

2023 RN HESI EXIT EXAM - Version 1 (V1) All 160

Qs

& As Included - Guaranteed Pass A+!!! (All Brand New Q&A Pics Included)

- The nurse is reviewing medical prescriptions for newly admitted clients. It would be a **priority** for the nurse to follow up with the physician if a client with
 - a potassium level of 4.5mEq/L has Kayexalate (sodium polystyrene) prescribed
 - a Dilantin (phenytoin) level of 8 mcg/ml is placed on seizure precautions(c)sensitivity to Aspirin (acetylsalicylic acid) is prescribed Tylenol (acetaminophen)
 - (d) sensitivity to Penicillin is prescribed Zithromax (azithromycin)
- The nurse should **intervene** if the nurse notes a staff member
 - obtaining a clients consent prior to their operative procedure after receiving Ativan (lorazepam)
 - placing a client on the affected side following surgical repair of aretinal detachment
 - handling a wet cast with the palms of the hands
 - using a broad base of support while transferring a client
- The community health nurse is caring for the following clients. It would be a **priority** for the nurse to initiate a multidisciplinary conference for the client who is
 - 12 years old with Autism who is starting a new school and recently had a URI (upper respiratory tract infection)

- 16 years old, has type 1 Diabetes Mellitus, is unemployed and had arecent Hemoglobin A1c of 13%
- 52 years old, with Myasthenia Gravis, recently prescribedMestinon (pyridostigmine) and employed as a mail carrier
- 70 years old, has schizophrenia, lives alone and reports hearing nonthreatening voices.
- The nurse from the postpartum unit has been temporarily assigned to the medical surgical unit. It would be **most appropriate** to assign this nurse to theclient who*

- has returned from right total hip replacement surgery four hours ago
- is being observed for increased intracranial pressure
- had surgery two hours ago to remove the appendix
- is two weeks post partum being maintained on a mechanical ventilatorfor respiratory failure
- The nurse in a well baby clinic has assessed several children today. It would be a**priority** for the nurse to suggest follow up for the child who is (a) 2 months old witha positive babinski refl ex
 - 5 months old and does not hold their own bottle
 - 10 months old who cries around strangers
- 18 months old who needs support while ambulating

- The nurse is caring for a mechanically ventilated client who was declared brain dead. An Advance Directive is not documented on the medical record. It would be **most appropriate** to obtain consent for organ donation from the
 - client's primary care provider
 - client's nurse manager
 - **closest living family member**
 - hospital's ethics committee
- The nurse has received report on four clients. The nurse should **fi rst** assess the client who has*
 - Chronic Obstructive Pulmonary Disease (COPD) with a pulse oximetry reading of 90%
 - Parkinson's Disease and is demanding to leave the hospital against medical advice (AMA)
 - **been admitted with suspected Guillian-Barre' Syndrome and has begun plasmapheresis therapy**
 - Congestive Heart Failure (CHF) whose pitting edema has increased to 2(+)
- It would be **appropriate** to assign which of these tasks to the CNA?
 - Feeding a client who is experiencing dysphagia
 - **One-on-one client observation for safety**
 - Removal of an indwelling catheter
 - Performing a simple dressing change
- The nurse should **intervene** if a staff member is observed
 - **discussing a client's diagnosis with visiting family members**
 - collaborating with another nurse to review a prescription for blood transfusion
 - interrupting other staff members discussing a client in the cafeteria

- reviewing a client's lab values with the nutritionist
- The nurse is preparing a staff presentation on legal and ethical issues in nursing. The nurse would be **correct** to include which of the following examples?
 - **Putting a client in a geriatric chair with the lap tray in front of the client in the dayroom to watch television is false imprisonment**
 - Telling a client that you will put in a feeding tube if the client does not eat is an example of battery
 - Telling a client with bipolar disorder who is suicidal that they have a right to refuse to take their medications is an example of malpractice
 - Placing hands on a client who says —do not touch me|| is an example of assault
- The nurse from the pediatric unit has been temporarily assigned to the Emergency Department. It would be **most appropriate** to assign that nurse to the client who*
 - reports epigastric pain that —feels like indigestion||
 - has back pain and a pulsating abdominal mass
 - **is HIV+ reporting vomiting and diarrhea**
 - presents with lower abdominal pain and is six weeks pregnant
- Four clients recently returned to the unit following invasive diagnostic testing. The nurse should immediately **intervene** if one of the clients
 - reports blood tinged sputum following a bronchoscopy
 - has decreased abdominal girth following paracentesis

- reports a headache following a lumbar puncture
 - is observed flexing and extending the legs two hours after cardiac catheterization
- The nurse is made aware of the following situations. The nurse should **fi rst** check the client who
 - had a transurethral prostatectomy (TURP) and is reporting urinary dribbling two hours after the indwelling catheter is removed
 - has cervical traction and is moving the legs by fl exing and extending the feet
 - has Alzheimer’s disease (stage 1) and was returned to the room after being found wandering in the hallway
 - has a history of partial seizures and is sitting in the bed picking at the clothing and smacking the lips
- The nurse in a community health clinic is talking with the parent of a child with Celiac Disease. Which of the following statements would **require follow-up** by the nurse for **additional teaching**? (a) —This weekend we are going to a seafood restaurant.||
 - —I can feed my child oatmeal and eggs for breakfast.||
 - —My child loves to eat rice and chicken for dinner.||
 - —Last night we ate fi sh with corn for dinner.||
- The charge nurse is observing a Licensed Practical Nurse (LPN) performing care for assigned clients. **Follow up** will be required if the LPN*: (a) assesses a client’s apical pulse before administering Digoxin (lanoxin)
 - (b) elevates the client’s stump on a pillow eight hours after amputation
 - (c) dons a clean glove on the dominant hand before tracheal suctioning
 - (d) positions a client on the operative side following a pneumonectomy

- The nurse at a health promotion fair has taught a group of parents about car seat and seat belt safety. Which of the following statements, if made by the parent, would indicate a **correct** understanding of the information given?
 - —I will place my newborn infant in a rear facing car seat in the middle of the rear seat.||
 - —I will wear a lap seat belt high on my belly since I am 8 months pregnant.||
 - —I can use a front-facing car seat once my baby weighs 15 pounds.||
 - —I can allow my six-year-old to use a seat belt in the front passenger seat.||
- The nurse is caring for a client being treated for Vancomycin Resistant Enterococcus (VRE). The nurse **should** place the client on
 - (a) contact precautions
 - droplet precautions
 - protective precautions
 - airborne precautions
- The nurse is caring for a client with a Vancomycin Resistant Enterococcus (VRE) wound infection. Which of the following actions would be **appropriate** for the nurse to take?
 - Wear a particulate respirator mask when providing wound care
 - Instruct visitors not to bring flowers into the client's room
 - Place the client in a private room with negative air pressure
 - Wear a disposable gown when changing the client's dressing
- The nurse **should** initiate protective precautions for a client who has a

- Red Blood Cell Count (RBC) of 3,900/mm³
 - Platelet count of 400,000μ/L
 - Hemoglobin (Hgb) 9.0 g/dl
 - **White Blood Cell Count (WBC) 2,500/mm³**
- The nurse has provided health promotion teaching for a group of clients who were recently diagnosed with the Human immunodeficiency virus (HIV). Which statement, if made by one of the clients, would **require further teaching**?
- **—I am glad that I can still clean my parakeet's cage.||**
 - —I will not go to the parade this weekend.||
 - —I will increase protein in my diet.||
 - —I will miss not being able to work in my garden.||
- The nurse in the emergency department is caring for clients admitted following a rescue from a burning bus. The nurse should **fi rst** see the client who
- has the tibia bone protruding through the skin and is in severe pain
 - has third degree burns of the left foot and is crying
 - is unconscious, pulseless, and has dilated pupils
 - **has soot on the face and the nares and is coughing**
- A nurse is observing a newly-hired nurse provide care for assigned clients. The nurse should **follow up** if the newly-hired nurse is observed
- wearing gloves when taking the blood pressure of a client with disseminated varicella zoster
 - **cleansing the wound from the outer surface to the inner surface for a client whose wound is infected with a multi-drug resistant organism**
 - washing the hands with the fi ngertips pointed downward before providing care for a client on protective precautions

- removing the gloves before removing the gown when leaving a room of a client who is on contact precautions
- The nurse is caring for a client who has been diagnosed with rheumatoid arthritis. The nurse should anticipate that the client will **initially** be prescribed
 - Disease-modifying rheumatic agents (DMARDs)
 - Nonselective anti-inflammatory drugs (NSAIDs)**
 - Long-term corticosteroids
 - Biologic Response Modifiers
- The nurse is assessing a 2-month-old infant at a well baby clinic. The nurse **should** anticipate the infant should
 - roll from prone to back
 - have no head lag
 - smile socially**
 - have no tonic neck reflex
- The nurse is teaching a class on infant nutrition. The nurse **should** instruct parents to introduce (a) fruit juices at 3 months
 - honey sweetened water at 6 months
 - pureed chicken at 7 months**
 - whole milk at 9 months

- The nurse is caring for a 7-year-old who has thrombocytopenia and is on protective precautions. Which of the following would be an **appropriate** toy for the nurse to provide to the client?
 - Finger paints and paper
 - A rubber ball and bat
 - **A board game**
 - A stuffed toy
- The nurse on a pediatric unit has been informed that the following clients are being admitted. The nurse should **fi rst** plan to assess the client who is* **(a) 2 years old, has a temperature of 100.8 F and a blood pressure of 68/44**
 - 4 years old with a history of asthma and has a peak expiratory fl ow rate (PERF) of 81%
 - 5 years old, has a fracture of the tibia and is reporting pain rated 7 on a pain scale of 0 (no pain) to 10 (severe pain)
 - 7 years old with ulcerative colitis and has had 15 blood tinged stools today
- The nurse is providing discharge instructions to the parents of an infant who has a cleft lip. The nurse **should instruct** the parents to
 - place the infant in a prone position after each feeding
 - **encourage the parents to provide the infant rest periods during feedings**
 - regularly offer the infant a paci fi er to enhance the sucking refl ex
 - elevate the child's head forty fi ve degrees during feeding

- The nurse is assessing a 3-year-old during a well-child visit. During the visit the boy says to his mother, —Mommy, I love you. I’m going to marry you.|| The nurse **should**
 - suggest to the mother not to encourage these types of statements
 - explain to the child that he will not be able to marry his mother even though he loves her
 - **tell the mother that this statement is appropriate for his stage of development**
 - recommend that the mother provide more opportunities for her son to play with other 3-year-old boys

- The nurse is assessing a child with coarctation of the aorta. Which of the following would be an **expected** finding?
 - diminished blood pressure in the upper extremities
 - excessive weight gain
 - high pitched murmur
 - **absence of femoral pulses**

- The nurse is caring for a child with an acyanotic heart defect. Which of the following would be an **expected** finding. **Select all that apply.**
 - _____poor suck reflex
 - _____**tachycardia**
 - _____**increased respiratory rate**
 - _____bradycardia
 - _____fainting spells
 - _____**delayed growth and development**

- The nurse is teaching a new mother about immunizations. Which of the following **should** the nurse include in the teaching?
 - —Your baby should wait six months to receive any immunizations since the baby was born preterm.||
 - —Your baby will receive the first hepatitis B vaccine after one year of age.||
 - —Acellular Pertussis vaccine has less side effects than whole-cell pertussis vaccine.||
 - The Haemophilus Influenza Type b (HIB) is given annually to protect against the flu.||
- The mother of an infant tells the nurse that the baby has not been tolerating feedings lately and she noticed an olive-shaped mass in the infant's abdomen. The nurse recognizes that this could be an **expected** finding if the infant has
 - intussusception
 - Hirschsprung's disease
 - umbilical hernia
 - pyloric stenosis
- The nurse is teaching a group of parents about the expected growth and development of three-year-old children. The nurse should include that a three-year-old **should**
 - discriminate between fantasy and reality
 - ride a tricycle independently
 - have a vocabulary of 7,000 words
 - play in a group of two or three with one being the leader

- The nurse and the nursing assistant are caring for a group of clients. Which of the following client care activities should the nurse assign to the nursing assistant? **Select all that apply.**
 - _____ reinforcing the dressing of a client who has a decubitus ulcer
 - _____ **monitoring the vital** signs of a client who had a myocardial infarction 12 hours ago and is being transferred from the coronary care unit
 - _____ administering a prescribed Fleet's enema to a client who will undergo a colonoscopy in two hours
 - _____ **placing a client who had an** above the knee amputation 24 hours ago in a prone position
 - _____ **assisting a client who had a colon** resection 36 hours ago to ambulate

- _____ showing a client who had a vaginal hysterectomy 36 hours ago how to perform perineal care

- The nurse is caring for a client with Acquired immunodeficiency syndrome (AIDS) who was started on Zidovudine (AZT). It would be **important** for the nurse to assess
 - blood ammonia serum
 - serum potassium
 - **complete blood count (CBC)**
 - serum uric acid

- The nurse is performing an abdominal assessment. Indicate the correct sequence the nurse **should** use to perform this assessment.
 - percussion

- palpation
- auscultation
- inspection

Answer _____

- The nurse has become aware of the following client situations. The nurse should **fi rst** assess the client who*
 - had received a unit of packed red blood cells four hours ago and is requesting a bedpan
 - **had an abdominal hysterectomy yesterday and is reporting calf pain**
 - has history of multiple sclerosis and is reporting diplopia
 - had a tonsillectomy three hours ago and is reporting a sore throat
- The nurse is caring for a client who has been prescribed 1,000 ml of Ringer's Lactate to infuse over 8 hours. The available intravenous set delivers 10 drops per milliliter. How many drops per minute should the nurse set the intravenous controller to administer?

Answer _____

- The primary health care provider has prescribed an oral solution of Potassium Chloride (KCL) 20 mEq PO, QD. The drug available is Potassium Chloride 10 mEq/15ml. How many ml should the nurse administer?

Answer _____

- The primary health care provider has prescribed Heparin 5000 units SC. The drug available is heparin sodium 7500 units/ml. **Choose all of the**

correct answers for nursing considerations for the administration of heparin sodium.

- _____ **administer the heparin in the abdomen**
- _____ administer 0.5ml of heparin sodium
- _____ aspirate after inserting the needle
- _____ use a 1 inch 21 gauge needle
- _____ **refrain from massaging the site after administer heparin**
- _____ **remember that protamine sulfate is the antidote for heparin**
- The nurse has attended a staff development conference on cultural considerations for clients receiving hospice care. Which of the following statements if made by the nurse would **require follow-up**?
 - The family of a client of the Buddhist faith may ask for a priest to be present at the time of death
 - The family of a client of the Jewish faith may request to have mirrors covered after the death of the client
 - The family of a client of the Muslim faith may request that the body of the client be turned to face the East at the time of the client's death
 - **The family of a client of the Hindu faith may request that the client body be bathed after the client's death**
- The nurse is caring for a client with bipolar disorder who has Lithium (Lithotabs) prescribed. The nurse **should** suggest that the client have which of the following snacks?
 - A fresh fruit cup
 - Coffee and oatmeal cookies
 - **Tuna fish salad on saltine crackers**
 - Raw vegetables

- The nurse has provided discharge instructions for a client who has been prescribed Digoxin (Lanoxin). It would **require follow up** by the nurse if the client says
 - —I will consult my primary health care provider before taking medications that contain aspirin.||
 - —I will not take any antacids within two hours of taking the digoxin.||
 - —I will avoid fruits such as avocados, grapefruit and cantaloupe.||
 - —I will remember that any visual disturbance can be a sign of digitalis toxicity.||
- The nurse is caring for a client who has bumetanide (Bumex) prescribed. The nurse **should** suggest that the client include which of the following foods in the diet?
 - **Apricots**
 - Organ meats
 - Sardines
 - Apples
- The nurse is providing teaching for a client with ulcerative colitis. **Select all of the following** that the nurse should include in the teaching
 - _____steatorrhea commonly occurs or excessive secretion of fecal lipids is common
 - _____ulcerative colitis occurs most frequently in Jewish males 30-50 years of age
 - _____a diet high in residue and low in complex carbohydrates is helpful in controlling symptoms
 - _____Corticosteroids may be prescribed during an exacerbation

- _____metronidazole (Flagyl) and ciprofl oxacin (Cipro) areantibiotics commonly used during acute exacerbations
 - _____eating small frequent meals and lying down after eatingpromotes absorption of nutrients
- The nurse is precepting a newly-hired nurse who is caring for a client receiving a prescribed continuous nasogastric feeding. The nurse should **intervene** immediately if the newly-hired nurse
 - instills 30cc of normal saline into the feeding tube while auscultating over the stomach for bowel sounds
 - checks the pH of the 60ml gastric aspirate removed from the feeding tube
 - maintains the client with the head of the bed elevated at 45 degrees
 - hangs four hours worth of prescribed feeding formula in an open delivery system
 - The nurse is observing a staff member caring for clients. It would require **immediate intervention** if the nurse observes the staff member
 - placing a client who had an above-the-knee amputation (AKA) 24 hours ago in a prone position
 - keeping the head of the bed elevated for the client who had an supratentorial craniotomy 12 hours ago
 - giving orange juice to a client who has a clear liquid diet prescribed
 - removing all liquids from the tray before giving the tray to a client who has dumping syndrome
 - The primary health care provider has prescribed ampicillin (Omnipen) 0.5 GM PO Q6H to a 15 month old toddler who weighs 22 pounds. The drug available is ampicillin suspension 250 mg/5 ml. The recommended dosage is 50 mg/kg/ day every 6 to 8 hours. The nurse **should**

- call the primary health care provider to report that the prescription exceeds the recommended dosage
 - **determine if the toddler has previously had a penicillin or acephalosporin prescribed**
 - give the toddler the ampicillin mixed with applesauce
 - wait until the result of the throat culture obtained one hour ago is reported
- The nurse is instructing a class for parents of children diagnosed with sickle cell anemia. The nurse should instruct the parents to have the children avoid
 - exposure to hot water
 - **other children with infections**
 - medications containing aspirin
 - non - contact sports
- The nurse is assessing a 5-month-old infant. The nurse **should expect** the infant to
 - **roll from abdomen to back**
 - sit without support
 - say ‘_mama’ and ‘_dada’
 - prefer use of one hand over the other
- The home health care nurse is assigned to see four clients who all live within three miles of each other. The nurse should **first** see the client who has
 - gastroesophageal reflux disease (GERD) and is reporting a burning abdominal pain that is relieved by walking
 - **cancer of the esophagus who has given away a favorite shirt since the last visit**

- regional enteritis (Crohn's disease) who has an elevated temperature and is vomiting
 - a gastrostomy tube who will begin self-feeding for the first time
- A student nurse is administering magnesium hydroxide/aluminum hydroxide (Maalox) prescribed as an antacid to a client. The nursing instructor **should intervene** if the student plans to administer the antacid (a) two hours after the client has eaten a meal
 - at the same time as a prescribed iron preparation
 - after briskly shaking the bottle of Maalox
 - when assessing the client for the presence of gastric pain
- The nurse has attended a staff development conference on vitamins and minerals. Which of the following statements if made by the nurse would **require follow-up**?
 - —Vitamin B12 (cobalamin) supplement may be needed if a client has a gastrectomy.||
 - —Vitamin D (calciferol) is necessary for proper utilization of calcium and phosphorus.||
 - —Vitamin A can be found in squash, pumpkin, and carrots.||
 - —Vitamin B6 (pyridoxine) supplements are given to help prevent macular degeneration.||
- A nurse is caring for a two-month-old infant being evaluated for congenital hypothyroidism. The nurse **should recognize** which of the following findings as being consistent with congenital hypothyroidism?
 - The infant sleeps for 6 hours at a time
 - The infant has a high-pitched cry
 - The infant has been having frequent loose stools

- The infant has 3 + refl exes
- The nurse in the emergency department is assessing a toddler who has swallowed some bleach. The toddler is crying. It would be a **priority** for the nurse to follow up if the parent says
 - —I brought the container of bleach with me.||
 - —I could not get my toddler to vomit.||
 - —I gave my toddler a tablespoonful of ipecac syrup.||
 - —I attempted to perform CPR to prevent my toddler from becoming unresponsive.||
- The nurse is caring for a client who is ventilator dependent. The nurse is aware that the high pressure alarm can be sounded for various reasons.

Select all reasons that could apply.

- _____ increased bronchial secretions
- _____ the presence of an air leak
- _____ the presence of a kink in the tubing
- _____ the client stops breathing spontaneously
- _____ acute bronchospasm
- _____ the client is biting the tube
- _____ the ventilator tubing is disconnected
- The nurse is caring for a client who has a new colostomy. The colostomy stoma is red, moist and slightly raised. The nurse **should**
 - determine if the client is allergic to the skin barrier
 - apply petroleum jelly gauze around the stoma
 - document the condition of the stoma
 - assess the client's temperature

- The nurse has attended a staff development conference on medical treatments for various neurological disorders. Which of the following statements if made by the nurse would **require follow-up**?
 - —Clients with Guillain-Barre´ syndrome (GBS) often have plasmapheresis prescribed.||
 - —Myasthenia Gravis can be treated with short-acting anticholinesterase drugs.||
 - —Parkinson´s disease may have catechol O-methyltransferase (COMT) inhibitors prescribed along with levodopa-carbidopa (Sinemet).||
 - —Clients with Multiple Sclerosis often receive Intravenous immunoglobulin G (IV IgG).||

- The nurse has attended a staff development conference on Meniere´s Disease. Which of the following statements, if made by the nurse **would require follow- up**?
 - —Meniere´s Disease symptoms result from excess endolymphatic fluid in the inner ear.||
 - —Clients with Meniere´s Disease are encouraged to have a low salt diet.||
 - —Assistive listening devices are required for clients with Meniere´s Disease.||
 - —Stress is suspected to have a role in Meniere´s Disease.||

- The nurse is admitting a client to the emergency department who is reporting progressive visual impairment and loss of peripheral vision. The nurses **should** recognize that these symptoms are consistent with the medical diagnosis of