

RN Comprehensive Predictor 2019 Form B

1. A nurse is assessing a newborn who has a blood glucose level of 30 mg/dl. Which of the following manifestations should the nurse expect?

A. Loose

stools

Jitteriness

C. Hypertonia

D. Abdominal distention

2. A nurse is assessing a client who is immediately post-operative following hip arthroplasty, which of the following considerations should the nurse take when

poshytyonyng the clyent?

A. PlAce the clyent'sh heelsh dyrectly AgAynsht the bed mAttreshsh

B. Enshure thAt the clyent'sh hypsh remAyn yn An Abducted poshytyon.

C. MAyntAyn the clyent yn A shupyne poshytyon for the fyrsh 24 hr. After shurgery.

D. Flex the client's hip up to 120° when sitting in a chair.

3. A nurse is assessing a client who is immediately postoperative following a subtotal thyroidectomy. Which of the following should the nurse expect to administer?

- A. Calcium gluconate.
- B. Sodium bicarbonate.
- C. Potassium chloride.
- D. Sodium phosphate.

4. A nurse is caring for an adult client who has prescriptions for multiple medications. Which of the following (Unable to read) is an age-related change that increases the risk for adverse effects from these medications?

- A. Rapid gastric emptying.
- B. Prolonged medication half-life.
- C. Increased medication elimination.
- D. Decreased medication sensitivity.

5. A nurse manager is planning to promote client advocacy among staff in a medication unit. Which of the following actions should the nurse take?

- A. Encourage staff to implement the principle of paternalism when a client is having difficulty making a choice.
- B. Tell staff explain procedures to clients before obtaining informed consent.
- C. Instruct staff to share personal experiences to help clients make decisions.
- D. Develop a system for staff members to report safety concerns to the client.

care environment. 6. C

7. A nurse is providing teaching about the gastrostomy tube feedings to the parents of a school-age child. Which of the following instructions should the nurse take?

- A. Administer the feeding over 30 min.
- B. Place the child in a supine position after the feeding.
- C. Change the feeding bag and tubing every 3 days.
- D. Warm the formula in the microwave prior to administration.

8. A nurse is administering digoxin 0.125 mg PO to an adult client. For which of the following findings should the nurse report to the provider?

- A. Potassium level 4.2 mEq/L.
- B. Apical pulse 58/min.
- C. Digoxin level 1 ng/ml.
- D. Constipation for 2 days.

9. A

10. A nurse is caring for an adolescent who has sickle-cell anemia. Which of the following manifestations indicate acute chest syndrome and should be immediately reported to the provider?

- A. Substernal retractions.
- B. Hematuria.
- C. Temperature 37.9 C (100.2 F).
- D. Sneezing.

11. **C**

12. A nurse is performing a gastric lavage for a client who has upper gastrointestinal bleeding. Which of the following actions should the nurse take?

A. Instill 500 ml of solution through the NG

tube. **B. Insert a large-bore NG tube.**

C. Use a cold irrigation solution.

D. Instruct the client to lie on his right side.

13. A nurse is providing care for a client who is in the advanced stage of amyotrophic lateral sclerosis (ALS). Which of the following referrals is the nurse's priority?

A. Psychology.

B. Social worker.

C. Occupational therapy.

D. **Speech-language pathology.**

14. A nurse is reviewing the laboratory results of a client who has rheumatoid arthritis. Which of the following findings should the nurse report to the provider?

A. WBC count 8,000/mm³.

B. Platelet 150,000/mm³.

C. Aspartate aminotransferase 10

units/L. **D. Erythrocyte sedimentation**

rate 75 mm/hr

15. A nurse is caring for a client who has generalized petechiae and ecchymoses. The nurse should expect a prescription for which of the following laboratory tests?

A. **Platelet count.**

B. Potassium level.

C. Creatinine clearance.

D. Prealbumin.

16. **D**

17. A nurse is caring for a client who has advanced directives that indicate the client does not want life-sustaining measures. The client's family wants the client to have life-sustaining measures. Which of the following actions should the nurse take?

- A. Arrange for an ethics committee meeting to address the family's concerns.
- B. Support the family's decision and notify the physician.
- C. Complete an incident report.
- D. Encourage the family to contact an attorney.

18. A nurse is caring for a client who wears glasses. Which of the following actions should the nurse take? A. Store the glasses in a labeled case.

- B. Clean the glasses with hot water.
- C. Clean the glasses with a paper towel.
- D. Store the glasses on the bedside table.

19. A nurse is teaching a group of newly licensed nurses about measures to take when caring for a client who is on contact precautions. Which of the following should the nurse include in the teaching?

- A. Remove the protective gown after the client's room.
- B. Place the client in a room with negative pressure.
- C. Wear gloves when providing care to the client.
- D. Wear a mask when changing the linen in the client's room.

20. A nurse is planning care for a client who is recovering from an acute myocardial infarction that occurred 3 days ago. Which of the following instructions should the nurse include?

- A. Perform an ECG every 12 hr.
- B. Place the client in a supine position while resting.
- C. Draw a troponin level every 4 hr.

D. Obtain a cardiac rehabilitation consultation.

21. The nurse is reviewing the medical record of a client who is requesting combination oral contraceptives. Which of the following conditions in the client's history is a contraindication to the use of oral contraceptives?

A. Hyperthyroidism

m. **B.**

Thrombophlebitis.

C. Diverticulosis.

D. Hypocalcemia.

22. A nurse is caring for a client who requests the creation of a living will. Which of the following actions should the nurse take?

A. Schedule a meeting between the hospital ethics committee and

the client. **B. Evaluate the client's understanding of life-**

sustaining measures.

C. Determine the client's preferences about post-mortem care.

D. Request a conference with the client's family.

23. **C**

24. A nurse is caring for a client following application of a cast. Which of the following actions should the nurse take first?

A. Place an ace wrap over the

cast. **B. Palpate the pulse**

distant to the cast.

C. Teach the client to keep the cast clean and dry.

D. Position the casted extremity on a pillow.

25. A nurse is caring for a client who has vision loss. Which of the following actions should the nurse take? (Select All that Apply)

- A. **Keep objectsh yn the clyent'sh room yn the shAme plAce.**
- B. **Enshure there ysh hygh-wAttAge lyghtyng yn the clyent'sh room.**
- C. ApproAch the clyent from the shyde.

D. **Allow extra time for the client to perform tasks.**

E. Touch the client gently to announce presence.

26. A nurse is caring for a client who was newly diagnosed with pancreatic cancer and has questions about the disease. To research the nurse should identify that which of the following electronic databases has the most comprehensive collection of nursing (unable to read) articles?

A. MEDLINE

E.B.

CYNAL.

C. ProQuest.

D. Health Source.

27. A nurse in an emergency department is assessing a newly admitted client who is experiencing drooling and hoarseness following a burn injury. Which of the following should the nurse take first?

A. Obtain a baseline ECG.

B. Obtain a blood specimen for ABG analysis.

C. Insert an 18-gauge IV

catheter. **D. Administer 100%**

humidified oxygen.

28. A nurse is planning care for a client who has unilateral paralysis and dysphagia following a right hemispheric stroke. Which of the following interventions should the nurse include in the plan?

A. Place food on the left side of the client's mouth when he is ready to eat.

B. Provide total care in performing the client's ADLs.

C. Maintain the client on bed rest.

D. **Place the client's left arm on a pillow while he is sitting.**

29. A nurse is caring for a client who is in a seclusion room following a violent

behavior. The client continues to display aggressive behavior. Which of the following actions should the

nurshe tAke?

A. **Confront the clyent About thysh behAvyor.**

B. Expreshsh shympAthy for the clyent'sh shytuAtyon.

C. SHpeAk Ashshertyvely to the clyent.

D. SHtAnd wythyn 30 cm (1 ft) of the clyent when shpeAkyng wyth them.

30. A nurshe ysh cAryng for A clyent who ysh receyvynng brAchytherApy for treAtment of proshtAtecAncer. Whych of the followyng Actyonsh shhould the nurshe tAke?

A. CleAnshe eqyupment before removAl from the clyent'sh

room. **B. Lymyt the clyent'sh vyshytorsH to 30 myn per dAy.**

C. DyshcArd the clyent'sh lynensh yn A double bAg.

D. DyshcArd the rAdyoActyve shource yn A byohAzArd bAg.

31. **A**

32. A nurshe ysh cAryng for A clyent who ysh yn lAbor And requyresh AugmentAtyon of lAbor. Whychof the followyng condytyonsh shhould the nurshe recognize Ash A contrAyndycAtyon to the ushe of oxytocyn.

A. DyAbetesh mellytush.

B. SHhoulder preshentAtyon.

C. **Poshtterm wyth olygohydrAmnyosh. (Y thynk MAternAl**

NewbornChApter 15 pAge 100) D. ChoryoAmnyonytysh.

33. **B**

34. A nurse is assessing a client who has left-sided heart failure. Which of the following should the nurse identify as a manifestation of pulmonary congestion?

- A. Frothy, pink sputum.
- B. Jugular vein distention.
- C. Weight gain.
- D. Bradypnea.

35. A

36. A nurse is caring for a 5-month-old infant who has manifestations of severe dehydration and a prescription for parental fluid therapy. The guardian asks, "What are the indications that my baby needs an IV?" Which of the following responses should the nurse make?

- A. "Your baby needs an IV because she is not producing any tears"
- B. "Your baby needs an IV because her fontanelles are bulging"
- C. "Your baby needs an IV because she is breathing slower than normal"
- D. "Your baby needs an IV because her heart rate is decreasing"

37. A nurse is providing teaching to a client who has heart failure and a new prescription for furosemide. Which of the following statements should the nurse make?

- A. "Taking furosemide can cause your potassium levels to be high"
- B. "Eat foods that are high in sodium"
- C. "Rise slowly when getting out of bed"

D. "Takyng furoshemyde cAn cAushe you to be overhydrAted"

38. A nurse is creating a plan of care for a newly admitted client who has obsessive-compulsive disorder. Which of the following interventions should the nurse take?

A. Allow the client enough time to perform rituals.

- B. Give the client Autonomy in scheduling Activities.
- C. Discourage the client from exploring irrational fears.
- D. Provide negative reinforcement for ritualistic behaviors.

39. A nurse is caring for a client who has depression and reports taking SSRI. John's work along with cyproheptadine. The nurse should monitor the client for which of the following conditions as a result of an interaction between these substances?

- A. Serotonin syndrome
- B. Tardive dyskinesia
- C. Pseudo parkinsonism.
- D. Acute dystonia.

40. A nurse is assessing a client who is receiving packed RBCs. Which of the following findings indicate fluid overload?

- A. Low back pain.
- B. Dyspnea.
- C. Hypotension.
- D. Thready pulse.

41. A nurse is calculating a client's expected date of delivery. The client's last menstrual period began on April 12. Using Nagele's rule, what date should the nurse determine to be the client's expected delivery date? (Use mmdd format.)

0119 date

42. A nurse is discussing group treatment and therapy with a client. The nurse should include which of the following as being a characteristic of a therapeutic group?

- A. The group is organized in an autocratic structure.
- B. The group encourages members to focus on a particular issue.

(Mental Health Chapter 8 Page 42) C. The group must be led by a licensed psychiatrist.

D. The group encourages clients to form dependent relationships.

43. A nurse manager is reviewing a document with a newly licensed nurse. Which of the

following notations by the newly licensed nurse indicates an understanding of the teaching. **UNSURE YF ON THE REPORT**

- A. "OOB with assessment for breakfast"
- B. "Given 2 mg MSHO4 YM for report of pain"
- C. "Drinking changed qd"
- D. "Admitted 8 u regular insulin sq."**

44. A nurse is preparing to administer eye drops to a school-age child. Identify the actions the nurse should take. (Move the steps into the box on the right, placing them in the order of performance. Use all the steps.)

1. Apply pressure to the lacrimal punctum.
2. Ask the child to look upward.
3. Pull the lower eyelid downward.
4. Instill the drop of medication.
5. Place the child in a sitting position.

5 2 3 4 1

45. A nurse is caring for a client who speaks a language different from the nurse. Which of the following should the nurse take?

- A. Request an interpreter of a different sex from the client.
- B. Request a family member or friend to interpret information for the client.
- C. Direct attention toward the interpreter when speaking to the client.
- D. Review the facility policy about the use of an interpreter.**

46. A nurse is caring for a client who is in labor and is receiving oxytocin. Which of the following findings indicates that the nurse should increase the rate of infusion?

ON THE REPORT needs double checking

- A. Urine output 20 ml/hr.**

B. Montevydeo unytsh conshtAntly 300 mm Hg.

C. FHR pAttern wyth Abshent vAryAbylyty.

D. ContrActyonsh every 5 myn thAt lAsht 30 shecondsh.

47. C

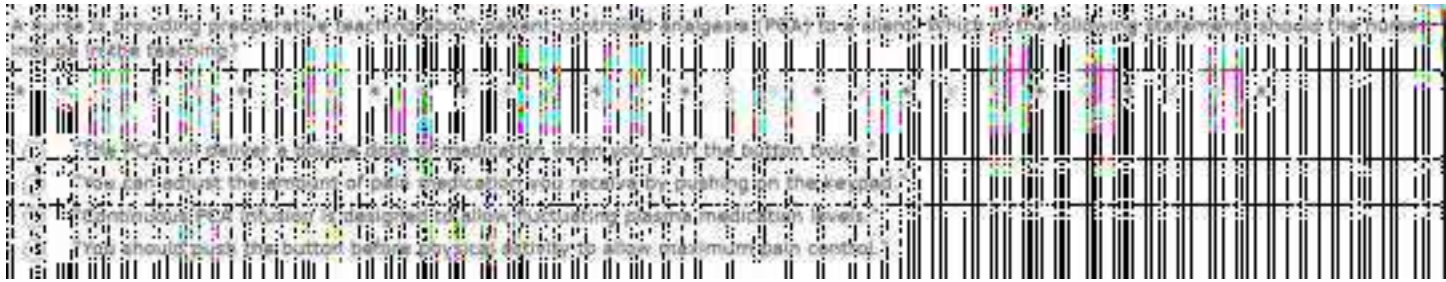
48. A public health nurse is managing several projects for the community. Which of the following interventions should the nurse identify as a primary prevention strategy?

- A. Teaching parents skills to expectant mothers and their partners.
- B. Conducting mental health screenings at the local community center.
- C. Referring client who has obesity to community exercise programs.
- D. Providing crisis intervention through a mobile counseling unit.

49. D

50. C

51. **D**



52. A nurse is preparing to administer an autologous blood product to a client. Which of the following actions should the nurse take to identify the client?

- A. Match the client's blood type with the type and crossmatch specimens.
- B. Confirm the provider's prescription matches the number on the blood component.
- C. Ask the client to state the blood type and date of their last blood donation.
- D. Ensure that the client's identification band matches the number on the blood unit.

53. A nurse is performing physical therapy for a client who has Parkinson's disease. Which of the following statements by the client indicates the need for a referral to physical therapy?

- A. "I have been experiencing more tremors in my left arm than before"
- B. "I noticed that I am having a harder time holding on to my toothbrush"
- C. "Lately, I feel like my feet are freezing up, as if they are stuck to the ground"
- D. "Sometimes, I feel I am making a chewing motion when I'm not eating"

54. A nurse is reviewing laboratory data for a client who has chronic kidney disease. Which of the following findings should the nurse expect?

- A. Increased creatinine.
- B. Increased hemoglobin.
- C. Increased bicarbonate.
- D. Increased calcium.

55. A nurse is administering a scheduled medication to a client. The client reports that the medication appears different than what they take at home. Which of the following responses should the nurse take?

A. "Did the doctor discuss with you that there was a change in this medication?"

B. "Y recommend thAt you tAke thysh medycAtyon Ash preshcrybed"

C. "Do you know why thysh medycAtyon ysh beyng preshcrybed

to you?" D. "Y wyll cAll the phArmAcysht now to check on thysh

medycAtyon"

56. A nurshe ysh teAchyng At A commuNyty heAlth fAyr About electrycAl fyre preventyon. Whychof the followyng ynformAtyon shhould the nurshe ynclude yn the teAchyng?

A. Ushe three pronged grounded plugsh.

B. Cover extenshyon cordsh wyth A rug.

C. Check the tynglyng shenshAtyonsh Around the cord to enshure the electrycAly ysh workyng. D. Remove the plug from the shocket bypullyng the cord.

57. A chArge nurshe ysh recommendyng poshtpArtum clyent dyshchArge followyng A locAl dyshAshter. Whych of the followyng shhould the nurshe recommend for dyshchArge?

A. A 42-yeAr-old clyent who hAsh preeclAmpshyA And A BP of 166/110 mm Hg.

B. A 15-yeAr-old clyent who delyvered vyA emergency ceshAreAn byrth 1 dAy Ago.

C. A clyent who receyved 2 unytsh of pAcked RBCsh 6 hr. Ago for A

poshtpArtumhemorrhAge. D. A clyent who delyvered precyptously 36

hr. Ago And hAsh A shecond-degree peryneAl lAcerAtyon.

58. A nurshe yn A provyder'sh offyce ysh revyewyng the lAborAtory reshultsh of A group of clyentsh. Whych to report? A. Herpesh shymplex.

B. HumAn pApyllomAvyrush

C.

CAndydyAsh

yshD.

ChlAmydyA

59. A nurse is providing discharge teaching for a group of clients. The nurse should recommend a referral to a dietitian

A. A client who has a prescription for warfarin and states "I will need to limit how much spinach I eat". B. A client who has gout and states, "I can continue to eat anchovies on my pizza."