

Hesi PN Practice Exam / 270 Questions AND ANSWERS GRADED A 2023/2024

The nurse is planning care for the a client who has fourth degree midline laceration that occurred during vaginal delivery of an 8 pound 10 ounce infant. What intervention has the highest priority?

- A. Administer Prescribed stool softner
- B. Administer prescribed PRN sleep medications.
- C. Encourage breastfeeding to promote uterine involution
- D. Encourage use of prescribed analgesic perineal sprays. - **CORRECT ANSWER A. Administer Prescribed stool softner**

The nurse is palpating the right upper hypochondriac region of the abdomen of a client. What organ lies underneath this area.

- A. Duodenum
- B. Gastric Pylorus
- C. Liver
- D. Spleen - **CORRECT ANSWER C. Liver**

A client comes to the antepartal clinic and tells the nurse that she is 6 weeks pregnant. Which sign is she most likely to report?

- A. Decreased sexual libido
- B. Amenorrhea
- C. Quickening
- D. Nocturia - **CORRECT ANSWER B Amenorrhea**

A client's daughter phones the charge nurse to report that the night nurse did not provide good care for her mother. What response should the nurse make?

- A. Ask for a description of what happened during the night
- B. Tell the daughter to talk to the unit's nurse manager
- C. Reassure the daughter that the mother will get better care.
- D. Explain that all the staff are doing the best they can. - **CORRECT ANSWER A. Ask for a description of what happened during the night**

A hospitalized toddler who is recovering from a sickle cell crisis holds a toy and says "mine". According to Erikson's theory of psychosocial development, this child's behavior is a demonstration of which developmental stage?

- A. Autonomy vs. Shame and doubt.
- B. Industry vs. Inferiority
- C. initiative vs. Guilt
- D. Trust vs. **Mistrust - CORRECT ANSWER A. Autonomy vs. Shame and doubt.**

Which action should the nurse implement in caring for a client following an electroencephalogram (EEG)?

- A. Monitor the client's vital signs q4h
- B. Assess for sensation in the client's lower extremities
- C. Instruct the client to maintain bed rest for eight hours
- D. Wash any paste from the client's hair and scalp - CORRECT ANSWER D. Wash any paste from the client's hair and scalp

The nurse is caring for a 75- year-old male client who is beginning to form a decubitus ulcer at the coccyx. Which intervention will be most helpful in preventing further development of the decubitus?

- A. Encourage the client to eat foods high in protein
- B. Assess the client with daily range of motion exercises
- C. Teach the family how to perform sterile wound care
- D. Ensure the IV fluids are administered as prescribed - CORRECT ANSWER A. Encourage the client to eat foods high in protein

What is the homeostatic cellular transport mechanism that moves water from a hypotonic to a hypertonic fluid space?

- A. Filtration
- B. Diffusion
- C. Osmosis
- D. Active transport - CORRECT ANSWER C. Osmosis

The nurse is taking blood pressure of a client admitted with a possible myocardial infarction. When taking the client's BP at the brachial artery, the nurse should place the client's arm in which position?

- A. Slightly above the level of the heart
- B. At the level of the heart
- C. At the level of comfort for the client
- D. Below the level of the heart - **CORRECT ANSWER** **B. At the level of the heart**

What are the final parameters that produce blood pressure? (select all that apply)

- A. Heart rate
- B. Stroke volume
- C. Peripheral resistance
- D. Neuroendocrine hormones
- E. Muscle tone - **CORRECT ANSWER** **A. Heart rate**
- B. Stroke volume
- C. Peripheral resistance

A client begins an antidepressant drug during the second day of hospitalization. Which assessment is most important for the nurse to include in this client's plan of care while the client is taking the antidepressant?

- A. Appetite
- B. Mood
- C. Withdrawal

D. Energy level - CORRECT ANSWER B. Mood

Based on the documentation in the medical record, which action should the nurse implement next?

- A. Give the rubella vaccine subcutaneously
- B. Observe the mother breastfeeding her infant
- C. Call the nursery for the infant's blood type result
- D. Administer Vicodin one tablet for pain - CORRECT ANSWER A. Give the rubella vaccine subcutaneously

A client is admitted to the hospital with a diagnosis of Pneumonia. Which intervention should the nurse implement to prevent complications associated with Pneumonia?

- A. Encourage mobilization and ambulation
- B. Encourage energy conservation with complete bed rest
- C. Provide humidified oxygen per nasal cannula
- D. Restrict PO and intravenous fluids - CORRECT ANSWER A. Encourage mobilization and ambulation

The practical nurse is preparing to administer a prescription for cefazolin (kefzol) 600 mg IM every 6 hours. The available vial is labeled, "Cefazolin (Kefzol) 1 gram and the instructions for reconstitution, "For IM use add 2ml sterile water for injection. Total volume after reconstruction = 2.5 ml. "when reconstituted, how many milligrams are in each ml of solutions (Enter numeric value only) - CORRECT ANSWER 15

Which nursing activity is within the scope of practice for the practical nurse?

- A. Complete an admission assessment in the normal newborn nursery.
 - B. Discontinue a central venous catheter that has become dislodged
 - C. Observe a client rotate the subcutaneous site for an insulin pump
 - D. Monitor a continuous narcotic epidural for a postoperative client - CORRECT
- ANSWER C. Observe a client rotate the subcutaneous site for an insulin pump**

After morning dressing changes are completed, a male client who has paraplegia contaminates his ischial decubiti dressing with a diarrheal stool. What activity is best for the nurse to assign to the unlicensed assistive personnel?

- A. Identify the need for additional supplies to provide an extra dressing change
 - B. Provide perianal care and collect clean linens for the dressing change
 - C. Document the diarrhea that necessitates an additional dressing change
 - D. Position the client for access to the decubiti sites and remove dressings - CORRECT
- ANSWER B. Provide perianal care and collect clean linens for the dressing change**

The nurse is planning to evaluate the effectiveness of several drugs administered by different routes. Arrange the routes of administration in the order from fastest to slowest rate of absorption.

Subcutaneous

Intravenous

Intramuscular

Sublingual

Oral - CORRECT ANSWER Intravenous, sublingual, intramuscular, subcutaneous, oral.

A 26-year-old gravida 4, para 0 had a spontaneous abortion at 9 weeks gestation. At one-hour post dilation and curettage (D&C) the nurse assess the vital signs and vaginal bleeding. The client begins to cry softly. How should the nurse intervene?

- A. Offer to call the social worker to discuss the possibility of abortion
- B. Reassure the client that the infertility specialist can help
- C. Express sorrow for the client's grief and offer to sit with her
- D. Chart the vital signs and amount of vaginal bleeding - CORRECT ANSWER C. Express sorrow for the client's grief and offer to sit with her

A terminally ill male client and his family are requesting hospice care after discharge from the hospital and ask the nurse to explain what kind of care they should expect. The nurse should indicate that hospice philosophy focuses on what aspect of health care?

- A. Enhance symptom management to improve end of life quality
- B. facilitates assisted suicide with the client's consent
- C. Offers ways to postpone the death experience at home
- D. Provide training for family members to care for the client. - CORRECT ANSWER A. Enhance symptom management to improve end of life quality

The nurse observes a wife shaving her husband's beard with a safety razor by holding the skin taut and shaving in the direction of the hair growth . What action should the nurse take?

- A. Advise the wife to shave against the hair growth
- B. Teach the wife to keep the skin loose to avoid cuts
- C. Encourage the wife to continue shaving her husband
- D. Demonstrate the correct procedure to the wife - CORRECT ANSWER C. Encourage the wife to continue shaving her husband

To assess pedal pulse what arterial sites should the nurse palpate? (select all that apply)

- A. Posterior tibialis artery
- B. Politeal artery
- C. External femoral artery
- D. Dorsalis pedis artery
- E Radial artery - CORRECT ANSWER A. Posterior tibialis artery, D. Dorsalis pedis artery

The nurse is admitting a client who is diagnosed with Angina Pectoris. Which precipitating factor in this client's history is likely to be related to the anginal pain?

- A. Smokes one pack of cigarettes daily
- B. Drinks two beers daily
- C. Works in a job that requires exposure to the sun

D. Eats while lying in bed - CORRECT ANSWER A. Smokes one pack of cigarettes daily

The nurse is assessing an older resident of a long-term care facility who has a history of Benign Prostatic Hypertrophy and identifies that the client's bladder is distended. The healthcare provider prescribes post-voided residual catheterization over the next 24 hours and placement of an indwelling catheter if the residual volume exceeds 100 mL. The client's PO intake is 600 mL, and fifteen minutes ago, the client voided 90 mL. What action should the nurse take?

- A. Stand the client to void and run tap water within hearing distance before catheterizing the client.
- B. Straight catheterize and if the residual uring volume is greater than 100 mL, clamp catheter
- C. Catheterize q2H and place in an indwelling catheter at the end of the prescribed 24hr period.
- D. Catheterize with an indwelling catheter and if the residual volume is greater than 100 mL. Inflate the balloon. - CORRECT ANSWER D. Catheterize with an indwelling catheter and if the residual volume is greater than 100 mL. Inflate the balloon.

A client is receiving dexamethasone (Hexadrol, Decadron). What symptoms should the nurse recognize as Cushionoid side effects?

- A. Moon face, Slow wound healing, muscle wasting sodium and water retention
- B. Tachycardia hypertension, weight loss, heat intolerance, nervousness, restlessness, tremor
- C. Bradycardia, weight gain, cold intolerance, myxedema facies and periobarbital edema

D. Hyperpigmentation, hyponatremia, hyperkalemia, dehydration, hypotension -
CORRECT ANSWER A. Moon face, Slow wound healing, muscle wasting sodium
and water retention

The cervix is the opening into the uterine cavity. What is its function in
reproduction?

- A. Accepts and interprets signals of sexual stimuli
- B. Secretes mucus to facilitate sperm transport
- C. Serves as the site for union of ovum and sperm
- D. Receives the penis during intercourse - CORRECT ANSWER B. Secretes mucus
to facilitate sperm transport

The nurse is working in a community health setting and assisting the charge nurse
in performing health screenings. Which individual is at highest risk for contracting
an HIV infection?

- A. 17-year-old who is sexually active simultaneously with numerous partners
- B. 34-year old homosexual who is in a monogamous relationship
- C. 30-year-old cocaine user who inhales and smokes drugs
- D. 45-year-old who has received two blood transfusions in the past 6 months -
CORRECT ANSWER A. 17-year-old who is sexually active simultaneously with
numerous partners

The nurse is administering amiodarone (Cordarone) to a client who has been
admitted with Atrial Fibrillation (AFIB). What therapeutic response should the
nurse anticipate?

- A. Conversion of irregular heart rate to regular heart rhythm
- B. Pulse oximetry readings within normal range during activity
- C. Peripheral pulse points with adequate capillary refill
- D. Increase exercise tolerance without shortness of breath - CORRECT ANSWER
- A. Conversion of irregular heart rate to regular heart rhythm

An elderly male client is planning to vacation with a group of senior citizens. He is concerned about developing constipation during the airplane flight. He share this concern with the nurse at the retirement home. Which recommendation is best for the nurse to provide?

- A. Use an over the counter stool softener when needed
- B. Eat a high protein diet
- C Increase the fluid intake in your diet
- D. Decrease the fat content in your diet - CORRECT ANSWER C Increase the fluid intake in your diet

The nurse is assessing a client with dark skin who is in Respiratory Distress. Which client response should the nurse evaluate to determine cyanosis in this particular client?

- A. Abnormal skin color changes in a client with dark skin cannot be determined
- B. Blanching the soles of the feet in a client with dark skin reveals cyanosis
- C. The lips and mucus membranes of a client with dark skin are dusky in color
- D. Cyanosis in a client with dark skin is seen in the sclera - CORRECT ANSWER C. The lips and mucus membranes of a client with dark skin are dusky in color

When inserting an indwelling urinary catheter (Foley) in a female client, the nurse observes urine flow into the tubing. What action is taken next?

- A. Document the color and clarity of the urine
 - B. Insert the catheter an additional inch
 - C. Ask the client to breathe deeply and slowly exhale
 - D. Inflate the balloon with 5mL of sterile water - CORRECT ANSWER
- B. Insert the catheter an additional inch

A client has a prescription for a Transcutaneous Electrical Nerve Stimulator (TENS) unit for pain management during the postoperative period following a lumbar laminectomy. What information should the nurse reinforce about the action of this adjuvant pain modality?

- A. Mild electrical stimulus on the skin surface closes the gates of nerve conduction for severe pain
 - B. Pain perception in the cerebral cortex is dulled by the unit's discharge of an electrical stimulus
 - C. An infusion of medication in the spinal canal will block pain perception
 - D. The discharge of electricity will distract the client's focus on the pain - CORRECT ANSWER
- B. Pain perception in the cerebral cortex is dulled by the unit's discharge of an electrical stimulus

Based on the Nursing diagnosis of "Potential for infection related to second and third degree burns," which intervention has the highest priority?

- A. Application of topical antibacterial cream
- B. Use of careful hand washing technique
- C. Administration of plasma expanders
- D. Limiting visitors to the burned client. - CORRECT ANSWER B. Use of careful hand washing technique

The mother of an 8-year-old boy tells the nurse that he fell out of a tree and hurt his arm and shoulder, which assessment finding is the most significant indicator of possible child abuse?

- A. The child looks at the floore when answering the nurse's questions
- B. The mother's version of the injury is different from the child's version
- C. The child has several abrasions on the chest and legs
- D. The mother refuses to answer questions about family history - CORRECT ANSWER D. The mother refuses to answer questions about family history

A client has a prescription for enteric-coated (EC) aspirin 325mg PO daily. The medication drawer contains one 325mg aspirin. What action should the nurse take?

- A. Contact the pharmacy and request the prescribed form of aspirin
- B. Instruct the client about the effects when given the medication
- C. Administer the aspirin with a full glass of water or a small snack
- D. Withhold the aspirin until consulting with the healthcare provider - CORRECT ANSWER C. Administer the aspirin with a full glass of water or a small snack

The nurse explains the 2-week dosage prescription of prednisone (Deltasone) to a client who has poison ivy over multiple skin surfaces. What should the nurse emphasize about the dosing schedule?

- A. Decrease dosage daily as prescribed
- B. Monitor oral temperature daily
- C. Take the prednisone with meals
- D. Return for blood glucose monitoring in one week - CORRECT ANSWER
- C. Take the prednisone with meals

The nurse is preparing to administer a 1.2mL injection to a 4-year-old. Which are the best sites to administer an IM injection? Select all that apply.

- A. Vastus lateralis
- B. Ventrogluteal
- C. Dorsogluteal
- D. Rectus femoris
- E. Deltoid - CORRECT ANSWER
- A. Vastus lateralis
- B. Ventrogluteal
- C. Dorsogluteal

Which nonfood item is the most common cause of respiratory arrest in young children?

- A. Broken rattles
- B. Buttons

C. Pacifiers

D. Latex balloons - CORRECT ANSWER D. Latex balloons

A new mother is at the clinic with her 4-week old for a well baby check up. The nurse should tell the mother to anticipate that the infant will demonstrate which milestone by 2-months of age.

A. Turns from side to back and returns

B. Consistently returns smiles to mother

C. Finds hands and plays with fingers

D. Holds head up and supports weight with arms - CORRECT ANSWER B. Consistently returns smiles to mother

The nurse is monitoring a client's intravenous infusion and observes that the venipuncture site is cool to the touch, swollen and the infusion rate is slower than the prescribed rate. What is the most likely cause of this finding?

A. The solution's rate is too rapid

B. The client has phlebitis

C. The infusion site is infected

D. The infusion site is infiltrated - CORRECT ANSWER D. The infusion site is infiltrated

The nurse observes that a male client's urinary catheter (Foley) drainage tubing is secured with tape to his abdomen and then attached to the bed frame. What action should the nurse implement?

- A. Raise the bed to ensure the drainage bag remains off the floor
 - B. Attach the drainage bag to the side rail instead of the bed frame
 - C. Observe the appearance of the urine in the drainage tubing
 - D. Secure the tubing to the client's gown instead of his abdomen - CORRECT ANSWER
- C. Observe the appearance of the urine in the drainage tubing

In assisting a client to obtain a sputum specimen, the nurse observes the client cough and spit a large amount of frothy saliva in the specimen collection cup. What action should the nurse implement next?

- A. Advise the client that suctioning will be used to obtain another specimen
 - B. Re-instruct the client in coughing techniques to obtain another specimen
 - C. Provide the client a glass of water and mouthwash to rinse the mouth
 - D. Label the container and place the container in a bio-hazard transport bag - CORRECT ANSWER
- B. Re-instruct the client in coughing techniques to obtain another specimen

After report, the nurse receives the laboratory values for 4 clients. Which client requires the nurse's immediate intervention? The client who is.....

- A. short of breath after a shower and has a hemoglobin of 8 grams
 - B. Bleeding from a finger stick and has a prothrombin time of 30 seconds
 - C. Febrile and has a WBC count of 14,000/mm³
 - D. Trembling and has a glucose level of 50 mg/dL - CORRECT ANSWER
- D. Trembling and has a glucose level of 50 mg/dL

4 hours after administration of 20U of regular insulin, the client becomes shakey and diaphoretic. What action should the nurse take?

- A. Encourage the client to exercise
- B. Administer a PRN dose of 10U of regular insulin
- C. Give the client crackers and milk
- D. Record the client's reaction on the diabetic flow sheet - CORRECT ANSWER C. Give the client crackers and milk

The nurse is changing the colostomy bag for a client who is complaining of leakage of diarrheal stool under the disposable ostomy bag. What action should the nurse implement to prevent leakage?

- A. Place a 4X4 wick in the stoma opening
- B. Apply a layer of zinc oxide ointment to the perimeter of the stoma
- C. Cut the bag opening to the measurement of the stoma size
- D. Administer a PRN antidiarrheal agent - CORRECT ANSWER C. Cut the bag opening to the measurement of the stoma size

Prior to administering morphine sulfate (Morphine), the nurse takes the client's vital signs. Based on which finding should the nurse withhold administration of the medication until the charge nurse is notified?

- A. Temperature of 100.8F
- B. A pulse rate of 150 beats per minute
- C. A respiratory rate of 10 breaths per minute

D. A blood pressure of 180/110 - CORRECT ANSWER C. A respiratory rate of 10 breaths per minute

Following an open reduction of the tibia, the nurse notes fresh bleeding on the client's cast. Which intervention should the nurse implement?

- A. Assess the client's hemoglobin to determine if the client is in shock
- B. Call the surgeon and prepare to take the client back to the operating room
- C. Outline the area with ink and check it q15 minutes to see if the area has increased
- D. No action is required since postoperative bleeding can be expected - CORRECT ANSWER C. Outline the area with ink and check it q15 minutes to see if the area has increased

The nurse is with a client when the healthcare provider explains that the biopsy classifies the results as a T1N0M0 tumor. Later in the morning, the client asks the nurse, "what do these letters T1N0M0, stand for?" which response should the nurse provide first?

- A. "The letters are used to predict the prognosis of the cancer or tumor."
- B. "The letters stand for tumor size, node involvement and metastasis."
- C. "Let me refer you to the charge nurse."
- D. "Are you confused? Would you like to talk?" - CORRECT ANSWER B. "The letters stand for tumor size, node involvement and metastasis."

The nurse plans to administer the rubella vaccine to a postpartum client whose titer is < 1:8 and who is breastfeeding? what information should the nurse provide this client?

- A. The client should bottle feed and pump her breast for 3 days following immunization
 - B. The vaccine is given to produce maternal antibodies before lactation occurs
 - C. The infant will receive immunization through the mother's breast milk
 - D. The client should not get pregnant for 3 months after immunization - CORRECT ANSWER
- B. The vaccine is given to produce maternal antibodies before lactation occurs

In counting a client's radial pulse, the nurse notes the pulse is weak and irregular. To record the most accurate heart rate, what should the nurse take?

- A. Recheck the radial pulse in thirty minutes
 - B. Palpate the radial pulse for thirty seconds and double the rate
 - C. Count the apical pulse rate for sixty seconds
 - D. Compare the radial pulse rate bilaterally and record the higher rate. - CORRECT ANSWER
- C. Count the apical pulse rate for sixty seconds

Which structures are located in the subcutaneous layer of the skin?

- A. Sebaceous and sweat glands
 - B. Melanin and Keratin
 - C. Sensory receptors and hair follicles
 - D. Adipose cells and blood vessels - CORRECT ANSWER
- D. Adipose cells and blood vessels

The nurse in charge of a Nursing unit in a long term care facility. Which task is best for the nurse to assign to an unlicensed assistive personnel (UAP) who is helping with the care of several clients?

- A. Measure the amount of a client's residual urine after voiding
- B. Cleanse the perineal area of a client with urinary incontinence
- C. Insert a straight catheter to obtain a urine specimen for culture
- D. Provide catheter care for a client with a suprapubic catheter - CORRECT ANSWER

A client requires application of an eye shield to the right eye. What should the nurse do in order to apply tape in which direction to anchor the shield most effectively?

- A. Across the eye from the bridge of the nose to the right temple
- B. Longitudinally from the right forehead to the right cheek
- C. From the mid-forehead over to the right zygomatic process
- D. From the right lateral forehead surface to the medial nasal crease - CORRECT ANSWER

36 hours after delivery, the nurse determines a client's fundus is just above the umbilicus and displaced to the right of midline. What action should the nurse take first?

- A. Palpate the bladder for distention
- B. Ask the client when her last bowel movement occurred
- C. Catheterize the client and record the amount