

2018 HESI EXIT V6

1. A parent tells the nurse that their 6 year-old child who normally enjoys school, has not been doing well since the grandmother died 2 months ago. Which statement most accurately describes thoughts on death and dying at this age?

- A) Death is personified as the bogeyman or devil
- B) Death is perceived as being irreversible
- C) The child feels guilty for the grandmother's death
- D) The child is worried that he, too, might die

The correct answer is A: Death is personified as the bogeyman or devil

2. A 67 year-old client with non-insulin dependent diabetes should be instructed to contact the out-patient clinic immediately if the following findings are present

- A) Temperature of 37.5 degrees Celsius with painful urination
- B) An open wound on their heel
- C) Insomnia and daytime fatigue
- D) Nausea with 2 episodes of vomiting

The correct answer is B: An open wound on their heel

3. The nurse admits an elderly Mexican-American migrant worker after an accident that occurred during work. To facilitate communication the nurse should initially

- A) Request a Spanish interpreter
- B) Speak through the family or co-workers
- C) Use pictures, letter boards, or monitoring
- D) Assess the client's ability to speak English

The correct answer is D: Assess the client's ability to speak English

4. In assessing a post partum client, the nurse palpates a firm fundus and observes a constant trickle of bright red blood from the vagina. What is the most likely cause of these findings?

- A) Uterine atony
- B) Genital lacerations
- C) Retained placenta
- D) Clotting disorder

The correct answer is B: Genital lacerations

5. The nurse notes an abrupt onset of confusion in an elderly patient. Which of the following recently-ordered medications would most likely contribute to this change?

- A) Anticoagulant
- B) Liquid antacid
- C) Antihistamine
- D) Cardiac glycoside

The correct answer is C: Antihistamine

6. The nurse is caring for a client with active tuberculosis who has a history of noncompliance. Which of the following actions by the nurse would represent appropriate care for this client?

- A) Instruct the client to wear a high efficiency particulate air mask in public places.
- B) Ask a family member to supervise daily compliance
- C) Schedule weekly clinic visits for the client
- D) Ask the health care provider to change the regimen to fewer medications

The correct answer is B: Ask a family member to supervise daily compliance

7. The nurse manager identifies that time spent by staff in charting is excessive, requiring overtime for completion. The nurse manager states that "staff will form a task force to investigate and develop potential solutions to the problem, and report on this at the next staff meeting." The nurse manager's leadership style is best described as

- A) Laissez-faire
- B) Autocratic
- C) Participative
- D) Group

The correct answer is C: Participative

8. A nursing student asks the nurse manager to explain the forces that drive health care reform. The appropriate response by the nurse manager should include

- A) The escalation of fees with a decreased reimbursement percentage
- B) High costs of diagnostic and end-of-life treatment procedures
- C) Increased numbers of elderly and of the chronically ill of all ages
- D) A steep rise in health care provider fees and in insurance premiums

The correct answer is A: The escalation of fees with a decreased reimbursement percentage

9. A client with hepatitis A (HAV) is newly admitted to the unit. Which action would be the priority to include in the plan of care within the initial 24 hours for this client?

- A) Wear masks with shields if potential splash
- B) Use disposable utensils and plates for meals
- C) Wear gown and gloves during client contact
- D) Provide soft easily digested food with frequent snacks

The correct answer is C: Wear gown and gloves during client contact

10. A client has been taking alprazolam (Xanax) for 3 days. Nursing assessment should reveal which expected effect of the drug?

- A) Tranquilization, numbing of emotions
- B) Sedation, analgesia
- C) Relief of insomnia and phobias
- D) Diminished tachycardia and tremors associated with anxiety

The correct answer is A: Tranquilization, numbing of emotions

11. The nurse observes a staff member caring for a client with a left unilateral mastectomy. The nurse would intervene if she notices the staff member is

- A) Advising client to restrict sodium intake
- B) Taking the blood pressure in the left arm
- C) Elevating her left arm above heart level
- D) Compressing the drainage device

The correct answer is B: Taking the blood pressure in the left arm

12. A 70 year-old post-operative client has elevated serum BUN, Hct, Cl, and Na+. Creatinine and K+ are within normal limits. The nurse should perform additional assessments to confirm that an actual

problem is:

- A) Impaired gas exchange
- B) Metabolic acidosis
- C) Renal insufficiency
- D) Fluid volume deficit

The correct answer is D: Fluid volume deficit

13. The nurse is providing foot care instructions to a client with arterial insufficiency. The nurse would identify the need for additional teaching if the client stated

- A) "I can only wear cotton socks."
- B) "I cannot go barefoot around my house."
- C) "I will trim corns and calluses regularly."
- D) "I should ask a family member to inspect my feet daily."

The correct answer is C: "I will trim corns and calluses regularly."

14. A woman who delivered 5 days ago and had been diagnosed with preeclampsia calls

the hospital triage nurse hotline to ask for advice. She states “ I have had the worst headache for the past 2 days. It

pounds and by the middle of the afternoon everything I look at looks wavy. Nothing I have taken helps.” What should the nurse do next?

- A) Advise the client that the swings in her hormones may have that effect. However, suggest for her to call her health care provider within the next day.
- B) Advise the client to have someone bring her to the emergency room as soon as possible
- C) Ask the client to stay on the line, get the address and send an ambulance to the home
- D) Ask what the client has taken? How often? Ask about other specific complaints.

The correct answer is C: Ask the client to stay on the line, get the address and send an ambulance to the home

15. The primary teaching for a client following an extracorporeal shock-wave lithotripsy (ESWL) procedure is

- A) Drink 3000 to 4000 cc of fluid each day for one month
- B) Limit fluid intake to 1000 cc each day for one month
- C) Increase intake of citrus fruits to three servings per day
- D) Restrict milk and dairy products for one month

The correct answer is A: Drink 3000 to 4000 cc of fluid each day for 1 month

16. A client on warfarin therapy following coronary artery stent placement calls the clinic to ask if he can take Alka-Seltzer for an upset stomach. What is the best response by the nurse?

- A) Avoid Alka-Seltzer because it contains aspirin
- B) Take Alka-Seltzer at a different time of day than the warfarin
- C) Select another antacid that does not inactivate warfarin
- D) Use on-half the recommended dose of Alka-Seltzer

The correct answer is A: Avoid Alka-Seltzer because it contains aspirin

17. The nurse is working with parents to plan home care for a 2 year-old with a heart problem. A priority nursing intervention would be to

- A) Encourage the parents to enroll in cardiopulmonary resuscitation class
- B) Assist the parents to plan quiet play activities at home
- C) Stress to the parents that they will need relief care givers
- D) Instruct the parents to avoid contact with persons with infection

The correct answer is A: Encourage the parents to enroll in cardiopulmonary resuscitation class

18. The nurse is caring for a client with Rheumatoid Arthritis. Which nursing diagnosis should receive priority in the plan of care?

- A) Risk for injury
- B) Self care deficit
- C) Alteration in comfort
- D) Alteration in mobility

The correct answer is C: Alteration in comfort

19. An unlicensed assistive staff member asks the nurse manager to explain the beliefs of a Christian Scientist who refuses admission to the hospital after a motor vehicle accident.

The best response of the nurse would be which of these statements?

- A) "Spiritual healing is emphasized and the mind contributes to the cure."
- B) "The primary belief is that dietary practices result in health or illness."
- C) "Fasting and prayer are initial actions to take in physical injury."
- D) "Meditation is intensive in the initial 48 hours and daily thereafter."

The correct answer is A: "Spiritual healing is emphasized and the mind contributes to the cure."

20. In order to be effective in administering cardiopulmonary resuscitation to a 5 year-old, the nurse must

- A) Assess the brachial pulses
- B) Breathe once every 5 compressions
- C) Use both hands to apply chest pressure
- D) Compress 80-90 times per minute

The correct answer is B: Breathe once every 5 compressions

21. The nurse is providing home care for a client with heart failure and pulmonary edema. Which nursing diagnosis should have priority in planning care?

- A) Impaired skin integrity related to dependent edema
- B) Activity intolerance related to oxygen supply and demand imbalance
- C) Constipation related to immobility
- D) Risk for infection related to ineffective mobilization of secretions

The correct answer is B: Activity Intolerance related to oxygen supply and demand imbalance

22. For which of the following mother-baby pairs should the nurse review the Coomb's test in preparation for administering RhO (D) immune globulin within 72 hours of birth?

- A) Rh negative mother with Rh positive baby
- B) Rh negative mother with Rh negative baby

- C) Rh positive mother with Rh positive baby
- D) Rh positive mother with Rh negative baby

The correct answer is A: Rh negative mother with Rh positive baby

23. An 80 year-old nursing home resident has a temperature of 101.6 degrees Fahrenheit rectally. This is a sudden change in an otherwise healthy client. Which should the nurse assess first?

- A) Lung sounds
- B) Urine output
- C) Level of alertness
- D) Appetite

The correct answer is C: Level of alertness

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25. What is the major purpose of community health research?

- A) Describe the health conditions of populations
- B) Evaluate illness in the community
- C) Explain the health conditions of families
- D) Identify the health conditions of the environment

The correct answer is A: Describe the health conditions of populations

26. The recent increase in the reported cases of active tuberculosis (TB) in the United States is attributed to which factor?

- A) The increased homeless population in major cities
- B) The rise in reported cases of positive HIV infections
- C) The migration patterns of people from foreign countries
- D) The aging of the population located in group homes

The correct answer is B: The rise in reported cases of positive HIV infections

27. A 15 month-old child comes to the clinic for a follow-up visit after hospitalization for treatment of Kawasaki Disease. The nurse recognizes that which of the following scheduled immunizations will be delayed?

- A) MMR
- B) Hib
- C) IPV
- D) DtaP

The correct answer is A: MMR

28. The nurse is assessing a pregnant client in her third trimester. The parents are informed that the ultrasound suggests that the baby is small for gestational age (SGA). An earlier ultrasound indicated normal growth. The nurse understands that this change is most likely due to what factor?

- A) Sexually transmitted infection
- B) Exposure to teratogens
- C) Maternal hypertension
- D) Chromosomal abnormalities

The correct answer is C: Maternal hypertension

29. After the shift report in a labor and delivery unit which of these clients would the nurse check first?

- A) A middle aged woman with asthma and diabetes mellitus Type 1 has a BP of 150/94
- B) A middle aged woman with a history of two prior vaginal term births is 2 cm dilated
- C) A young woman is a grand multipara has cervical dilation of 4 cm and 50% effaced
- D) An adolescent who is 18 weeks pregnant has a report of no fetal heart tones and coughing up frothy sputum

The correct answer is D: An adolescent who is 18 weeks pregnant has a report of no fetal heart tones and coughing up frothy sputum

30. The nurse is caring for an 87 year-old client with urinary retention. Which finding should be reported immediately?

- A) Fecal impaction
- B) Infrequent voiding
- C) Stress incontinence
- D) Burning with urination

The correct answer is A: Fecal impaction

31. The nasogastric tube of a post-op gastrectomy client has stopped draining greenish liquid. The nurse should

- A) Irrigate it as ordered with distilled water
- B) Irrigate it as ordered with normal saline
- C) Place the end of the tube in water to see if the water bubbles
- D) Withdraw the tube several inches and reposition it

The correct answer is B: Irrigate it as ordered with normal saline

32. The parents of a child who has recently been diagnosed with asthma ask the nurse to

explain the condition to them. The best response is "Asthma causes...

- A) the airway to become narrow and obstructs airflow."
- B) air to be trapped in the lungs because the airways are dilated."
- C) the nerves that control respiration to become hyperactive."
- D) a decrease in the stress hormones which prevents the airways from opening."

The correct answer is A: the airway to become narrow and obstructs airflow."

33. The nurse is assessing a child with suspected lead poisoning. Which of the following assessments is the nurse most likely to find?

- A) Complaints of numbness and tingling in feet
- B) Wheezing noted when lung sound auscultated
- C) Excessive perspiration
- D) Difficulty sleeping

The correct answer is A: Complaints of numbness and tingling in feet

34. The nurse is caring for a client with end-stage heart failure. The family members are distressed about the client's impending death. What action should the nurse do first?

- A) Explain the stages of death and dying to the family
- B) Recommend an easy-to-read book on grief
- C) Assess the family's patterns for dealing with death
- D) Ask about their religious affiliations

The correct answer is C: Assess the family's patterns for dealing with death

35. The nurse is caring for a client with Meniere's disease. When teaching the client about the disease, the nurse should explain that the client should avoid foods high in

- A) Calcium
- B) Fiber
- C) Sodium
- D) Carbohydrate

The correct answer is C: Sodium

36. The nurse is teaching a mother who will breast feed for the first time. Which of the following is a priority?

- A) Show her films on the physiology of lactation
- B) Give the client several illustrated pamphlets
- C) Assist her to position the newborn at the breast
- D) Give her privacy for the initial feeding

The correct answer is C: Assist her to position the newborn at the breast

37. The nurse is taking a health history from parents of a child admitted with possible Reye's Syndrome. Which recent illness would the nurse recognize as increasing the risk to develop Reye's Syndrome?

- A) Rubella
- B) Meningitis
- C) Varicella
- D) Hepatitis

The correct answer is C: Varicella

38. While giving care to a 2 year-old client, the nurse should remember that the toddler's tendency to say "no" to almost everything is an indication of what psychosocial skill?

- A) Stubborn behavior
- B) Rejection of parents
- C) Frustration with adults
- D) Assertion of control

The correct answer is D: Assertion of control

39. A postpartum client admits to alcohol use throughout the pregnancy. Which of the following newborn assessments suggests to the nurse that the infant has fetal alcohol syndrome?

- A) Growth retardation is evident
- B) Multiple anomalies are identified
- C) Cranial facial abnormalities are noted
- D) Prune belly syndrome is suspected

The correct answer is C: Cranial facial abnormalities are noted

40. The nurse is attending a workshop about caring for persons infected with Hepatitis. Which statement is correct when referring to the incidence rate for Hepatitis?

- A) The number of persons in a population who develop Hepatitis B during a specific period of time
- B) The total number of persons in a population who have Hepatitis B at a particular time
- C) The percentage of deaths resulting from Hepatitis B during a specific time
- D) The occurrence of Hepatitis B in the population at a particular time

The correct answer is A: The number of persons in a population who develop Hepatitis B during a specific period of time

41. A 36 year-old female client has a hemoglobin level of 14 g/dl and a hematocrit of 42% following a D&C. Which of the following would the nurse expect to find when assessing this client?

- A) Capillary refill less than 3 seconds
- B) Pale mucous membranes
- C) Respirations 36 breaths per minute
- D) Complaints of fatigue when ambulating

The correct answer is A: Capillary refill less than 3 seconds

42. The nurse is caring for a client suspected to have Tuberculosis (TB). Which of the following diagnostic tests is essential for determining the presence of active TB? The nurse is caring for a client suspected to have Tuberculosis (TB). Which of the following diagnostic tests is essential for determining the presence of active TB?

- A) Tuberculin skin testing
- B) Sputum culture
- C) White blood cell count
- D) Chest x-ray

The correct answer is B: Sputum culture

43. The nurse has been teaching an apprehensive primipara who has difficulty in initial nursing of the newborn. What observation at the time of discharge suggests that initial breast feeding is effective?

- A) The mother feels calmer and talks to the baby while nursing
- B) The mother awakens the newborn to feed whenever it falls asleep
- C) The newborn falls asleep after 3 minutes at the breast
- D) The newborn refuses the supplemental bottle of glucose water

The correct answer is A: The mother feels calmer and talks to the baby while nursing

44. The mother of a burned child asks the nurse to clarify what is meant by a third degree burn. The best response by the nurse is

- A) "The top layer of the skin is destroyed."
- B) "The skin layers are swollen and reddened."
- C) "All layers of the skin were destroyed in the burn."
- D) "Muscle, tissue and bone have been injured."

The correct answer is C: "All layers of the skin were destroyed in the burn."

45. The nurse is taking a health history from a Native American client. It is critical that the nurse must remember that eye contact with such clients is considered

- A) Expected
- B) Rude
- C) Professional
- D) Enjoyable

The correct answer is B: Rude

46. A nurse is instructing a class for new parents at a local community center. The nurse would stress that which activity is most hazardous for an 8 month-old child?

- A) Riding in a car
- B) Falling off a bed
- C) Electrical outlets
- D) Eating peanuts

The correct answer is D: Eating peanuts

47. When teaching parents about sickle cell disease, the nurse should tell them that their child's anemia is caused by

- A) Reduced oxygen capacity of cells due to lack of iron
- B) An imbalance between red cell destruction and production
- C) Depression of red and white cells and platelets
- D) Inability of sickle shaped cells to regenerate

The correct answer is B: An imbalance between red cell destruction and production

48. The nurse is assessing a newborn delivered at home by an admitted heroin addict. Which of the following would the nurse expect to observe?

- A) Hypertonic neuro reflex
- B) Immediate CNS depression
- C) Lethargy and sleepiness
- D) Jitteriness at 24-48 hours

The correct answer is D: Jitteriness at 24-48 hours

49. The nurse is caring for a client with congestive heart failure. Which finding requires the nurse's immediate attention?

- A) Pulse oximetry of 85%
- B) Nocturia
- C) Crackles in lungs
- D) Diaphoresis

The correct answer is A: Pulse oximetry of 85%

50. The nurse is assessing a young child at a clinic visit for a mild respiratory infection. Koplik spots are noted on the oral mucous membranes. The nurse should then assess which area of the body?

- A) Inspect the skin
- B) Auscultate breath sounds
- C) Evaluate muscle strength
- D) Investigate elimination patterns

The correct answer is A: Inspect the skin

51. Which action is most likely to ensure the safety of the nurse while making a home visit?

- A) Observation during the visit of no evidence of weapons in the home
- B) Prior to the visit, review client's record for any previous entries about violence
- C) Remain alert at all times and leave if cues suggest the home is not safe
- D) Carry a cell phone, pager and/or hand held alarm for emergencies

The correct answer is C: Staying alert at all times and leaving if cues suggest the home is not safe

52. An adolescent client is admitted in respiratory alkalosis following aspirin overdose. The nurse recognizes that this imbalance was caused by

- A) Tachypnea
- B) Acidic byproducts
- C) Vomiting and dehydration
- D) Hyperpyrexia

The correct answer is A: Tachypnea

53. The nurse discovers that the parents of a 2 year-old child continue to use an apnea monitor each night. The parents state: "We are concerned about the possible occurrence of sudden infant death

syndrome (SIDS)." In order to take appropriate action, the nurse must understand that

- A) The child is within the age group most susceptible to SIDS
- B) The peak age for occurrence of SIDS is 8 to 12 months of age
- C) The apnea monitor is not effective on a child in this age group
- D) 95% of SIDS cases occur before 6 months of age

The correct answer is D: 95% percent of all SIDS cases occur before 6 months

54. As a client is being discharged following resolution of a spontaneous pneumothorax,