

NCLEX Practice Test Questions for Exam 3 with Over 105 Terms, All Answers Correct, Already Graded A+ 2023.

A client has a continuously running peripheral infusion. The physician orders an antibiotic as a piggyback infusion four times per day. In order to administer the antibiotic, the nurse should do which of the following? Select all that apply.

1. Avoid compatibility issues by starting an additional IV access.
2. Start a new IV access to eliminate the problem of too much volume for one site.
3. Flush the IV line before and after infusion of an incompatible drug.
4. Check to see if the antibiotic is compatible with the continuous infusion.
5. Change the flow rate to facilitate the administration of the antibiotic.

- **Verified Answer:** 3,4, 5

The family of a home infusion client calls the home health nurse one night to report that the electronic infusion pump is alarming. What should the nurse anticipate as the cause of the infusion pump alarming? Select all that apply.

1. The client's pulse and blood pressure are falling.
2. The client is experiencing a reaction to the medication.
3. The prescribed infusion is complete.
4. There is an incompatibility with the medications.
5. An occlusion has interrupted the infusion. - **Verified Answer** 3, 5

The home health nurse is monitoring a client who performs self-care of a central line. The nurse observes the client doing all of the following activities. Which activity indicates the need for further education?

1. Flushing the central line with a 3 mL syringe
2. Cleaning the needleless injection cap with alcohol before accessing
3. Using sterile gloves to change the central line dressing
4. Wearing a mask while changing the central line dressing - **Verified Answer** 1

The client has a tunneled Groshong catheter for intermittent medication administration. After administering the medication, the nurse prepares to do which of the following?

1. Clamp the catheter after medication administration.
2. Flush the catheter with heparin at scheduled times.
3. Flush the catheter with saline after medication administration.
4. Initiate a Valsalva maneuver when disconnecting medication tubing. -

Verified Answer 3

The client has a percutaneous jugular central venous line that is capped and used for intermittent infusions. After administering the medication, the best method to maintain patency is to do which of the following?

1. Flush the line first with 3- 5 mL of normal saline, then with 1- 3 mL of heparinized normal saline.
2. Flush the line with 3- 5 mL of normal saline.
3. Flush the line with 3- 5 mL of heparinized normal saline.
4. Flush the line first with 3- 5 mL of heparin, then with 1- 3 mL of normal saline. - **Verified Answer 1**

The nurse is caring for a client with a Hickman central line. While changing the central line dressing, the nurse notes that the injection cap (e. g., heplock adapter) is of the slip lock variety instead of a luer lock device. The nurse recognizes that this adapter puts the client at risk for which complication?

1. Sepsis
2. Occlusion
3. Phlebitis
4. Air embolism - **Verified Answer 4**

The client is to receive the intravenous medication vancomycin (Vancocin). To prevent adverse reactions from rapid infusion, by what method should the nurse plan to administer this drug?

1. Using gravity
2. With a regulator
3. Electronic infusion pump
4. Elastomeric pump - **Verified Answer 3**

The physician is going to order a hypotonic intravenous solution for a client with cellular dehydration. The nurse would expect which fluid to be administered?

1. 0.9% normal saline
2. 5% dextrose in normal saline
3. Lactated Ringer's solution
4. 0.45% sodium chloride - **Verified Answer 4**

The nurse is caring for several clients with central venous catheters. While changing the tubing on the central lines, the nurse would not need to instruct the client to perform Valsalva maneuver when the client has which catheter?

1. Groshong
2. Single-lumen

3. Percutaneous

4. Accessed subcutaneous venous port - **Verified Answer 1**

The client is receiving 5% dextrose in 0.45% sodium chloride. The physician has ordered the client receive one unit of packed cells. Prior to hanging the blood, the nurse will prime the blood tubing with which solution?

1. 5% dextrose

2. Lactated Ringer's

3. 0.9% sodium chloride

4. 5% dextrose in 0.45% sodium chloride - **Verified Answer 3**

While assessing a client's intravenous (IV) line, the nurse notes that the area is swollen, cool, pale, and causes the client discomfort. What complication should the nurse document?

1. Infiltration

2. Phlebitis

3. Infection

4. Air embolism - **Verified Answer 1**

The client is receiving 5% dextrose and 0.45% sodium chloride intravenously and is complaining of pain at the IV site. The nurse

assesses the site and notes erythema and edema. What is the appropriate action for the nurse to take? Select all that apply.

1. Slow the infusion to a keep- open rate.
2. Discontinue the IV and apply a warm compress to the IV site.
3. Apply antibiotic ointment to the IV site.
4. Gently pull back on the IV catheter to attempt repositioning.
5. Relocate the IV site and document the event. - **Verified Answer** 2,5

The nurse is preparing to start a peripheral intravenous (IV) line in a client. The client's record indicates a latex allergy. What action should be taken by the nurse?

1. Utilize a new tourniquet for this client.
2. Use a blood pressure cuff to distend the vein.
3. Avoid putting povidone iodine on the skin.
4. Initiate a latex- free alternative therapy. - **Verified Answer** 2

The nurse is inserting an intravenous (IV) line into a client. After piercing the skin and entering the vein, what manifestation should cause the nurse to refrain from advancing the catheter?

1. Blood backflow into the IV catheter
2. Mild resistance with advancement
3. No reports of client discomfort

4. IV catheter was inserted bevel side up - **Verified Answer 2**

The nurse is inserting a peripheral intravenous (IV) line. Place the following steps in order to perform this procedure correctly.

1. Apply a tourniquet above insertion site.
2. Insert catheter at 5- 15 degree angle through skin.
3. Select a vein and cleanse the skin.
4. Attach tubing primed with IV solution.
5. Gather the appropriate equipment. - **Verified Answer 5,3,1,2,4**

The nurse would perform which action when washing hands as part of medical asepsis before caring for a client in an outpatient clinic? Select all that apply.

1. Wash hands with the hands held higher than the elbows.
2. Adjust temperature of water to the hottest possible.
3. Scrub hands and nails with a scrub brush for 5 minutes.
4. Use a clean paper towel to turn water off.
5. Rub vigorously using firm circular motions. - **Verified Answer 4,5**

The nurse's forearm becomes splattered with blood while inserting an intravenous catheter. What action should the nurse take?

1. Wash blood away with isopropyl alcohol.

2. Wipe blood away with a tissue.
3. Flush forearm with hot water, letting water flow from elbow toward fingers.
4. Wash forearm with soap and water. - **Verified Answer 4**

The nurse would take which action to protect the client from infection at the portal of entry?

1. Place sputum specimen in a biohazard bag for transport to the lab.
2. Empty Jackson- Pratt drain using sterile technique.
3. Dispose of soiled gloves in waste container.
4. Wash hands after providing client care. - **Verified Answer 2**

Which actions by the nurse comply with core principles of surgical asepsis? Select all that apply.

1. Wash hands before and after client care.
2. Keep sterile field in view at all times.
3. Wear personal protective equipment.
4. Add contents to sterile field holding package 6 inches above field.
5. Consider outer 1.5 inches of sterile field as contaminated. - **Verified Answer 2,4**

Which precaution would the nurse implement when admitting a client with herpes zoster to the nursing unit? 1. Airborne precautions

2. Contact precautions

3. Droplet precautions

4. Neutropenic precautions - **Verified Answer 2**

A client with tuberculosis asks the nurse if visitors will need to wear masks. What response by the nurse is most accurate?

1. " Everyone who enters your room must wear a mask to protect themselves from tuberculosis."

2. " Masks would not be necessary for visitors who have had tuberculosis before."

3. " It is less important for your family to wear masks, since they live in close contact with you."

4. " Only visitors who are at risk for tuberculosis need to wear a mask." -

Verified Answer 1

The nurse is leaving the room of a client who has methicillin- resistant Staphylococcus aureus (MRSA) microorganisms in a wound and the urine. Place the following personal protective equipment in order of removal.

1. Eye protection

2. Gloves
3. Mask
4. Gown - **Verified Answer** 2, 3, 4, 1

A client with suspected severe acute respiratory syndrome (SARS) arrives at the emergency department. Which physician order should the nurse implement first?

1. Airborne and contact precautions
2. IV D 5 NS at 100 mL/ hr
3. Nasopharyngeal culture for reverse- transcription polymerase chain reaction
4. Sputum for enzyme immunoassay testing - **Verified Answer** 1

A client with vancomycin- intermediate- resistant Staphylococcus aureus (VISA) is admitted to the nursing unit. What type of precautions should the nurse institute? 1. Standard precautions

2. Neutropenic precautions
3. Droplet precautions
4. Contact precautions - **Verified Answer** 4

The nurse would implement which of the following as a requirement of care specific to the client who has tuberculosis?