

**ATI RN Proctored Comprehensive Predictor FORM A NUR  
441 Questions WITH Answers Rated A**

Rn Capstone Course (Chamberlain University)

# ATI RN PROCTORED COMPREHENSIVE PREDICTOR

## FORMA NURSING 441 | QUESTIONS WITH

### ANSWERS (RATED A+)

1. A nurse is caring for a client who is at 33 weeks of gestation following an amniocentesis. The nurse should monitor the client for which of the following complications?
  - a. Vomiting
  - b. Hypertension
  - c. Epigastric pain
  - d. **Contractions**
2. A nurse is providing teaching to an older adult client about methods to promote nighttime sleep. Which of the following instructions should the nurse include?
  - a. Stay in bed at least 1 hr if unable to fall asleep
  - b. Take a 1 hr nap during the day
  - c. Perform exercises prior to bedtime
  - d. **Eat a light snack before bedtime**
3. A nurse on a telemetry unit is caring for a client who becomes unconscious and whose monitor displays ventricular tachycardia. Which of the following actions should the nurse take first after determining the client does not have a palpable pulse?
  - a. Assess heart sounds
  - b. **Defibrillate**
  - c. Establish IV access
  - d. Administer epinephrine
4. A nurse is admitting a client who 1 week postpartum and reports excessive vaginal bleeding. The nurse does not speak the same language as the client. The client's partner and 10-year-old child are accompanying her. Which of the following actions should the nurse take to gather the client's admission data?
  - a. Have the client's child translate
  - b. Allow the client's partner to translate
  - c. **Request a female interpreter through the facility**
  - d. Ask a nursing student who speaks the same language as the client to translate
5. A nurse is caring for a client who is febrile (High fever). To reduce the client's fever, the nurse applies a cooling blanket. Which of the following findings indicates the client is having an adverse reaction to the cooling?
  - a. Flushing
  - b. Tachycardia
  - c. Restlessness
  - d. **Shivering (Hypothermic)**

6. A nurse is caring for a client who has deep-vein-thrombosis of the left lower extremity. Which of the following actions should the nurse take? (Exhibit)

The screenshot shows a patient's electronic health record. On the left, under 'Laboratory Findings', the following values are listed: aPTT 100 seconds, Platelets 140,000/mm<sup>3</sup>, and INR 2.0. On the right, under 'Medication Administration Record', the following medications are listed: Heparin IV infusion 1,000 units/hr, Warfarin 2 mg PO daily, Acetaminophen 650 mg PO every 4 hr PRN, temperature greater than 38.6° C (101.5° F), hydrocodone bitartrate 5 mg/acetaminophen 500 mg PO PRN, and pain greater than 5 on a scale from 0 to 10.

- Position the client with the affected extremity lower than the heart
  - Withhold heparin IV infusion PTT- 30-40 seconds; x2 if on heparin**
  - Administer acetaminophen
  - Massage the affected extremity every 4 hr
7. A nurse is reviewing assessment data from several clients. For which of the following clients should the nurse recommend referral to a dietitian?
- An older adult client who has a BMI of 24 (18.5-24.9)
  - A client who has a nonhealing leg ulcer (diet isn't good)**
  - An older adult client who has presbyopia (age related far-sightedness)
  - A client who has an albumin level of 3.7 g/dL (normal 3.4-5.4)
8. A nurse is providing discharge teaching to a client who has a chronic kidney disease and is receiving hemodialysis. Which of the following instructions should the nurse include in the teaching?
- Eat 1 g/kg of protein per day**
  - Take magnesium hydroxide for indigestion
  - Drink at least 3 L of fluid daily-
  - Consume foods high in potassium- restrict
9. A nurse is caring for a client who is receiving intermittent enteral tube feedings. Which of the following places the client at risk for aspiration?
- Sitting in a high-Fowler's position during the feeding
  - A history of gastroesophageal reflux disease**
  - Receiving a high osmolarity formula
  - A residual of 65 mL 1 hr postprandial?
10. A nurse is providing prenatal teaching to a client who is at 12 weeks of gestation. The nurse should tell the client that she will undergo which of the following screening tests at 16 weeks of gestation?
- Chorionic villus sampling- as early as 8 weeks
  - Cervical cultures for chlamydia- 1<sup>st</sup> appointment.
  - Nonstress test -28 weeks
  - Maternal serum alpha-fetoprotein- 16 to 18 weeks**

11. A nurse is caring for a client who is on bed rest. The nurse should recognize that which of the following findings is a complication of immobility?
- Decreased serum calcium levels- increased serum calcium
  - Increased blood pressure- hypotension
  - Swollen area on calf**
  - Urinary frequency-
12. A nurse in acute care mental health facility is participating in a medication- education group. The leader of the group uses a laissez-faire leadership style. Which of the following actions should the nurse expect from the leader during the session?
- The leader encourages group members to remain silent until questions are called for
  - The leader lecture about medication adverse effects to the group members
  - The leader allows the group to discuss whatever they would like to regarding their medications**
  - The leader has group members vote on what they would like to learn about during the session
13. A nurse is providing teaching about digoxin administration to the parents of a toddler who has heart failure. Which of the following statements should the nurse include in the teaching?
- "You can add the medication to a half-cup of your child's favorite juice."
  - "Repeat the dose if your child vomits within 1 hour after taking medication."X
  - "Limit your child's potassium intake while she is taking this medication."
  - "Have your child drink a small glass of water after swallowing the medication."**
14. A nurse is providing teaching to a client who has a depressive disorder and a new prescription for phenelzine. Which of the following foods should the nurse instruct the client to avoid?
- Grapefruit
  - Spinach
  - Cottage cheese- cream cheese ok.
  - Smoked salmon  
TYRAMINE!**
15. A nurse is planning care for a client who has COPD and weighs 99 lb. The provider has prescribed a diet of a 1.5 g protein/kg/day. How many grams of protein per day should the nurse include in the client's dietary plan? (Round to the nearest whole number)
- 68**
16. A nurse is planning care for a client who has bipolar disorder and is experiencing mania. Which of the following interventions should the nurse include in the plan?
- Encourage the client to spend time in the day room

- b. Withdraw the client's TV privileges if he does not attend group therapy
  - c. Encourage the client to take frequent rest periods
  - d. Place the client in seclusion when he exhibits signs of anxiety
17. A parish nurse is leading a support group for clients whose family members have committed suicide. Which of the following strategies should the nurse plan to use during the group session?
- a. Initiate a discussion with clients about ways to cope with changes in family dynamics
  - b. Encourage clients to establish a timeline for their own grieving process
  - c. Discourage clients from sharing negative aspects of their relationship with the deceased persons
  - d. Assist clients in identifying ways suicide could have been prevented
18. A nurse manager observes two staff nurses reviewing the computer records of a client who is not under their care. Which of the following actions should the nurse manager take first?
- a. Instruct the nurses to close the client's computer record
  - b. Request the nurses present an in-service on client confidentiality
  - c. Advise the nurses to read the facility's confidentiality policy
  - d. Place documentation of the nurses' actions in the personnel file
19. A nurse is reviewing the medical record of a client who has schizophrenia and is taking clozapine. Which of the following findings should the nurse identify as a contraindication to the administration of clozapine?
- a. Heart rate 58/min
  - b. Fasting blood glucose 100 mg/dL
  - c. Hgb 14 g/dL
  - d. WBC count 2,900/mm<sup>3</sup>- also agranulocytosis same thing or soar throat. Clozapine has to do with WBC bru
20. A nurse is caring for several clients on a medical-surgical unit. For which of the following nurses activities is it required that the nurse use sterile gloves?
- a. Inserting an NG tube
  - b. Administering total parenteral nutrition through a central venous access device
  - c. Initiating IV access
  - d. Performing tracheostomy care
21. A nurse is caring for a client who is at 11 weeks of gestation. Which of the following immunizations should the nurse ?
- a. Influenza
  - b. Measles, mumps and rubella
  - c. Human papilloma virus
  - d. Varicella
22. A nurse is inserting an indwelling catheter for a male client. Which of the following actions should the nurse take?
- a. Perform the cleansing procedure with a fresh swab two times

- b. Lift the penis so that it is perpendicular to the client's body**
  - c. Cleanse the tip of the penis in a side-to-side motion
  - d. Pick up the catheter 13 cm (5 cm) from its tip
  
- 23. A nurse is providing teaching to a client who is at 14 weeks of gestation about findings to report to the provider. Which of the following findings should the nurse include in the teaching?
  - a. Bleeding gums- low platelet
  - b. Faintness upon rising
  - c. Swelling of the face**
  - d. Urinary frequency
  
- 24. A nurse has received change-of-shift report for a group of clients. Which of the following actions should the nurse take to manage time effectively?
  - a. Document client care at the end of the shift
  - b. Make the client to-do list for the day**
  - c. Skip breaks until the client tasks are completed
  - d. Focus on several client tasks at a time
  
- 25. A nurse is developing a plan of care for a newborn whose mother tested positive for heroin during pregnancy. The newborn is experiencing neonatal abstinence syndrome. Which of the following actions should the nurse include in the plan?
  - a. Minimize noise in the newborn's environment**
  - b. Administer naloxone to the newborn
  - c. Swaddle the newborn with his legs extended
  - d. Maintain eye contact with the newborn during feedings
  
- 26. A nurse is assessing the fontanel of an 8-month-old infant. Which of the following findings should the nurse recognize as an expected finding?
  - a. The anterior fontanel is open**
  - b. The posterior fontanel is open
  - c. Both fontanel are the same size
  - d. Both fontanel show molding
  
- 27. A nurse is caring for client who has acute diverticulitis (low fiber) . Which of the following diets should the nurse recommend to the client? Diverticulosis- High fiber
  - a. High residue
  - b. Lactose-free
  - c. Gluten-free
  - d. Low-fiber**
  
- 28. A nurse is caring for a client who is 48 hr postoperative following a total hip arthroplasty. Which of the following actions should the nurse include in the plan of care?
  - a. Administer low-dose heparin**

- b. Place the client on a full liquid diet
  - c. Use an incentive spirometer every 3 hr
  - d. Maintain the client on bed rest
29. A nurse is providing teaching to the parent of an infant who has a cleft lip palate. Which of the following feeding techniques should the nurse include in the teaching?
- a. Burp the infant frequently during feedings
  - b. Position the nipple at the front of the infant's mouth
  - c. Hold the infant in a supine position
  - d. Use feeding devices without nipples
30. A nurse in an acute mental health care facility is prioritizing care for multiple clients. Which of the following clients should the nurse see first?
- a. A client who depressive disorder and requires assistance with ADLs
  - b. A client who has obsessive-compulsive disorder and is upset about a change in a daily routine
  - c. A client who is taking clozapine to treat schizophrenia and reports sore throat
  - d.
  - e. A client who has narcissistic personality disorder and is mocking others during group therapy
31. A nurse is planning care for a group of clients and is working with one licensed practical nurse (LPN) and one assistive personnel (AP). Which of the following actions should the nurse take first to manage her time effectively?
- a. Develop an hourly time frame for tasks
  - b. Schedule daily activities
  - c. Determine goals of the day
  - d. Delegate tasks to the AP
32. A nurse is performing an admission assessment for a client who is in the manic phase of bipolar disorder. Which of the following behaviors should the nurse expect?
- a. Performance of ritualistic behaviors- OCD
  - b. Suspiciousness and distrust- schizo
  - c. Distractibility and poor judgment
  - d. Reports of physical discomfort - anxiety
33. A nurse is caring for an infant who has coarctation of the aorta. Which of the following should the nurse identify as an expected finding?
- a. Weak femoral pulses?- they get upper extremity hyper, lower extremity hypo
  - b. Frequent nosebleeds- yes
  - c. Upper extremity hypotension
  - d. Increased intracranial pressure

34. A nurse is developing an in-service about personality disorders. Which of the following information should the nurse include when discussing borderline personality disorder?
- “The client might act seductively”- histrionic
  - “The client is overly concerned about minor details”- ocd
  - “The client exhibits impulsive behavior”
  - “The client is exceptionally clingy to others”- dependent
35. A nurse is assessing a client who has a chest tube with a water seal drainage system. Upon assessment, the nurse notes tidaling in the water seal. Which of the following is an explanation for the tidaling? TIDLING IN WATER SEAL AND CONTINUOUS IN SUCTION CHAMBER OKAY! WATER SEAL BUBBLING IS AIR LEAK.
- There is a loop of tubing below the drainage system
  - The system is working properly
  - The lung has re-expanded
  - The tubing is partially obstructed by clots
36. A nurse in an emergency department is caring for a client who is experiencing stimulant withdrawal. Which of the following findings should the nurse expect?
- Runny nose
  - Decreased appetite -Increased appetite
  - Muscle spasms
  - Fatigue, depression, agitated, anxiety, craving, increased appetite
37. A charge nurse is teaching new staff members about factors that increase a client’s risk to become violent. Which of the following risk factors should the nurse include as the best predictor of future violence?
- A history of being in prison
  - Experiencing delusions
  - Male gender
  - Previous violent behavior
38. A nurse is preparing to feed a newly admitted client who has dysphagia. Which of the following actions should the nurse plan to take?
- Instruct the client to lift her chin when swallowing X
  - Talk to the client during feeding X
  - Discourage the client from coughing during feedings
  - Sit at or below the client’s eye level during feedings
39. A nurse is providing teaching to a client who has a depressive disorder and a new prescription for amitriptyline. Which of the following statements by the client indicates an understanding of the teaching?
- “I expect this medication to raise my blood pressure”
  - “I should take this medication on an empty stomach”
  - “I can continue to take St. John’s wort while taking this medication”
  - “I know it will be a couple of weeks before the medication helps me feel better”



40. A nurse is developing a nutritional care plan for a client who has COPD and severe dyspnea. To promote intake, which of the following actions should the nurse include in the plan of care?
- Ambulate the client before each meal
  - Offer the client three large meals each day X
  - Administer a bronchodilator after meals
  - Limit fluid intake with meals YES drinking before and after can bloat you**
41. A nurse in the emergency department is assessing a client who has major depressive disorder. Which of the following actions should the nurse take first? (Exhibit)



- Encourage the client to verbalize feelings \* Assess for hopelessness**
  - Implement seizure precautions for the client
  - Administer ondansetron to the client for nausea
  - Obtain the client's weight
42. A home health nurse is completing screenings for elder abuse during client visits. Which of the following findings should the nurse identify as an indication of potential elder abuse?
- A client who lives with family members and begins to take more responsibility of self-care
  - A client who reports being given sedative medications by family members**
  - A client who is taking warfarin and has several small bruises on her shins and hands
  - A client who schedules multiple visits with his provider every month
43. A nurse is planning care for a client who is to receive alteplase recombinant for a thrombus in the coronary artery. Which of the following actions should the nurse include in the plan of care? ALTEPLASE TREATS STROKES, HEART ATTACKS AND CLOTS.
- Administer medications intramuscularly X- it is IV
  - Provide a diet low in protein X- why
  - Observe for bruising of the skin- check for bleeding**
  - Monitor vital signs every hour for the first 4 hr- X every 15 min for the first hour
44. A nurse is caring for a client who is postoperative following an appendectomy and is receiving gentamicin. Which of the following assessment findings should the nurse identify as an adverse effect of this medication?

- a. **Creatinine 2.3 mg/dL (0.6-1.2) nephrotoxicity**
  - b. Respiratory rate 22/min
  - c. 2+ pitting edema of the ankles
  - d. Hgb 8.7 g/dL
45. A nurse in an acute care facility is caring for a client who is homeless and has a decubitus ulcer. Which of the following actions should the nurse take as a client advocate?
- a. Gather dressing supplies for the client's discharge
  - b. Provide client teaching about nutrition
  - c. Consult with the facility's quality improvement team
  - d. **Contact the facility's case management department?**
46. A nurse is caring for client who has diarrhea and is receiving intermittent enteral feedings. Which of the following actions should the nurse take?
- a. Discard the open can of formula after 36 hr-
  - b. **Administer feedings at a slower rate---can give d10W.**
  - c. Flush the tube with 10 mL of water after feedings
  - d. Provide chilled formula- room temperature
47. A nurse is caring for a client who is postoperative and has a new prescription for hydromorphone. Which of the following actions should the nurse take?
- a. Withhold the medication if the client does not appear to be in pain
  - b. Withhold the medication if the client has a fever
  - c. Document administration of the medication upon removal from the medication dispensing system
  - d. **Count the current number of unit doses available in the medication dispensing system**
48. A nurse in a provider's office is caring for a client who asks about using acupuncture to manage his osteoarthritis pain. The nurse should identify which of the following conditions as a contraindication for receiving this treatment?
- a. **Herpes zoster**
  - b. Hypertension
  - c. Obesity
  - d. Hypothyroidism
49. A nurse is assessing a client following abdominal surgery. Which of the following findings should the nurse report to the provider?
- a. Temperature 37.6 C (99.7 F)
  - b. **Urinary output 20 mL/hr**
  - c. Blood pressure 100/70 mm Hg
  - d. Serious drainage on abdominal dressing
50. A nurse in a long-term care facility is admitting a client who has dementia. Which of the following actions should the nurse take to reduce the risk for client injury?