

## ATI RN FUNDAMENTALS PROCTORED EXAM

A nurse is obtaining history from a client who has pain. The nurse's guiding principle throughout this process should be that:

- A. some clients exaggerate their level of pain
  - B. pain must have an identifiable source to justify the use of opioids.
  - C. objective data are essential in assessing pain
  - D. pain is whatever the client says it is
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**Rational: the client is the best source of information in their pain, it is a subjective experience**

A nurse is caring for a client who is receiving morphine via a PCA infusion device after abdominal surgery. Which of the following statements indicates that the client knows how to use the device?

- A. "I'll wait to use the device until it's absolutely necessary."
- B. "I'll be careful about pushing the button so I don't get an overdose."
- C. "I should tell the nurse if the pain doesn't stop after I use this device."
- D. "I will ask my son to push the dose button when I am sleeping."
- C. "I should tell the nurse if the pain doesn't stop after I use this device."

**Rational: The client should let the nurse know if not receiving adequate pain control, so they can reevaluate the pain control plan**

A nurse is monitoring a client who is receiving opioid analgesia for adv effects of the med. Which of the following effects should the nurse anticipate? Select all.

- A. Urinary incontinence
  - B. Diarrhea
  - C. Bradypnea
  - D. Orthostatic hypotension
  - E. Nausea
- C, D, E

**Rational: Urinary retention, not incontinence is an adverse effect of these meds as well as constipation, not diarrhea.**

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