2022 RN HESI EXIT EXAM - Version 1 (V1) All 160 Qs & As Included -Guaranteed Pass A+!!! (All Brand

written by solution

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The nurse is completing the admission assessment of a 3-year-old who is admitted with bacterial meningitis and hydrocephalus. Which assessment finding a evidence that the child is experiencing increased intracranial pressure (ICP)?

OA Tachycardia and tachypnea. ()B Bluggish and unequal pupillary responses. increased head-circumference and buiging fortanels. 00 Blood pressure fluctuations and syncope.

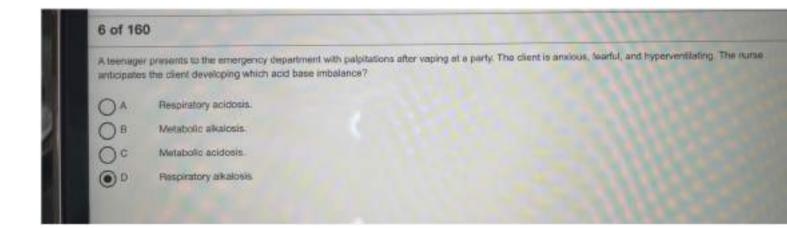
A cleart with acute pancreatrin is admitted with severe, piecing abdominal pain and an elevated secure anylose. Which additional information is the cleart most likely to reprimine? A cleart with acute pancreatrin is admitted with severe, piecing abdominal pain and an elevated secure anylose. Which additional information is the cleart most likely to reprimine? A cleart with acute pancreatrin is admitted with severe, piecing abdominal pain and an elevated secure anylose. Which additional information is the cleart most likely to reprimine? A cleart with acute pancreatrin is admitted with severe, piecing abdominal pain and an elevated secure anylose. Which additional information is the cleart most likely to reprime? A cleart with acute pancreatrin pain decreases when lying supine. B Pain lasts an hour and leaves the abdomen tender. C C Right upper quadrant pain refers to right scapula.	2 of 160	
B Pain lasts an hour and leaves the abdomen fender. C Right upper quadrant pain refers to right scapula.	A client with numw?	acule parcreatile is admitted with severe, precing abdominal pain and an elevated serum anylose. Which additional information is the claim most likely to report to the
B Pain lasts an hour and leaves the abdomen tender. C Right upper quadrant pain refers to right scapula.	• A	Abdominal pain decreases when lying supine.
O C Right upper quadrant pain refers to right scapula.	State In a	Pain lasts an hour and leaves the abdomen tender.
	Contract of the second	Right upper quadrant pain refers to right scapula.
O D Drinks alcohol until intoxicated at least twice weekly.	All and a second second	Drinks alcohol until intoxicated at least twice weekly.

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	wly diagnosed with sickle cell anemia (SCA) is being discharged from the h rior to discharge?	ospital. Which information is most important for the nurse to provide the
• A	Instructions about how much fluid the child should drink daily.	
O B	Signs of addiction to opioid pain medications.	
Oc	Information about non-pharmaceutical pain relief measures.	
00	Referral for social services for the child and family	the second s

4 of 160 To auscultate for a carolid bruit, the nurse places the stelfhoscope at what location. (Select the correct location on the image. To change, click on a new sociation.)

#4: I placed the Red dot on the base of the neck on the right side.

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After roce	eiving report on an inpatient acute care unit, which client should the nurse assess first?
O A	The client with an obstruction of the large intestine who is experiencing abdominal distention.
Ов	The client who had surgery yesterday and is experiencing a paralytic ileus with absent bowel sounds.
Oc	The client with a small bowel obstruction who has a nasogastric tube that is draining greenish fluid.
00	The client with a bowel obstruction due to a volvulus who is experiencing abdominal rigidity.



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A sharet with dyspress is being admitted to the medical unit. To best prepare for the clent's arrival, the nurse should ansure that the clent's bed is in which persisten?	
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The nurse is taking the blood pressure measurement of a client with Parkinson's disease. Which information in the client's admission assessment is relevant to the nurse's plan for taking the blood pressure reading? (Select all that apply.)

	Frequent syncope.				
В	Occasional nocturia.				
	Fiat effect.				
VD	Blurred vision.				
ΞE	Frequent drooling.				

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	ng for a client's postoperative dressing, the nurse observes purulent drainage at the wound, should review which of the client's laboratory values?	Before reporting this finding to the healthcare provider,
O^	Serum albumin.	
	Culture for sensitive organisms.	
0°	Serum blood glucose (BG) level.	
O D	Creatinine level.	

OA.

•B

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A preschool aged may a admitted to the pediatric unit following successful resuscitation from a new-drowing incident. While providing cars is the shall. The number begins taking with the presidencest brother who rescored the shall from the eximiting pool and initialed meuscitation. The number actions the state boy becomes withdrawn when reskell almust what happened. Which action should the track these and initialed meuscitation.

- Develop a water safety teaching plan for the family.
- Ask the older brother how he felt during the incident.
 - Tell the older brother that he seems depressed.
- Commend the older brother for his heroic actions.

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A maile cher take?	or with centuries has journaled and pruntue. He tells the nume that he has been soaking in hot baths at night with no velief of his disconfort. Which action should the nume
• A	Encourage the client to use coolerJwater and apply calamine lotion after soaking.
O ^B	Obtain a PRN prescription for an analgesic that the client can use for symptom relief.
0°	Buggest that the client take brief showers and apply oil-based lotion after showering.
Õ°	Explain that the symptoms are caused by liver damage and cannot be relieved.

12 of 160 An older cleant with a long happy of coronary anney disease (CAD), hyperhansion (HTN), and heart failure (HF) annes in the Emergency Department (ED) in respiratory distress. The healthcare provider prescribes turosenide N. Which therapputic response to turosenide should the nurse expected in the cleant with acute HF? A increased cardiac contractility. B Reduced prelevant. C Rebased vascular tone. D Decreased alterioad.

Which intervention should the nurse include in the plan of care for a child with tetanus?

O A	Encourage coughing and deep breathing.
В	Minimize the amount of stinuli in the room.
Oc	Reposition from side to side every hour.
OD	Open window shades to provide natural light.

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O B

An addiescent who was diagnosed with diabetes mellitus Type 1 at the age of 9, is admitted to the hospital in diabetic ketoacidosis. Which occurrence is the most likely cause of the ketoacidosis?

Mul

Ade an extra peanut butter sandwich before gym class.

incomecity administered too much insulin.

Had a cold and ear injection for the past two days.

Skipped eating lunch.

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A client with a prescription for "do not resuscitate" (CNR) begins to manifest signs of impending death. After notifying the ternity of the client's status, what priority action should the nurse implement?

OD

The impending signs of death should be documented. The client's status should be conveyed to the chaptain.

The client's need for pain medication should * - determined.

The nurse manager should be updated on the client's status.

Which self care measure is most important for the nurse to include in the plan of care of a client recently diagnosed with type 2 diabetes mellitus?

O^	Self-injection techniques.
• В	Blood glucose Imonitoring.
Oc	Diabetic diet meal planning.
0D	A realistic exercise plan.

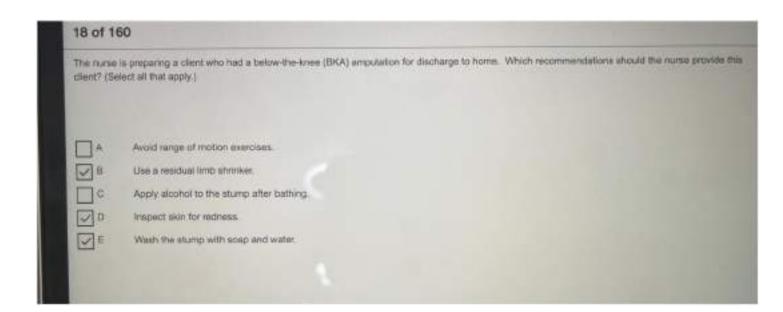
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A client who gave birth 48 hours ago has decided to bottle feed the infant. During the assessment, the nurse observes that both breasts are excilen, warm, and tender on palpation. Which instruction should the nurse provide?

- A Apply ice to the breasts for comfort.
 - Wear a loose-fitting bra during the day to prevent nipple irritation.
 - C Run warm water over breasts.
 - Express small amounts of milk from the breasts to mlieve pressure.



19 of 160 A toddler presenting with a history of intermittent skin rashes, hives, abdominal pain, and vomiting that occurs after ingesting of milk products arrives to the clinic accompanied by the parents. Which type of testing should the nurse provide education to the toddler's family about? Serum immunoglobulin E (igE). (A OB Intradermal test. 00 Atopy patch test. 00 Piscebo-controlled food challenge. 20 of 160 A client who is scheduled for a transfraccopy in the morning is analous and asking the numerous questions about the procedure. In property the client for the procedure, which intervision has me highest proxity? Allow client to gargle with warm salt water. A 0 Agminister a sedutive to alleviate anxiety. B \bigcirc

#20 – check my answer, I wasn't sure about this one

Instruct client to write down the questions.

Deny client's request for a midnight snack.

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The nurse reaction.	assesses a client one hour after starting a transfusion of packed red blood cells and determines that there are no indications of a transfusion What instruction should the nurse provide the unlicensed assistive personnel (UAP) who is working with the nurse?			
O.A	Notify the nurse when the transfusion has trished, so further client assessment can be done.			
• B	Continue to measure the client's vital signs every thirty minutes until the transfusion is complete.			
O C Monitor the client carefully for the next three hours and report the onset of a reaction mmediately.				
Õ₽	all the second sec			
22 of	160			
The hea	Ithcare provider prescribes a sepsis protocol for a client with multi-organ failure caused by a ruptured appendix. Which intervention is most important urse to include in the plan of care?			

A Assess warmth of extremities.
 B Keep head of bed raised 45 degrees.
 G Monitor blood glucose level.
 D Maintain strict intake and output.

23 of 1	60	Multi
A client pr use?	reases the call bell and requests pain medication for a severa headache. To assess the quality of the client's pain, which approach should the nume	Bolor
۰.	Ask the client∄o describe the pain.	
Õ.	Observe body language and movement.	
Õ°	Identity effective pain relief measures.	
Õ°	Provide a numeric pain scala.	
0.		

A client presents to the labor and delivery unit with a report of leaking fluid that is greenish-brown vaginal discharge. Which action should the nurse take first?

OA.	Start an intravenous infusion
O.B	Administer oxygen via facemask.
00	Perform a vaginal exam.
	Begin continuous fetal mcpitoring.

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A citent asks the nurse for information about how to reduce risk factors for benign prostatic hyperplasia (BPH). Which information should the nurse provide?

A Consume a high protein diet.

B Increase physical activity.

O G Take vitamin supplements.

O D Obtain a prostate-specific antigen blood level test.

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	0 gt/mL Haw m		nt, to be infused intravenously i ler numeric value only. If round	
24				

#26: check this answer I think I typed the wrong answer here. Double check my work.

Following a cartilac catheterization and placement of a stent in the right coronary artery, the nurse administers prasugre, a platelet inhibitor, to the client. To monitor for adverse effects from the medication, which assessment is most important for the nurse to include in this clients plan of care?

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A Observe colar of unne.

- B Measure body temperature.
- C Assess skin turgor.

Check for pedal edema.

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A client fell in the bathroom when left unattended by the unlicensed assistive personnel (UAP). Which information should the nurse include in the client's health record?

O^	The UAP left the client to assist another client.
OB	The last time client was assisted to the bathroom,
Oc	The unit was understaffed when the client feil.
00	The client fell sustaining alfracture to the left hip.

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D

The nurse is reviewing the diagnostic tests prescribed for a client with a positive skin test. Which subjective findings reported by the client supports the diagnosts of tuberculosis?

O^	Barking cough and vomiting.
• B	Mucopurulent cough and night sweats.
O c	Dry cough and chest tightness.
OP .	Chronic cough and fatty stools.

30 of 160 In assessing a client with type 1 diabetee motion. No nume notes that the discript respirations have changed from 16 breathermice with a numes depint to 32 breathermice and deep, and the client has become within assessment data should the nume obtain next? A Temperature. B Breath ecunds. Image: 0 Blood glucose.

White blood cell count.