

# ATI COMPREHENSIVE HESI EXIT EXAM TEST BANK WITH QUESTIONS AND ANSWERS | REAL EXAMS

1. A nurse is providing information to a group of pregnant clients and their partners about the psychosocial development of an infant. Using Erikson's theory of psychosocial development, what should the nurse tell the group about the infants?

  - A. Rely on the fact that their needs will be met
  - B. Need to tolerate a great deal of frustration and discomfort to develop a healthy personality
  - C. Must have needs ignored for short periods to develop a healthy personality
  - D. Need to experience frustration, so it is best to allow an infant to cry for a while before meeting his or her needs - **A. Rely on the fact that their needs will be met**
2. A nurse is weighing a breastfed 6-month-old infant who has been brought to the pediatrician's office for a scheduled visit. The infant's weight at birth was 6 lb 8 oz. The nurse notes that the infant now weighs 13 lb. Which action should the nurse take?

  - A. Tell the mother that the infant's weight is increasing as expected
  - B. Tell the mother to decrease the daily number of feedings because the weight gain is excessive
  - C. Tell the mother that semisolid foods should not be introduced until the infant's weight stabilizes
  - D. Tell the mother that the infant should be switched from breast milk to formula because the weight gain is inadequate - **A. Tell the mother that the infant's weight is increasing as expected**
3. A nurse performing a physical assessment of a 12-month-old infant notes that the infant's head circumference is the same as the chest circumference. Based on this finding, what should the nurse do?

  - A. Suspect the presence of hydrocephalus
  - B. Suggest to the pediatrician that a skull x-ray be performed
  - C. Tell the mother that the infant is growing faster than expected
  - D. Document these measurements in the infant's health-care record - **D.**

Document these measurements in the infant's health-care record

4. A new mother asks the nurse, "I was told that my infant received my antibodies during pregnancy. Does that mean that my infant is protected against infections?" Which statement should the nurse make in response to the mother?
- A. "Yes, your infant is protected from all infections."
  - B. "If you breastfeed, your infant is protected from infection."
  - C. "The transfer of your antibodies protects your infant until the infant is 12 months old."
  - D. "The immune system of an infant is immature, and the infant is at risk for infection." - D. "The immune system of an infant is immature, and the infant is at risk for infection."
5. A nurse is assessing the language development of a 9-month-old infant. Which developmental milestone does the nurse expect to note in an infant of this age?
- A. The infant babbles.
  - B. The infant says "Mama."
  - C. The infant smiles and coos.
  - D. D. The infant babbles single consonants. - B. The infant says "Mama."
6. The mother of a 9-month-old infant calls the nurse at the pediatrician's office, tells the nurse that her infant is teething, and asks what can be done to relieve the infant's discomfort. What should the nurse instruct the mother to do?
- A. Schedule an appointment with a dentist for a dental evaluation
  - B. Rub the infant's gums with baby aspirin that has been dissolved in water
  - C. Obtain an over-the-counter (OTC) topical medication for gum-pain relief
  - D. Give the infant cool liquids or a Popsicle and hard foods such as dry toast - D. Give the infant cool liquids or a Popsicle and hard foods such as dry toast

7. A nurse is teaching the mother of an 11-month-old infant how to clean the infant's teeth. What should the nurse tell the mother to do?
- A. Use water and a cotton swab and rub the teeth
  - B. Use diluted fluoride and rub the teeth with a soft washcloth
  - C. Use a small amount of toothpaste and a soft-bristle toothbrush
  - D. Dip the infant's pacifier in maple syrup so that the infant will suck - **A. Use water and a cotton swab and rub the teeth**
8. A nurse provides information about feeding to the mother of a 6-month-old infant. Which statement by the mother indicates an understanding of the information?
- A. "I can mix the food in the my infant's bottle if he won't eat it."
  - B. "Fluoride supplementation is not necessary until permanent teeth come in."
  - C. "Egg white should not be given to my infant because of the risk for an allergy."
  - D. "Meats are really important for iron, and I should start feeding meats to my infant right away." - **C. "Egg white should not be given to my infant because of the risk for an allergy."**
9. A nurse provides instructions to a mother of a newborn infant who weighs 7 lb 2 oz about car safety. What should the nurse tell the mother?
- A. To secure the infant in the middle of the back seat in a rear-facing infant safety seat
  - B. To place the infant in a booster seat in the front seat of the car with the shoulder and lap belts secured around the infant
  - C. That it is acceptable to place the infant in the front seat in a rear-facing infant safety seat as long as the car has passenger-side air bags
  - D. That because of the infant's weight it is acceptable to hold the infant as long as the mother and infant are sitting in the middle of the back seat of the car - **A. To secure the infant in the middle of the back seat in a rear-facing infant safety seat**
10. A nurse provides instructions to a mother about crib safety for her infant. Which

statement by the mother indicates a need for further instructions?

- A. "I need to keep large toys out of the crib."
- B. "The drop side needs to be impossible for my infant to release."
- C. "Wood surfaces on the crib need to be free of splinters and cracks."
- D. "The distance between the slats needs to be no more than 4 inches wide to prevent entrapment of my infant's head or body." - D. "The distance between the slats needs to be no more than 4 inches wide to prevent entrapment of my infant's head or body."

11. The mother of a 2-year-old tells the nurse that she is very concerned about her child because he has developed "a will of his own" and "acts as if he can control others." The nurse provides information to the mother to alleviate her concern, recalling that, according to Erikson, a toddler is confronting which developmental task?

- A. Initiative versus guilt
- B. Trust versus mistrust
- C. Industry versus inferiority
- D. Autonomy versus doubt and shame - D. Autonomy versus doubt and shame

14. A nurse is planning care for a hospitalized toddler. To best maintain the toddler's sense of control and security and ease feelings of helplessness and fear, which action should the nurse take?

- A. Spend as much time as possible with the toddler
- B. Keep hospital routines as similar as possible to those at home
- C. Allow the toddler to play with other children in the nursing unit playroom
- D. Allow the toddler to select toys from the nursing unit playroom that can be brought into the toddler's hospital room - B. Keep hospital routines as similar as possible to those at home

15. A nurse in a daycare setting is planning play activities for 2- and 3-year-old children. Which toy is most appropriate for these activities?

- A. Blocks and push-pull toys
  - B. Finger paints and card games
  - C. Simple board games and puzzles
  - D. Videos and cutting-and-pasting toys - A. Blocks and push-pull toys
16. A mother of twin toddlers tells the nurse that she is concerned because she found her children involved in sex play and didn't know what to do. What should the nurse tell the mother?
- A. To separate her children during playtime
  - B. That if the behavior continues, she will need to bring her children to a child psychologist
  - C. That if she notes the behavior again she should casually tell her children to dress and to direct them to another activity
  - D. To tell her children that what they are doing is bad and that they will be punished if they are caught doing it again - C. That if she notes the behavior again she should casually tell her children to dress and to direct them to another activity
17. A nurse is assessing the motor development of a 24-month-old child. Which activities would the nurse expect the mother to report that the child can perform? Select all that apply.
- A. Put on and tie his shoes
  - B. Align two or more blocks
  - C. Dress himself appropriately
  - D. Go to the bathroom without help
  - E. Turn the pages of a book one at a time - B. Align two or more blocks
  - F. Turn the pages of a book one at a time
18. A nurse is assessing language development in a toddler from a bilingual family. What should the nurse expect about the child's language development?

- A. Is slower than expected
- B. Is developing as expected

- C. Is more advanced than expected
  - D. Will require assistance from a speech therapist - A. Is slower than expected
19. A mother asks the nurse when her child should have his first dentist visit. What should the nurse tell the mother?
- A. At age 3
  - B. Just before beginning kindergarten
  - C. Twelve months after the first primary tooth erupts
  - D. Soon after the first primary tooth erupts, usually around 1 year of age - D. Soon after the first primary tooth erupts, usually around 1 year of age
20. The mother of a toddler asks the nurse when she will know that her child is ready to start toilet training. The nurse should tell the mother that which observation is a sign of physical readiness?
- A. The child has been walking for 2 years.
  - B. The child can eat using a fork and knife.
  - C. The child no longer has temper tantrums.
  - D. The child can remove his or her own clothing. - D. The child can remove his or her own clothing.
21. The mother of a 9 year old child who is 5 feet 1 inch in height asks a nurse about car safety seats. What should the nurse tell the mother to use?
- A. Front booster seat
  - B. Rear convertible seat

- C. Forward-facing car seat
- D. Rear seat using lap and shoulder seat belts - [D. Rear seat using lap and shoulder seat belts](#)

22. The mother of a 5-year-old asks the nurse how often her child should undergo a dental examination. When should the nurse tell the mother the child should have dental examinations?

- A. Once a year
- B. Every 3 months
- C. Every 6 months
- D. Whenever a new primary tooth erupts - [C. Every 6 months](#)

23. A nurse, planning play activities for a hospitalized school-age child, uses Erikson's theory of psychosocial development to select an appropriate activity. The nurse should select an activity that will assist in developing which psychosocial stage?

- A. Initiative
- B. Autonomy
- C. A sense of trust
- D. A sense of industry - [D. A sense of industry](#)

24. A nurse, assigned to care for a hospitalized child who is 8 years old, plans care, taking into account Erik Erikson's theory of psychosocial development. According to Erikson's theory, which task represents the primary developmental task of this child?

- A. Mastering useful skills and tools
- B. Gaining independence from parents



- C. Developing a sense of trust in the world
  - D. Developing a sense of control over self and body functions - [A. Mastering useful skills and tools](#)
25. A school nurse provides information to the parents of school-age children regarding appropriate dental care. What should the nurse tell the parents their children should do?
- A. Brush their teeth every morning and at bedtime
  - B. Brush and floss their teeth after meals and at bedtime
  - C. Brush and floss their teeth every morning and at bedtime
  - D. Brush their teeth every morning and at bedtime and floss the teeth once a day, preferably at bedtime - [B. Brush and floss their teeth after meals and at bedtime](#)
26. The parents of an adolescent tell the school nurse that they are frustrated because their daughter has become self-centered, lazy, and irresponsible. What should the nurse tell the parents?
- A. That this is normal behavior for an adolescent
  - B. To restrict any social privileges until the behavior stops
  - C. That this type of behavior is usually the result of parents' spoiling a child
  - D. That their daughter will need to see a child psychologist if the behavior continues - [A. That this is normal behavior for an adolescent](#)
27. A nurse is preparing to care for a hospitalized teenage girl who is in skeletal traction. The nurse plans care knowing that the most likely primary concern of the teenager is which?
- A. Body image
  - B. Obtaining adequate nutrition

- C. Keeping up with schoolwork
- D. Obtaining adequate rest and sleep - A. Body image

28. The mother of an adolescent calls the clinic nurse and reports that her daughter wants to have her navel pierced. The mother asks the nurse about the dangers associated with body piercing. What should the nurse tell the mother?

- A. Hepatitis B is a concern with body piercing
- B. Infection always occurs when body piercing is done
- C. Body piercing is generally harmless as long as it is performed under sterile conditions
- D. It is important to discourage body piercing because of the risk of contracting human immunodeficiency virus (HIV) - C. Body piercing is generally harmless as long as it is performed under sterile conditions

29. A sexually active adolescent asks the school nurse about the use of latex condoms and the prevention of sexually transmitted infections (STIs). What should the nurse tell the adolescent?

- A. Use of a latex condom can prevent transmission of STIs
- B. The only way to prevent transmission of STIs is abstinence
- C. Use of a latex condom is a good method for preventing pregnancy
- D. A spermicide needs to be used along with a condom to prevent transmission of STIs - A. Use of a latex condom can prevent transmission of STIs

30. A nurse helps a young adult conduct a personal lifestyle assessment. Why should the nurse carefully review the assessment with the young adult?

- A. Young adults ignore their risk for a serious illness