

**NRNP 6560 Final Exam (Version-1)
(Latest-2023) / NRNP6560 Final
Exam: Walden University**

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NURS 6560 FINAL EXAM

1. Q #:

The AGACNP is reviewing a chart of a head-injured patient. Which of the following would alert the AGACNP for the possibility that the patient is over hydrated, thereby increasing the risk for increased intracranial pressure?

- A. BUN = 10
- B. Shift output = 800 ml, shift input = 825 ml Unchanged weight
- C. Serum osmolality = 260

2. Q #:

A patient who has been in the intensive care unit for 17 days develops hyponatremic hyperosmolality. The patient weighs 132 lb (59.9 kg), is intubated, and is receiving mechanical ventilation. The serum osmolality is 320 mOsm/L kg H₂O. Clinical signs include tachycardia and hypotension. The adult-gerontology acute care nurse practitioner's initial treatment is to:

- A. reduce serum osmolality by infusing a 5% dextrose in 0.2% sodium chloride solution
- B. reduce serum sodium concentration by infusing a 0.45% sodium chloride solution
- C. replenish volume by infusing a 0.9% sodium chloride solution
- D. replenish volume by infusing a 5% dextrose in water solution.

3. Q #:

A 16-year-old male presents with fever and right lower quadrant discomfort. He complains of nausea and has had one episode of vomiting, but he denies any diarrhea. His vital signs are as follows: temperature 101.9°F, pulse 100 bpm, respirations 16 breaths per minute, and blood pressure 110/70 mm Hg. A complete blood count reveals a WBC count of 19,100 cells/ μ L. The AGACNP expects that physical examination will reveal:

- A. + Murphy's sign
- B. + Chvostek's sign
- C. + McBurney's sign
- D. + Kernig's sign

4. Q #:

Myasthenia gravis is best described as:

- A. An imbalance of dopamine and acetylcholine in the basal ganglia Demyelination of peripheral ascending nerves
- B. Demyelination in the central nervous system
- C. An autoimmune disorder characterized by decreased neuromuscular activation

5. Q #:

Mrs. Coates is a 65-year-old female who is on postoperative day 1 following a duodenal resection for a bleeding ulcer. She had an uneventful immediate postoperative course, but throughout the course of day 1 she has complained of a mild abdominal discomfort that has progressed throughout the day. This evening the AGACNP is called to the bedside to evaluate the patient for persistent and progressive discomfort. Likely causes of her symptoms include all of the following except:

- A. Colic due to return of peristalsis
- B. Leakage from the duodenal stump
- C. Gastric retention
- D. Hemorrhage

6. Q #:

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7. Q #:

When a patient is hospitalized with a possible stroke, the AGACNP recognizes that the stroke most likely resulted from a subarachnoid hemorrhage when the patient's family reports that the patient:

- A. Has a history of atrial fibrillation
- B. Was unable to be aroused in the morning
- C. Had been complaining of a headache before losing consciousness
- D. Has had several brief episodes of mental confusion and right arm and leg weakness

8. Q #:

You are asked to see a 29 year old female complaining of abdominal pain. She states she is experiencing constant RUQ pain that radiates to her back. The pain is not relieved by bowel movements, over the counter antacids or food. Review of initial labs shows elevated amylase and lipase and you diagnose her with acute pancreatitis. Which test will you order next to determine the underlying cause of her pancreatitis?

- serum cholesterol
- level blood
- toxicology

right upper quadrant
ultrasound endoscopy

9. Q #:

Jake is a 32-year-old patient who is recovering from major abdominal surgery and organ resection following a catastrophic motor vehicle accident. Due to the nature of his injuries, a large portion of his jejunum had to be resected. In planning for his recovery and nutritional needs, the AGACNP considers that:

He will probably be able to transition to oral nutrition but will have lifetime issues with diarrhea His procedure has put him at significant risk for B12 absorption problems

Most jejunum absorption functions will be assumed by the ileum

Enteral nutrition will need to be delayed for 3 to 6 months to facilitate adaptation

10.Q #:

A 32-year-old man comes to the clinic because he has had pain in the back for the past 24 hours. The patient says he first noticed the pain when he awoke in the morning and had difficulty getting out of bed. He had been playing flag football the day before the pain began but did not sustain any injuries during the game. Acetaminophen has provided only minimal relief of the patient's pain. On physical examination, pain is elicited on palpation of the back on the left, lateral to the region of L2-L5. Full range of motion is noted in vertebral flexion, extension, lateral rotation, and lateral bending, with some hesitancy because of pain on the left side. Which of the following is the most appropriate initial step?

Anti-inflammatory and muscle relaxant
therapy Epidural injection of a

corticosteroid

MRI of the lumbar spine

Strict bed rest and application of moist heat to the lower back

11.Q #:

On postoperative day 7 following hepatic transplant, the patient evidences signs and symptoms of acute rejection, confirmed by histologic examination. The AGACNP knows that first-line treatment of acute rejection consists of: Cyclosporine

Azathioprine

Methylprednisolone

Sirolimus

12.Q #:

H. W. is a 33-year-old female who is being evaluated after a fall from a tree. Anteroposterior and lateral radiographs of the thoracolumbosacral spine are significant for transverse process fractures at T6 and T7. The AGACNP knows that treatment for this likely will include:

Observation

Hyperextension casting Jewett brace

Surgical intervention

13.Q #:

Acute hepatitis A is usually diagnosed by:

By the constitutional
symptoms Within 2 weeks
of exposure **Detection of
IgM-Anti-HAV** Jaundice

14.Q #:

A 30-year-old male patient presents for evaluation of a lump on his neck. He denies pain, itch, erythema, edema, or any other symptoms. He is concerned because it won't go away. He says, "I noticed it a few months ago, then it seemed to disappear, and now it is back." The AGACNP proceeds with a history and physical exam and concludes which of the following as the leading differential diagnosis?

Subclinical
infection **Non-
Hodgkin's
lyphoma**
Catscratch disease
Syphilis

15.Q #:

P. E. is a 61-year-old female who presents for a postoperative visit following a gastric resection after a perforation of peptic ulcer. She reports feeling better, although it is taking longer than she expected. However, she says she is feeling better each day, her appetite is returning, and her incision is healing well. She is being discharged from surgical care and advised to continue her routine health promotion follow-up with her primary care provider. As part of her surgical discharge teaching, the AGACNP counsels P. E. that as a result of her gastric resection she will need lifelong follow-up of: Blood group substances

Electrolytes
**Vitamin
B12**
Gastric
pH

16.Q #:

T. O. is a 31-year-old male patient who is transported to the emergency department via emergency services. He was in a multivehicle accident and was trapped in a crushed car for more than 3 hours. On examination, his right lower extremity is found to be tensely swollen, with 3+ nonpitting edema. The lower leg is profoundly painful with passive range of motion. Given the history and physical findings, the AGACNP recognizes that treatment centers around:

Fasciotomy
Thrombolytics
Surgical
reduction