

Med Surg HESI 2021/2022 NEW V1.

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HESI MED SURG VERSION 1 2020/2021 Questions & Answers

nursing (Chamberlain University)

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1. What instruction should the nurse include in the discharge teaching plan of a client who had a cataract extraction today?

 - a. Sexual activities may be resumed upon return home
 - b. Light housekeeping is permitted but avoid heavy lifting**
 - c. Use a metal eye shield on operative eye during the day
 - d. Administer eye ointment before applying eye drops
2. A male adult comes to the urgent care clinic 5 days after being diagnose with influenza. He is short of breath, febrile, and coughing green colored sputum. Which intervention should the nurse implement first?

 - a. Obtain a sputum sample for culture**
 - b. Check his oxygen saturation level
 - c. Administer an oral antipyretic
 - d. Auscultate bilateral lung sound
3. An elder male client tells the nurse that he is loosing sleep because he has to get up several times at night to go to the bathroom that he has trouble starting his urinary stream and that he does not feel like his bladder is ever completely empty. Which intervention should the nurse implement?

 - a. collect a urine specimen for culture analysis
 - b. obtain a fingerstick blood glucose level
 - c. palpate the bladder above the symphysis pubis**
 - d. review the client fluid intake
4. An adult client is admitted with diabetic ketoacidosis (DKA) and a urinary tract infection (UTI) Prescriptions for intravenous antibiotics and insulin infusion are initiated. Which serum laboratory value warrants the most immediate intervention by the nurse?

 - a. blood ph of 7.30
 - b. glucose of 350 mg /dl
 - c. white blood cell count of 15000mm
 - d. potassium of 2.5 meq/l**

5. *A client with sickle cell anemia develops a fever during the last hour of*

administration of a unit of packed red blood cell. When notifying the healthcare provider what information should the nurse provide first using the SBAR communication process?

- a. **explain specific reason for urgent notification**

- b. *preface the report by stating the clients name and admitting diagnosis*
 - c. *communicate the pre-transfusion temperatures*
 - d. *obtain prn prescription for acetaminophen for fever 101f*
6. *An adult male client is admitted for pneumocystis carinii pneumonia (PCP) secondary to AIDS. While hospitalized he receives IV pentamidine isethionate therapy. In preparing this client for discharge what important aspect regarding his medication therapy should the nurse explain?*
- a. *AZT therapy must be stopped when IV aerosol pentamidine is being used.*
 - b. *IV pentamidine will be given until oral pentamidine can be tolerated*
 - c. **It will be necessary to continue prophylactic doses of IV or aerosol pentamidine every month**
 - d. *IV pentamidine may offer protection to others with AIDS related conditions such as Kaposi's sarcoma*
7. *A client's subjective data includes dysuria, urgency, and urinary frequency. What action should the nurse implement next?*
- a. **collect a clean catch specimen**
 - b. *palpate the suprapubic region*
 - c. *instruct to wipe from front to back*
 - d. *inquire about recent sexual activity*
8. *A client tells the nurse that her biopsy results indicate that the cancer cells are well differentiated. How should the nurse respond?*
- a. *offer the client reassurance that this information indicates that the client's cancer cells are benign*
 - b. *explain that these tissue cells often respond more effectively to radiation than to chemotherapy*
 - c. **ask the client if the healthcare provider has given her any information about the classification of her cancer**
 - d. *help the client make plans to begin immediate treatment since her cancer is likely to spread quickly*
9. *A client with a chronic kidney disease is treated on hemodialysis. During the 1st treatment the client's blood pressure drops from 150/90 to 80/30. Which action should the nurse take first?*
- a. *monitor BP q45 minutes*
 - b. *lower the head of the chair and elevate feet*
 - c. **stop dialysis treatment**
 - d. *administer 5% albumin IV*

10. A client with deep vein thrombosis (DVT) is receiving a continuous infusion of heparin sodium 25,000 units in 5% dextrose injection 250ml. The prescription indicates the dosage should be increased 900 units/hr. The nurse should program the infusion pump to deliver how many ml/hr?

=9

11. The nurse is obtaining the admission history for a client with suspected peptic ulcer disease (PUD). Which subjective data reported by the client supports this diagnosis?

- a. **upper mid abdominal gnawing and burning pain**
- b. severe abdominal cramps and diarrhea after eating spicy foods
- c. marked loss of weight and appetite over the last few months
- d. use of chewable and liquid antacids for indigestion

12. The nurse is providing preoperative education for a Jewish client scheduled to receive a xenograft graft to promote burn healing. Which information should the nurse provide this client?

- a. **the xenograft is taken from nonhuman sources**
- b. grafting increases the risk for bacterial infection
- c. as the burn heals the graft permanently attaches
- d. grafts are later removed by debriding procedure

13. A client who took a camping vacation two weeks ago in a country with a tropical climate comes to the clinic describing vague symptoms and diarrhea for the past week. Which finding is most important for the nurse to report?

- a. **jaundice sclera**
- b. intestinal cramping
- c. weakness and fatigue
- d. weight loss

14. During a home visit the nurse assesses the skin of a client with eczema who reports that an exacerbation of symptoms has occurred during the last week. Which information is most useful in determining the possible cause of the symptoms?

- a. an old friend with eczema came for visit
- b. recently received an influenza immunization
- c. corticosteroid cream was applied to eczema
- d. **a grandson and his new dog recently visited**

15. When explaining dietary guidelines to a client with acute glomerulonephritis (AGN) which instruction should the nurse include in the dietary teaching?
- select a protein rich food daily
 - restrict sodium intake**
 - eat high potassium foods
 - Avoid foods high in carbohydrate
16. A male client who is 24hr post operative for an exploratory laparotomy complains that he is starving because he has had no real food since before surgery. Prior to advancing his diet which intervention should the nurse implement?
- discontinue intravenous therapy
 - Assess for abdominal distension and tenderness
 - Obtain a prescription for a diet change
 - Auscultate bowel sound in all four quadrants**
17. A client diagnosed with stable angina secondary to ischemic heart disease has a prescription for sublingual (SL) nitroglycerin (NTG). The nurse should tell the client to follow which instructions if chest pain is not relieved after taking 3 NTG tablets 5 min apart?
- drive to the nearest emergency department
 - take another NTG SL tablet and lie down until angina subsides
 - call primary healthcare provider
 - call 911 pain is unrelieved and chew a tablet of aspirin 325mg**
18. After taking orlistat (Xenical) for one week a female client tells the home health nurse that she is experiencing increasingly frequent oily stools and flatus. What action should the nurse take?
- obtain stool specimen to evaluate for occult blood and fat content
 - instruct the client to increase her intake of saturated fats over the next week
 - ask the client to describe her dietary intake history for the last several days**
 - advise the client to stop taking the drug and contact the healthcare provider
19. Two days after an abscess of the chin was drained the client returns to the clinic with fever chills and a maculopapular rash with pruritis. The client has taken an oral antibiotic and cleansed the wound today with povidone iodine (Betadine) solution. Which intervention should the nurse implement first?
- determine if the client has a history of diabetes
 - assess airway patency and oxygen saturation**

- c. review recent medication history and allergies (POSSIBLE ANSWER TOO)
 - d. obtain samples for complete blood count and cultures
20. A client experiences an ABO incompatibility reaction after multiple blood transfusions. Which finding should the nurse report immediately to the health care provider?
- a. **low back pain and hypotension**
 - b. rhinitis and nasal stuffiness
 - c. delayed painful rash with urticarial
 - d. arthritic joint changes and chronic pain
21. A young adult male who has had type 2 diabetes mellitus (DM) is admitted to the intensive care unit with hyperglycemic nonketotic syndrome (HHNS). A sliding scale protocol for an isotonic IV solution with regular insulin is prescribed based on the results of a continuous blood glucose monitoring device that is attached to the client's central venous catheter. When the client's respirations become labored and his lungs sound indicate crackles what action should the nurse take?
- a. collect a specimen for a white blood cell count and cultures
 - b. determine the clients glycosylated hemoglobin (A1C) (POSSIBLE ANSWER)
 - c. administer insulin IV push until the clients fluid volume is adjusted
 - d. **decrease infusion rate to address fluid overload**
22. When preparing to apply a fentanyl (Duragesic) transdermal patch the nurse notes that the previously applied patch is intact on the client's upper back and the client denies pain. What action should the nurse take?
- a. Remove the patch and consult with the healthcare provider about the client pain resolution
 - b. Place the patch on the clients shoulder and leave both patches in place for 12 hours
 - c. Administer an oral analgesic and evaluate its effectiveness before applying a new patch
 - d. **Apply a new patch in a different location after removing the original patch**
23. A client who had a myocardial infarction is admitted to the coronary critical care unit (CCU) with a nitroglycerin drip infusing. The clients last blood pressure measurements was 78/36. What action should the nurse implement?
- a. obtain blood pressure q5 minutes using duranap machine
 - b. change the dilution of the nitroglycerin infusion

- c. **reduce the rate of the nitroglycerin infusion**
 - d. *begin dopamine infusion at 5mcg/kg per minute*
24. *An adolescent is admitted to the hospital because of a suicide attempt with an overdose of acetaminophen (Tylenol). Which blood values are most important for the nurse to monitor during the first 72 hours following ingestion of this overdose?*
- a. *BUN creatinine specific gravity*
 - b. *White blood count, hemoglobin hematocrit*
 - c. *PH,PCO2, HCO3*
 - d. **LDH OR LD, SGOT OR ALT, SGPT OR AST**
25. *An elderly post-operative female client is receiving morphine sulfate via a PCA pump. Which assessment finding should prompt a nurse to administer the prescribed PRN medication naloxone?*
- a. **her respiratory rate is 7 breath/minute**
 - b. *she indicates that she feels as if she cannot get enough air to breath*
 - c. *she has intercostal retractions and bilateral wheezing is auscultated*
 - d. *her pulse oximeter is 89% on room air*
26. *Which assessment finding indicates to the nurse that the muscarinic agent bethanechol (Urecholine) is effective for a client diagnose with urinary retention?*
- a. **urinary output equal to intake**
 - b. *no terminal urinary dribbling*
 - c. *denies stress incontinence*
 - d. *absence of xerostomia*
27. *Following involvement in a motor vehicle collision, a middle aged adult client is admitted to the hospital with multiple facial fractures. The client's blood alcohol level is high on admission. Which PRN prescription should be administer if the clients begins to exhibit signs and symptoms of delirium tremens (DT s)?*
- a. **Lorazepam (Ativan) 2mg IM**
 - b. *Chlorpromazine (thorazine) 50 mg IM*
 - c. *Prochlorperazine (Compazine) 5 mg IM*
 - d. *Hydromorphone (Dilaudid) 2 mg IM*
28. *Which instructions should the nurse include in the teaching plan of a client who is taking the diuretic spironolactone (Aldactone)?*
- a. *call the healthcare provider f you develop gynecomastia*
 - b. **Take the medication in the morning**

- c. *Avoid caffeine and smoking*
 - d. *Increase your consumption of bananas and oranges*
29. *A glucagon emergency kit is prescribed for a client with type 1 diabetes mellitus. When should the nurse instruct the client to take the glucagon?*
- a. *after meals to increase endogenous insulin secretion*
 - b. *after insulin administration to prevent hypoglycemia*
 - c. **when recognized signs of severe hypoglycemia occur**
 - d. *when unable to eat during sick days*
30. *A client with hyperthyroidism is being treated with radioactive iodine (I-131). Which explanation should be included in preparing this client for this treatment?*
- a. **describe radioactive iodine as a tasteless, colorless medication administered by the healthcare provider**
 - b. *explain the need for using lead shields for 2 to 3 weeks after the treatment*
 - c. *describe the signs of goiter because this is a common side effects of radioactive iodine*
 - d. *explain that relief of the signs/ symptoms of hyperthyroidism will occur immediately*
31. *A female client is being treated for tuberculosis with rifampin (rifadin) which statement indicates that further teaching is needed?*
- a. **I will take my usual contraceptive for birth control**
32. *A client is discharged with a prescription for warfarin (Coumadin). What discharge instructions should the nurse emphasize to the client?*
- a. *take a multi vitamin supplement daily*
 - b. *use an astringent for superficial bleeding*
 - c. **avoid going barefoot especially outside**
 - d. *include large amounts of spinach in the diet*
33. *In caring for a client with diabetes insipidus who is receiving an antidiuretic hormone intranasal which serum lab test is most important for the nurse to monitor?*
- a. **osmolality**
 - b. *calcium*
 - c. *platelets*
 - d. *glucose*

34. After administering dihydroergotamine (Migranal) 1 mg subcutaneously to a client with a severe migraine headache the nurse should explain that relief can be expected within what time frame?
- 2 hours
 - 5 minutes
 - 1 hour
 - 15 minutes**
35. A client with hypertension who has been taking labetalol for two weeks, reports a five pound (2.2 kg) weight gain. Which follow up assessment is most important for the nurse to obtain?
- capillary refill
 - body temperature
 - muscle strength
 - breath sounds**
36. A male client is receiving pilocarpine hydrochloride (Isopto Carpine) ophthalmic drops for glaucoma. He calls the clinic and ask the nurse why he has difficulty seeing at night. What explanation should the nurse provide?
- The eye drops slow pupil response to accommodate for darkness**
 - The drops increase the fluid in the eyes and cloud the visual field (possible answer)
 - The drug can cause lens to become more opaque
 - The medication causes pupils to dilate which reduces night vision
37. A client who is taking and oral dose of tetracycline complains of gastrointestinal upset. What snack should the nurse instruct the client to take with the tetracycline?
- toasted wheat bread and jelly**
 - cheese and crackers
 - cold cereal with skim milk
 - fruit flavored yogurt
38. The therapeutic effect of insulin in treating type 1 diabetes mellitus is based on which physiologic action?
- Facilitates transport of glucose into the cell**
 - Increases intracellular receptor site sensitivity
 - Stimulates function of beta cells in the pancreas
 - Delays carbohydrates digestion and absorption

39. The health care provider prescribes a medication for an older adult client who is complaining of insomnia. And instructs the client to return in 2 weeks. The nurse should question which prescription?
- Eszopiclone (Lunesta) 10 mg orally at bed time**
 - Zolpidem 10 mg orally at bed time
 - Temazepam orally at bed time
 - Ramelteon orally at bedtime
40. A male client reports to the nurse that he is experiencing GI distress from high dose of a corticosteroid and is planning to stop taking the medication. In response to the client's statement what nursing action is most important for the nurse to take?
- Encourage the client to take medication with food to decrease GI distress
 - Advise the client that the medication should be stopped gradually rather than abruptly.**
 - Review the client's dosing schedule to ensure he is taking the prescribed amount
 - Assess the client for other indications of adverse effects of corticosteroid
41. Fifteen minutes after receiving sulfamethoxazole. A male client reports a burning sensation over his abdomen, chest, and groin. Which intervention is most important for the nurse to implement?
- Auscultate lung sounds for wheezing
 - Review the client's list of drug allergies**
 - Add sulfamethoxazole to the client's allergies
 - Check neurological vital signs
42. Antibiotic-resistant organisms are a major infection control problem. To help minimize the emergence of resistant bacteria, what instruction should the nurse provide to the clients?
- Stop taking prescribed antibiotics when symptoms decrease
 - Avoid using antibiotics when suffering from colds or the flu**
 - Ask the healthcare provider to prescribe the newest antibiotic when needed
 - Request a prescription for first-time vancomycin for a sore throat
43. A client with symptoms of influenza that started the previous day asks the clinic nurse about taking oseltamivir (Tamiflu) to treat the infection. Which response should the nurse provide?

- a. Advise the client once symptoms occur is too late to receive an influenza vaccination
 - b. Refer the client to the healthcare provider at the clinic to obtain a medication prescription**
 - c. Explain to the client that antibiotics are not useful in treating viral infections such as influenza
 - d. Instruct the client that over the counter medications are sufficient to manage influenza symptoms
44. Twenty minutes after the nurse starts a secondary IV infusion of cafepime (maxipime) 2 grams using an infusion pump to deliver the dose in one hour, the client reports feeling nauseated. What action should the nurse implement?
- a. stop medication infusion and notify the healthcare provider of the adverse effect
 - b. increase the rate of the infusion to complete the dose of the medication more rapidly
 - c. continue the infusion and administer a prn antiemetic prescription**
 - d. reassure the client that the nausea is not related to the iv infusion
45. The nurse administer donepezil hydrochloride (Aricept) to a client with Alzheimer's disease as an intervention for which client problem?
- a. fluid volume excess
 - b. disturbed thought processes**
 - c. chronic pain
 - d. altered breathing patterns
46. To prevent deep vein thrombosis following knee replacement surgery, an adult male client is receiving enoxaparin (Lovenox) subcutaneously daily. Which laboratory finding requires immediate action by the nurse?
- a. blood urea nitrogen (BUN) 20mg/dl or 7.1 mmol/L (SI)
 - b. Hematocrit 45%
 - c. Serum creatinine 1.0 mg/dl or 88.4 mol/L (SI)
 - d. Platelet count of 100,000/mm³ or 100x10⁹/ L (SI)**
47. A client with type 2 diabetes mellitus is managed with metformin (Glucophage), an oral hypoglycemic agent. The primary health care provider prescribes an additional medication injected exenatide (byetta). Which information is most important for the nurse to teach this client?
- a. Administer subcutaneously after meals**

- b. Consume additional sources of potassium*
 - c. Notify the healthcare provider if anorexia occurs*
 - d. Watch for signs of jitteriness or diaphoresis (POSSIBLE ANSWER)*
- 48. A client who is diagnosed with schizophrenia receives a prescription for an atypical antipsychotic drug aripiprazole (Abilify). Which assessment should the nurse perform to monitor for an adrenergic receptor antagonist side effect that commonly occurs with atypical antipsychotic agents?*
- a. observe the client's hallucinatory behaviors*
 - b. obtain the client's finger stick glucose levels***
 - c. measure the client's lying and standing blood pressure*
 - d. determine the client's abnormal involuntary movements scale (AIMS)*

1- A client with pheochromocytoma reports the onset of a severe headache. The nurse observes that the client is very diaphoretic. Which assessment data should the nurse obtain first?

Blood pressure

2- The drainage in the chest tube of a client with emphysema has changed from clear watery fluid. What action would be best for the nurse to take/

Maintain the current IV antibiotic schedule

3- A client is admitted with a sudden onset of right sided the nurse complete first?

Observe for peripheral edema

4- When planning care for a client newly diagnose with open angle glaucoma, the nurse identifies a priority nursing diagnosis of " Visual sensory/perceptual alterations". This diagnosis is based on which etiology?

Decreased peripheral vision

5- A client in the operating room received succinylcholine. The client is experiencing muscle rigidity and has an extremely high temperature. What action should the nurse implement?

Call the PACU nurse to prepare for prolonged ventilatory support

Also know that PACU is BP, Respiration and Pulse

6- A client who is receiving packed red blood cells develops nausea and vomiting. What action should the nurse take first?

Stop the infusion of blood

Te lo pueden poner como hemodialysis y tambien es STOP transfusion

7- A client with type 2 diabetes mellitus is admitted to the hospital for uncontrolled DM. Insulin therapy is initiated with initial dose of Humulin insulin at 8:00 at 16:00 the client complains of diaphoresis, rapid heart beat, and feeling shaky. What should the nurse do first?

Determine the client current glucose level

8- After suctioning the patient with an endotracheal tube, which assessment finding indicates to the nurse that the intervention was effective?

Increase in breath sounds

9- The nurse observes an increase number of blood clots in the drainage tubing of a client with continuous bladder irrigation following a transurethral resection of the prostate (TURP). What is the best initial nursing action?

Provide additional oral fluid intake

Also with TURP you must know that 3l of water a day is needed

10- Which nursing diagnosis should be selected for a client who is receiving thrombolytic infusions for treatment of an acute myocardial infarction?

Risk for injury related to effects of thrombolysis

11- The nurse is assessing a client who has returned from surgery following a thoracotomy. Which finding indicates the client is experiencing adequate gas exchange?

The client demonstrates effective coughing and deep breathing exercises

12- When caring for a client with nephrotic syndrome which assessment is most important for the nurse to obtain?

Daily Weight

13- A client who had a biliopancreatic diversion procedure (BOP) 3 months ago is admitted with severe dehydration. Which assessment finding warrants immediate intervention by the nurse?

Gastroccult positive emesis

14- A female client with possible acute renal failure (ARF) is admitted to the hospital and mannitol (Osmitrol) is prescribed as a fluid challenge. Prior to carrying out this prescription, what intervention should the nurse implement?

- No specific nursing action is required
- Instruct the client to empty the bladder
- Collect a clean catch urine specimen
- Obtain vital signs and breathe sounds

15- The nurse positions a male client for a lumbar puncture by placing him in the side-lying position with his knees flexed and pulled toward his trunk. What action should the nurse implement next?

- Call another nurse to assist the healthcare provider
- Provide a small pillow for the client to curl around
- Instruct the client to perform a Valsalva maneuver
- Support the client's head bent forward to the chest

16- When teaching a client with osteoporosis to increase weight-bearing exercise, how should the nurse explain the purpose of this activity?

- Strengthen leg muscles
- Promote venous return
- Increase bone strength
- Restore range of motion

17- A male tells the clinic nurse that he is experiencing burning on urination, and assessment that he had sexual intercourse four days ago with a woman he casually met. Which action should the nurse implement?

- Observe the perineal area for a chancroid-like lesion
- Obtain a specimen of urethral drainage for culture (POSSIBLE ANSWER)
- Identify all sexual partners in the last four days
- Assess for perineal itching, erythema, and excoriation

18- An older female client with long term type 2 diabetes mellitus (DM) is seen in the doctor routine health assessment. To determine if the client is experiencing any long-term complications of DM, which assessments should the nurse obtain? Select all that apply:

- Visual acuity
- Serum creatinine and blood urea nitrogen (BUN)
- Signs of respiratory tract infection
- Sensation in feet and legs
- Skin condition of lower extremities

19- Which laboratory test result is most important for the nurse to report to the surgeon prior to a client's scheduled abdominal surgery?

- Potassium level of 4 mEq/liter
- Blood glucose of 90 mg/dl
- Serum creatinine of 5 mg/dl (POSSIBLE ANSWER)
- Hemoglobin level of 13 grams

20- A client who has a history of long-standing back pain treated with methadone (Dolophine), is admitted to the surgical unit following urological surgery. What modifications in the plan of care should the nurse make for this client's pain management during the postoperative period?

- Use minimal parenteral opioids for surgical pain, in addition to oral methadone
- Maintain client's methadone, and medicate surgical pain based on pain rating
- Consult with surgeon about increasing methadone in lieu of parenteral opioids
- Make no changes in standard pain management for this surgery and hold methadone

21- The nurse applies an automatic external defibrillator (AED) to a client who collapsed in an exam room at a community clinic. What action should the nurse take next?

- Determine the defibrillator reading
- Assess the client's oxygen saturation
- Bring a crash cart to the exam room
- Measure the client's blood pressure

22- Which change in lab values would indicate to the nurse that treatment for gout is successful?

- Decreased serum uric acid
- Decreased serum purine
- Increased serum uric acid
- Increased serum purine

23- The nurse reports that a client is at risk for a brain attack (stroke) finding?

- Jugular vein distention
- Palpable cervical lymph node
- Carotid bruit
- Nuchal rigidity

24- The nurse is assessing a group of older adults. What factor in a male client's history puts him at greatest risk for developing colon cancer?

- Is excessively exposed to sunlight
- Eats a high-fat diet
- Smokes cigars (POSSIBLE ANSWER)
- Has intestinal polyps

25- While taking routine vital signs at 0400 AM, the nurse notes that a client who had a total knee replacement the previous day has a heart rate of 126 beats/minute. What action should the nurse take first?

• Compare heart rate trends with blood pressure trends (POSSIBLE ANSWER)

- Review the medical record for a history of cardiac disease
- Check surgical drainage system and bandage for bleeding
- Determine current pain level using a 10-point scale

26- A client who suffered an electrical injury on the left foot is admitted to the burn include in this client's plan of care? (incomplete)

- *Assess lung sounds q4 hours*
- *Perform passive range of motion*
- *Evaluate level of consciousness*
- *Continuous cardiac monitoring*

27- *The nurse is taking a client's blood pressure sphygmomanometer cuff is inflated. What (incomplete)*

- *Administer a prescribed PRN antianxiety (POSSIBLE ANSWER)*
- *Assess the client's recent serum calcium*
- *Notify the healthcare provider of the*
- *Prepare to implement seizure precautions*

28- *A client with eczema is using an over-the-counter (OTC) topical product with urea 10% OTC (Aqua Care Cream) to the affected skin areas. Which finding reflects the expected therapeutic response?*

- *Decreased weeping of ulcerations in affected area (POSSIBLE ANSWER)*
- *Healing with a return to normal skin appearance*
- *Reduced pain in eczematous areas*
- *Hydration of affected dry skin areas*

29- *During an annual health check, the clinic nurse updates an adult female's health history. When discussing the woman's history of lactose intolerance, the client reports that it has been years since she last consumed dairy products. What dietary suggestions should the nurse recommend to help ensure that the client receives an adequate intake of calcium? Select all that apply:*

- *Increase intake of salmon, sardines, tofu, and leafy green vegetables*
- *Sip a half-cup of mil during a mid-day meal at least every other day*
- *Eat at least six servings of citrus fruits weekly*
- *Include 2 to 3 servings of yellow and green squash weekly*
- *Take a calcium supplement with vitamin D daily*

30- *A healthcare worker with no known exposure to tuberculosis has received a Mantoux tuberculosis skin test. The nurse's assessment of the test after 72 hours indicates 5mm of erythema without induration. What is the best initial nursing action?*

- *Review client's history for possible exposure to TB*
- *Instruct the client to return for a repeat test in 1 week*
- *Refer client to a healthcare provider for isoniazid (INH) therapy*

- Document negative results in the client's medical record

31.A male client in skeletal traction tells the nurse that he is frustrated because he needs help repositioning himself in bed. Which intervention should the nurse implement?

- Inform the client that it is the nurse's responsibility to reposition
- Provide an overhead trapeze to the bed for the client to use
- Place a draw sheet under the client to assist with repositioning
- Administer an intravenous PRN anti-anxiety medication

32- In planning care for a client with pneumonia, which nursing problem should the nurse identify as the priority?

- Impaired gas exchange related to the effects of alveolar-capillary membrane changes
- Acute pain related to the effects of inflammation of the parietal pleura
- Deficient fluid volume related to fever, infection, and increased metabolic rate
- Disturbed sleep pattern related to pain, dyspnea, and hospitalization

33.A hospitalized client with chemotherapy-induced stomatitis complains of mouth pain. What is the best initial nursing action?

- Encourage frequent mouth care
- Administer a topical analgesic per PRN protocol
- Cleanse the tongue and mouth with glycerin swabs
- Obtain a soft diet for the client

33- A client returns from surgery following a hiatal hernia repair via Nissen fundoplication. Which position should the nurse implement for this client?

- Right side-lying to promote stomach emptying
- Prone to apply external pressure to the suture line
- Left side-lying to reduce stress on the suture line
- 30 degree semi-Fowler's to drop the diaphragm

34- An adult woman with Grave's disease is admitted with severe dehydration is currently restless and refusing to eat. Which action is most important for the nurse to implement?

- Keep room temperature cool
- Determine the client's food preferences
- Maintain a patent intravenous site
- Teach the client relaxation techniques

35- The nurse admits a client who has a medical diagnosis of bacterial meningitis to the unit. Which intervention has the highest priority in providing care for this client?

- Administer initial dose of broad-spectrum antibiotic
- Instruct the client to force fluids hourly
- Obtain results of culture and sensitivity of CSF
- Assess the client for symptoms of hyponatremia

36- A client uses triamcinolone (Kenalog), a corticosteroid ointment, to manage pruritis caused by a chronic skin rash. The client calls the clinic nurse to report increased erythema with purulent exudate at the site. What action should the nurse implement?

- Schedule an appointment for the client to see the healthcare provider
- Advise the client to apply plastic wrap over the ointment to promote healing
- Explain that the client needs to complete all prescribed doses of the medication
- Instruct the client to continue the ointment until all erythema is relieved

37- During a paracentesis, two liters of fluid are removed from the abdomen of a client with ascites. A drainage bag is placed, and 50 ml of clear, straw-colored fluid drains within the first hour. What action should the nurse implement?

- Palpate for abdominal distention
- Clamp drainage tube for 5 minutes
- Continue to monitor the fluid output
- Send fluid to the lab for analysis

38- The nurse assesses the dressing of a client who has just returned from post-anesthesia and finds that the dressing is wet with a moderate amount of bright red bloody drainage. What action should the nurse take?

- Replace dressing with a new sterile dressing, and monitor the wound hourly until bleeding is stopped
- Call surgery and request that the surgeon see the wound prior to leaving the hospital
- Reinforce the dressing and document that a moderate amount of sanguineous drainage was on the dressing
- Document that the dressing was saturated with serious drainage, and do not change the dressing

39- While the home health nurse is making a home visit, a client with a history of seizures demonstrates tonic-clonic seizure activity. What action should the nurse implement first?

- Direct a family member to call emergency services
- Ascertain the trigger event
- Protect the client's head with a pillow
- Observe the postictal breathing pattern

40- A client who weighs 176 pounds is admitted to the intensive care unit with a serum glucose level of 600 mg/dl and a serum acetone level of 50 mg/dl. Regular insulin at a rate of 0.1unit/kg/hour is prescribed. The pharmacy provides a solution of Regular insulin 100 units/100 ml of normal saline. The nurse should set the infusion pump to deliver how many ml/hour? (Enter numeric value only)

= 8ML/H

41- A client whose history includes IV drug abuse is admitted to the intensive care unit (ICU) with Kaposi's sarcoma associated with Acquired Immune Deficiency Syndrome (AIDS). Which intervention is most important for the nurse to include in the client's plan of care?

- Observe for adverse medication reactions
- Assess for signs of AIDS dementia
- Identify signs of opportunistic infections
- Locate local HIV support groups

42-(Photo) The charge nurse observes a newly employed nurse gathering equipment to obtain a venous blood sample from a client's implanted port. The nurse has obtained the equipment seen in the photo. What actions should the charge nurse take? (Select all that apply)

- Guide the nurse in inserting the needle at a 45 degree angle
- Remind the nurse to wear sterile gloves for this procedure
- Instruct the nurse to obtain several red-topped tubes
- Determine if the nurse has ever performed this skill
- Assist in obtaining the correct needle to access the port

43- After a computer tomography (CT) scan with intravenous contrast medium, a client returns to the room complaining of shortness of breath and itching. Which intervention should the nurse implement?

- A. Send another nurse for an emergency tracheotomy set
- B. Call respiratory therapy to give a breathing treatment

C. Review the client's complete list of allergies

D. Prepare a dose of Epinephrine (Adrenalin)

44- The nurse is reviewing blood pressure readings for a group of client's on a medical unit. Which client is at the highest risk for complications related to hypertension?

A. Young adult Hispanic female who has a hemoglobin of 11 gm and drinks beer every day

B. Middle-aged African-American male who has a serum creatinine level of 2.9 mg/dL

C. Older Asian male who eats a diet consisting of smoked, cured, and pickled foods.

D. Post-menopausal Caucasian female who overeats and is 20% above ideal body weight

1. *Shingles*
 - *Teach the pt about phantom pain*
2. *Shingles Select all the apply*
 - *pain*
 - *ability*
 - *skin integrity*
3. *PATIENT W/ EZCEMA APPLYING CREAM TTO IS WORKING:*
 - *HEALING WITH A RETURN SKIN TO NORMAL APPEARANCE.*
4. *PT WITH OBESITY HIGH GLUCOSE LEVEL IS AT RISK FOR?*
 - *CARDIOVASCULAR DISEASE*
5. *FOR ANEMIA WHAT DOESN'T HAVE IRON, WHICH FOODS ARE NOT RICH IN IRON?*
 - *NO ORANGE*
6. *PT. W/ RISK OF DVT*
 - *PERFORM ROM EXERCISES ALSO LEGS EXERCISE CAN BE OTHER WAY TO ANSWER*
7. *DISCHARGE FOR VENOUS ULCERS SELECT ALL APPLY?*
 - *ELEVATE THE FEET WHEN LAYING DOWN*
 - *CHECK BROWNISH SKIN AROUND THE ANKLES*
 - *VITAMINS*
8. *PT W/ SIADH:*
 - *HARD CANDY FOR THIRST.*
9. *PT ARRIVE TO PACU POSTOP MOANING WHAT TO DO:*
 - *CHECK PULSE, BP AND RESPIRATIONS.*
10. *Pt. DIAGNOSED RECENTLY W/ DM HAVE NOT BEEN ABLE TO CONTROL GLUCOSE LEVEL DURING 3 MONTH WHAT SHOULD BE DONE:*
 - *CHECK FOR A1C LEVEL*
 - *(OTHER SAY ASSESS FOR WHAT SHE HAVE BEEN EATING 3 DAYS AGO).*
11. *WHEN BP IS HIGH*
 - *ADMINISTER (LASIX)*

12. *PATIENT W/ ESOPHAEGAL VARICES HAVE NOT BE BLEEDING FOR 3 DAYS:*

- *PROVIDE LUKE WARM BROTH, ICE TEA AND LEMON POPSICLE.*

13. *CALCULO:*

- *0.75*

14.

PT WITH OSTEOMALCIA

- *RISK FOR INJURY*

15. *SBAR—EXPLAIN SPECIFIC REASON FOR URGENT NOTIFICATON*

- *TEMPERATURE*

16. *INTESTINAL BOWEL OBSTRUCTION*

- *PLACE THE PT 90 DEGREES SITTING*

17. *OSTEOARTHRITIS*

- *RISK FOR INJURY RELATED TO JOINT PAIN*

18. *BONE CANCER TYPE IV:*

- *GIVE OPIODS- NON OPIODS ANALGESICS.*

19. *HYPOTHYROIDISM*

- *RESTRICT SODIUM NA 122*

20. *PT ARRIVES TO CLINIC W/ NUCHAL RIGIDITY FEVER FOR 6 HOURS
WHAT TO DO:*

- *PREPARE FOR ISOLATION PRECAUTIONS*
- *(I PUT THIS ONE AND NO LUMBAR PUNCTURE)*

21. *INTERMITENT CLAUDICATION TEACHING*

- *BANDAGE ELASTIC WRAPED AROUND LEGS*
- *TAMBIEN PUEDE SALIR COMO PAIN TRACTION CAST NOTIFY MD
(CAST NO MORE THEN 4HR)*

22. *PREOPERATIVE NURSING CARE*

- *ASSESS EMOTIONAL PREPAREDNESS*
- *ALSO CAN BE CONCERNS AND ANXIETY FOR SURGERY DEPENDE
LA QUE PONGAN*

23. *TRACHESTOMY CARE:*

- *LEAVE OLD TIES ON UNTIL NEW ONES BE ON PLACE OR SECURE.*

24. STERNAL TRACTION COMPLAINS OF PAIN
- ADMINISTER PRN MEDS
25. EXTERNAL FIXATION
- ADMINISTER PRN MEDS
26. MULTIPLE SCLEROSIS (MS)
- ADMINISTER ANTIMEDICS/ PRN AS PRESCRIBED
27. FEMALE PATIENT HOW HAVE EPIGASTRIC PAIN FOR 3 DAYS HAVE BEEN TAKIN ANTACIDS AND NO RESOLVE ARRIVE TO HOSPITAL W/HR;128 BPM, BP110/70 WHAT IS THE MOST IMPORTANT INTERVENTION FINDING IN ASSESSMENT:
- ASSESS FOR RADIATING JAW PAIN.
28. Pt. W. RADIACTIVE THERAPY WHAT TO TEACH/ RECOMMEND TO
- PROTECT THAT PART OF THE SKIN SPECIALLY FROM THE SUN
29. Pt WITH ALS WHAT TO DO TO PREVENT RESPIRATORY COMPLICATIONS:
- TEACH BREATHING TECNIQUES, USES SPIROMETER, AUSCULTATE FOR BREATH OR LUNG SOUNDS.
30. PT WITH LEFT LEF ULCER:
- KEEP LEG ELEVATED AS MUCH AS HE CAN.
31. PT WITH AN EXTERNAL DEVICE COMPLAINING OF PAIN:
- ASSESS FOR PHERIPHERAL PULSES.
32. CALCULATION 1G/0.4 G
- = 2.5
33. EXAMPLES OF DASH DIET:
- PEEL FRUITS AND VEGETABLES.
34. CHEST TUBE W/ A DRAINAGE CHANGING FROM CLEAR TO GREEN:
- KEEP IV FLUIDS.
35. PT W/ OPEN ANGLE GLAUCOMA SELECT ALL THAT APPLY:
- FREQUENT EYE EXAM TO ASSES FOR VISSION,
- USE DROPS TO DIMINSH IOP,
- AVOID EXTRENOUS EXERCICES LIKE JOGGING OR RUNNING
- (YO PUSE SOLO ESAS 3 RESPUESTAS).

36. *PT W/ HYPERTHYROIDISM DEVELOPING EXOSPHTALMUS:*
- *PRESCRIBE TEAR EYE DROPS.*
37. *PT VOMITING BLOOD LIKE THE PICTURE SAME AS HEMATENSIS:*
- *CHECK VITAL SIGNS (ASI ESTA EN TODOS LOS PAPELES)*
 - *AUSCULTATE LUNGS SOUNDS (FUE LO QUE PUSO YADIRA)*
38. *PATIENT W/ ML FELL AND WHEN RECEIVING THE NURSE HE HAVE 2 PROJECTILE VOMITS WHAT SHE DO:*
- *PROVIDE ANTIEMETICS PRN .*
39. *PT W/ RAYNAUD SYNDROME WHICH WORK AS A DATA ENTRY CLERK:*
- *PROVIDE A SPACE TO WARM THE ENVIROMENT NEXT TO HER*
 - *(ALGO ASI ERA LA RESPUESTA). Y HAY OTRA RESPUESTA QUE SOLO DICE KEEP MONITORING*
40. *PATIENT THAT HAVE THE K= 6.7 WHAT MEDICATION PROVIDE:*
- *KAYELAXATE (TREATS HYPERKALEMIA).*
41. *COLON CANCER PT*
- *KAYELAXATE Med*
42. *RENAL INJURY*
- *KAYELAXATE MED*
43. *PT WITH A BRONCHOSCOPY AND DRINK A GLASS OF JUICE :*
- *DELAY THE PROCEDURE 6 HOURS*
44. *NEW PATIENT DIAGNOSES WITH DM TYPE IS RECEIVING TEACHING IN WHICH GLUCOMETER WILL BE THE BEST:*
- *ASSESS FOR VISUAL ACUITY AND ABILITY TO READ OR SOMETHING LIKE THAT.*
45. *ABG (PH 7.25 PCO2 50 SODIUM 60*
- *TACHY AND CONFUSION/ RESPIRATORY*
46. *ACUTE AGN DIET:*
- *RESTRICT NA INTAKE.*
47. *PT W/ A EXPRESSIVE APHASIA IS ANGER WHAT SHOULD DO THE NURSE:*
- *CVA- COMMUNICATE W/ PICTURE BOARDS.*

48. NURSE IS TEACHING THE WIFE IF A PATIENT DIAGNOSED W/ SEIZURE
WHAT TO DO:

- TEACH HER HOW TO POSITION HIM

49. PT AFTER TTO OF SOMETHING AND WANTS TO EAT:

- NURSE ASSESS FOR BOWEL MOVEMENTS.

50. SLE:

- ASSESS FOR HEMATURIA

51. PATIENT ALLERGIC TO BANANA (LATEX):

- CALL TO MD AND OR STAFF TO BE CHANGE EVERYTHING FOR
SINTHETIC MATERIALS,

52. SUBCUT EMPHYSEMA- TORACOTOMY WAS A SELECT ALL THAT APPLY:

- ASSESS FOR LUNG SOUNDS,

53. NECK DISTENTION

- THINK IT WAS AND OTHER CHOICE THAT I NOT REMEMBER NOW.

54.

RESTLESS LEG SYNDROME CON FEOSOL:

- ASSESS FOR IRON AND FERRITIN.

55. BNP

- ADMINISTRATIVE FUROSEMIDE LASIX IV

56. PARKINSON PT WALKING

- REASURE THAT STEPPING ON CRACKLES IS NOT HARMFUL

57. ADDISON DISEASE

- TAKE CORTICOSTEROID MEDS

58. CARPO TONIC SYNDROME

- WEAR BRACE IN BOTH WRIST

59. PARKINSON AND ALZAIMERS PT

- TATICARDIC AND CONFUSION

60. MID ABDOMEN BURNING PAIN

- PEPTIC ULCER

61. ANTIBIOTICS

- CLEAR DRAINAGE IMPROVE

62. ALLOPRINOL FOR GOUT
- TAKE MEDS ALWAYS
63. BLOOD TRANSFUSION HIGH TEMPERATURE
- BACK PAIN AND HYPOTENSION
- (ABO- LOW BACK PAIN AND HYPOTENSION)
64. CENTRAL FALL RISK
- CARDIOVASCULAR DISEASE
65. RIGHT HIP FRACTURE
- O2 SAT LEVEL
66. DESCRIBE PAIN NEUROPATHY
- NERVOUS SYSTEM
67. ACUTE ABDOMINAL PAIN, NASUA, PROJECTIBLE VOMITING
- SEVERE HEADECHE AND PHOTO Sensitivity
68. UROLITHISIS O LITHOTRIPSY PROCEDURE
- RESTRICT PHYSICAL ACTION
69. UAP (DICE EL PACIENTE QUE TIENE ABD PAIN LARGE TARRY STOOL
- TEST STOOL FOR OCCULT BLOOD
70. Insulin for a glucose level of 255 (Pte tmeblando despues que le pusieron insulin.)
- Obtain capillary glucose.
71. NGT proper tube procedure
- Elevate dead 60 to 90 degree....
72. RA (rheuma)
- Impaired peripheral mobility relate to join pain.
73. Finger stick glucose finding 50
- OC Level of conscious
74. BMI (una persona que pueden tener colon cancer)
- Large waist circumference with central fat