a client to the PACU postoperatively. During the hand-off re Which of the following sections of the SBAR communication tool does this sta	그렇게 하면 가는 경기가 하는 것들은 아니까 이번 이번에 가게 되었다. 그렇게 하고 있는 것이다. 그런 아니는 사람이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이다.
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 nurse to address to ensure client safety?	should be the priority for the
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



CLOSE

Question: 5 of 30



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



CLOSE

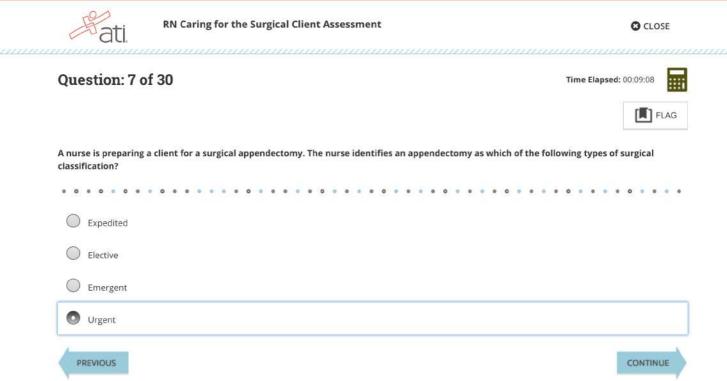
A nurse teaches a surgical client about breathing and relaxation exercises during the preoperative phase. Which of the following postoperative complications would breathing and relaxation exercises help?

Pain

Malnutrition
Sleep apnea
Frequent falls

PREVIOUS

CONTINUE





Question: 8 of 30				Time	Elap	sec	d: 00		0:09	FLAC
A transplant nurse is providing care related to a client's kidney transplant. Which priority nursing the preoperative phase?	g action w	ould b	e mos	st lik	ely t	o t	ake	e pla	ace	dur
				0 0	٠			0		
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										



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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