

Exit HESI Test Bank (over 1000 Q's and Answers) spring 2023 / Exit HESI Prep Distinction Level Ass

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HESI 101 Module 1 Exam_ HESI VN_LATEST 2021

Question 1

1 / 1 pts

A nurse is providing information to a group of pregnant clients and their partners about the psychosocial development of an infant. Using Erikson's theory of psychosocial development, the nurse tells the group that infants have which developmental need?

Correct!

Need to rely on the fact that their needs will be met

Must have needs ignored for short periods to develop a healthy personality

Need to tolerate a great deal of frustration and discomfort to develop a healthy personality

Need to experience frustration, so it is best to allow an infant to cry for a while before meeting his or her needs

Rationale: According to Erikson's theory of psychosocial development, infants struggle to establish a sense of basic trust rather than a sense of basic mistrust in their world, their caregivers, and themselves. If provided with consistent satisfying experiences that are delivered in a timely manner, infants come to rely on the fact that their needs are met and that, in turn, they will be able to tolerate some degree of frustration and discomfort until those needs are met. This sense of confidence is an early form of trust and provides the foundation for a healthy personality. Therefore the other options are incorrect.

Test-Taking Strategy: Use the process of elimination. Eliminate the option that contains the closed-ended word “must.” Eliminate the comparable or alike options and indicate that experiencing frustration is necessary. Review Erikson’s theory of psychosocial development as it relates to the infant if you had difficulty with this question.

Level of Cognitive Ability: Applying

Client Needs: Health Promotion and Maintenance

Integrated Process: Teaching and Learning

Question 2

1 / 1 pts

A nurse is weighing a breastfed 6-month-old infant who has been brought to the pediatrician's office for a scheduled visit. The infant's weight at birth was 6 lb 8 oz. The nurse notes that the infant now weighs 13 lb. The nurse should take which action?

Correct!

Tell the mother that the infant's weight is increasing as expected.

Tell the mother to decrease the daily number of feedings because the weight gain is excessive.

Tell the mother that semisolid foods should not be introduced until the infant's weight stabilizes.

Tell the mother that the infant should be switched from breast milk to formula because the weight gain is inadequate.

Rationale: Infants usually double their birth weight by 6 months and triple it by 1 year of age. If the infant is 6 lb 8 oz, at birth, a weight of 13 lb at 6 months of age is to be expected. Semisolid foods are usually introduced between 4 and 6 months of age.

Test-Taking Strategy: Use the process of elimination and focus on the data in the question. Recalling that infants double their weight by 6

months of age will direct you to the correct option. Review the growth rate of an infant if you had difficulty with this question.

Level of Cognitive Ability: Applying

Client Needs: Physiological Integrity

Integrated Process: Nursing Process/Implementation

Question 3

1 / 1 pts

The nurse is assisting with data collection on a well-baby examination. The nurse measures the head circumference, and it is the same as the chest circumference. On the basis of this measurement, the nurse should take which action?

Report the presence of hydrocephalus to the health care provider. Suggest to the health care provider that a skull x-ray be performed. Tell the mother that the infant is growing faster than expected.

Correct!

Document these measurements in the infant's health care record.

Rationale: The head circumference growth rate during the first year is approximately 0.4 inch (1 cm) per month. By 10 to 12 months of age, the infant's head and chest circumferences are equal. Therefore, suspecting the presence of hydrocephalus, telling the mother that the infant is growing faster than expected, and suggesting that a skull x-ray be performed are incorrect.

Test-Taking Strategy: Use the process of elimination. Eliminate the comparable or alike options that indicate that the infant has a physiological problem. Review the expected growth rate of an infant if you had difficulty with this question.

Level of Cognitive Ability: Applying

Client Needs: Health Promotion and Maintenance

Integrated Process: Nursing Process/Data Collection

Content Area: Developmental Stages

Question 4

1 / 1 pts

A new mother asks the nurse, "I was told that my infant received my antibodies during pregnancy. Does that mean that my infant is protected against infections?" Which statement should the nurse make in response to the mother?

"Yes, your infant is protected from all infections."

"If you breastfeed, your infant is protected from infection."

"The transfer of your antibodies protects your infant until the infant is 12 months old." Correct!

"The immune system of an infant is immature, and the infant is at risk for infection."

Rationale: Transplacental transfer of maternal antibodies supplements the infant's weak response to infection until approximately 3 to 4 months of age. Although the infant begins to produce immunoglobulin (Ig) soon after birth, by 1 year of age, the infant has only approximately 60% of the adult IgG level, 75% of the adult IgM level, and 20% of the adult IgA level. Breast milk transmits additional IgA protection. The activity of T lymphocytes also increases after birth. Even though the immune system matures during infancy, maximal protection against infection is not achieved until early childhood. This immaturity places the infant at risk for infection.

Test-Taking Strategy: Use the process of elimination. Eliminate the option containing the closed-ended word "all." Recalling that breastfeeding alone does not protect the infant from infection will assist you in eliminating the option that suggests breastfeeding protects the infant. From the remaining options, use the strategy of selecting the umbrella option to answer correctly. Review the physiological concepts related to the maturity of body systems in an infant if you had difficulty with this question.

Level of Cognitive Ability: Applying

Client Needs: Safe and Effective Care Environment

Integrated Process: Nursing Process/Implementation

Content Area: Developmental Stages

Question 5

1 / 1 pts

A nurse is assisting with data collection on the language development of a 9-month-old infant. Which developmental milestone does the nurse expect to note in an infant of this age?

The infant babbles.

Correct!

The infant says

"Mama." The infant

smiles and coos.

The infant babbles single consonants.

Rationale: An 8- to 9-month-old infant can string vowels and consonants together. The first words, such as "Mama," "Daddy," "bye-bye," and "baby," begin to have meaning. A 1- to 3-month-old infant produces cooing sounds. Babbling is common in a 3- to 4-month-old. Single-consonant babbling occurs between 6 and 8 months of age.

Test-Taking Strategy: Use the process of elimination and focus on the subject, the developmental milestone of a 9-month-old. Recalling the language development that occurs during infancy will direct you to the correct option. Remember that an 8- to 9-month-old infant can string vowels and consonants together. Review the developmental milestones related to language development in an infant if you had difficulty with this question.

Level of Cognitive Ability: Understanding

Client Needs: Health Promotion and Maintenance

Integrated Process: Nursing Process/Data Collection

Content Area: Developmental Stages

Question 6

1 / 1 pts

The mother of a 9-month-old infant calls the nurse at the pediatrician's office, tells the nurse that her infant is teething, and asks what can be done to relieve the infant's discomfort. The nurse should provide which instruction?

Schedule an appointment with a dentist for a dental evaluation.

Rub the infant's gums with baby aspirin that has been dissolved in water. Obtain an over-the-counter (OTC) topical medication for gum-pain relief. Correct!

Give the infant cool liquids or a Popsicle and hard foods such as dry toast.

Rationale: Although sometimes asymptomatic, teething is often signaled by behavior such as nighttime awakening, daytime restlessness, an increase in nonnutritive sucking, excess drooling, and temporary loss of appetite. Some degree of discomfort is normal. It is unnecessary to obtain a dental evaluation, but a health care professional should further investigate any incidence of increased temperature, irritability, ear-tugging, or diarrhea. The nurse may suggest that the mother provide cool liquids and hard foods such as dry toast, Popsicles, or a frozen bagel for chewing to relieve discomfort. Hard, cold teethingers and ice wrapped in cloth may also provide comfort for inflamed gums. OTC medications for gum relief should only be used as directed by the health care provider. Home remedies such as rubbing the gums with aspirin should be discouraged, but acetaminophen (Tylenol), administered as directed for the child's age, can relieve discomfort.

Test-Taking Strategy: Focus on the subject, teething and relieving the infant's discomfort. First recall that it is unnecessary to consult with a dentist. Next, eliminate the comparable or alike options that involve

administering medication to the infant. Review the measures that will relieve the discomfort of teething if you had difficulty with this question.

Level of Cognitive Ability: Applying

Client Needs: Physiological Integrity

Integrated Process: Nursing Process/Implementation

Question 7

1 / 1 pts

A nurse is teaching the mother of an 11-month-old infant how to clean the infant's teeth. The nurse tells the mother to take which action?

Correct!

Use water and a cotton swab and rub the teeth.

Use diluted fluoride and rub the teeth with a soft washcloth. Use a small amount of toothpaste and a soft-bristle toothbrush.

Dip the infant's pacifier in maple syrup so that the infant will suck.

Rationale: Because the primary teeth are used for chewing until the permanent teeth erupt and because decay of the primary teeth often results in decay of the permanent teeth, dental care must be started in infancy. The mother can use cotton swabs or a soft washcloth to clean the teeth. Appropriate amounts of fluoride are necessary for the development of healthy teeth, but infants usually receive fluoride when formula and cereal are mixed with fluoridated water or through fluoride supplementation. Toothpaste is not recommended because infants tend to swallow it, possibly ingesting excessive amounts of fluoride. Dipping the infant's pacifier in maple syrup is unacceptable because of the risk of tooth decay.

Test-Taking Strategy: Use the process of elimination and focus on the subject, cleaning the teeth. Recalling the risk associated with tooth decay

will help eliminate the option that identifies the use of maple syrup. To select from the remaining options, noting that the client in the question is an infant will direct you to the correct option. Review the procedure for cleaning teeth in an infant if you had difficulty with this question.

Level of Cognitive Ability: Applying

Client Needs: Health Promotion and Maintenance

Integrated Process: Teaching and Learning

Question 8

1 / 1 pts

A nurse provides information about feeding to the mother of a 6-month-old infant. Which statement by the mother indicates an understanding of the information?

"I can mix the food in the my infant's bottle if he won't eat it."

"Fluoride supplementation is not necessary until permanent teeth come in." Correct!

"Egg white should not be given to my infant because of the risk for an allergy."

"Meats are really important for iron, and I should start feeding meats to my infant right away."

Rationale: Egg white, even in small quantities, is not given to the infant until the end of the first year of life because it is a common food allergen. Fluoride supplementation may be needed beginning at of 6 months, depending on the infant's intake of fluoridated tap water. Foods are never mixed with formula in the bottle. It may be difficult for the infant to consume the formula, and it will also be difficult to determine the infant's intake of the formula. Solid foods may be introduced into the diet when the infant is 5 to 6 months old. Rice cereal may be introduced first because of its low allergenic potential; or, depending on the health care provider's recommendation, fruits and vegetables may be introduced first.

Test-Taking Strategy: Read each option carefully and think about the subject, the principles associated with feeding and nutrition. Recalling that

Question 9

1 / 1 pts

allergy is a concern will direct you to the correct option. Review the principles related to nutrition an infant if you had difficulty with this question.

Level of Cognitive Ability: Evaluating

Client Needs: Physiological Integrity

Integrated Process: Nursing Process/Evaluation

Question

1 / 1 pts

A nurse provides instructions to a mother of a newborn infant who weighs 7 lb 2 oz about carsafety. The nurse provides the mother with which instructions?

Correct!

To secure the infant in the middle of the back seat in a rear-facing infant safety seat

To place the infant in a booster seat in the front seat of the car with the shoulder and lap beltssecured around the infant

That it is acceptable to place the infant in the front seat in a rear-facing infant safety seat aslong as the car has passenger-side air bags

That because of the infant's weight it is acceptable to hold the infant as long as the mother andinfant are sitting in the middle of the back seat of the car

Rationale: Infants should not be restrained in the front seats of cars. If a passenger-side airbag is deployed, the airbag may severely jolt an infant safety seat, harming the infant. Infants weighingless than 20 lb and those younger than 1 year should always be in the middle of the back seat in a rear-facing car safety seat. An infant must be placed in an infant safety seat and is never to be held by another person when riding in a car.

Question

1 / 1 pts

Test-Taking Strategy: Use the process of elimination. Eliminate the comparable or alike options that recommend placing the infant in the front seat. To select from the remaining options, keep safety in mind and remember that the infant should never be held and should be placed in an infant safety seat. Review car safety principles for an infant if you had difficulty with this question.

Level of Cognitive Ability: Applying

Client Needs: Safe and Effective Care Environment

Question 10

1 / 1 pts

A nurse provides instructions to a mother about crib safety for her infant. Which statement by the mother indicates a need for further instructions?

"I need to keep large toys out of the crib."

"The drop side needs to be impossible for my infant to release." "Wood surfaces on the crib need to be free of splinters and cracks." Correct!

"The distance between the slats needs to be no more than 4 inches wide to prevent entrapment of my infant's head or body."

Rationale: The distance between slats must be no more than $2\frac{3}{8}$ inches to prevent entrapment of the infant's head and body. The mesh in a mesh-sided crib should have openings smaller than $\frac{1}{4}$ inch. The drop side must be impossible for the infant to release, and wood surfaces should be free of splinters, cracks, and lead-based paint. The mother should avoid placing large toys in the crib because an older infant may use them as steps to climb over the side, possibly resulting in serious injury.

Test-Taking Strategy: Use the process of elimination and note the strategic words "need for further instructions" in the question. These words indicate a negative event query and the need to select the incorrect statement by

Integrated Process: Teaching and Learning

the mother. Visualizing each of these options and keeping safety in mind will direct you to the correct option. Review crib safety instructions if you had difficulty with this question.

Level of Cognitive Ability: Evaluating

Client Needs: Safe and Effective Care Environment

Question 11

1 / 1 pts

The mother of a 2-year-old tells the nurse that she is very concerned about her child because he has developed "a will of his own" and "acts as if he can control others." The nurse provides information to the mother to alleviate her concern, recalling that, according to Erikson, a toddler is confronting which developmental task?

Initiative versus
guilt Trust versus
mistrust Industry
versus inferiority

Correct!

Autonomy versus doubt and shame

Rationale: According to Erikson, the toddler is struggling with the developmental task of acquiring a sense of autonomy while overcoming a sense of shame and doubt. Toddlers discover that they have wills of their own and that they can control others. Asserting their will and insisting on their own way, however, often lead to conflict with those they love, whereas submissive behavior is rewarded with affection and approval. Toddlers experience conflict because they want to assert their will but do not want to risk losing the approval of loved ones. Trust versus mistrust is the developmental task of the infant. Initiative versus guilt is the developmental task of the preschool-age child. Industry versus inferiority is

the developmental task of the school-age child.

Test-Taking Strategy: Focus on the data in the question. Note the relationship between the words "a will of his own" and the word "autonomy" in the correct option. Review Erikson's developmental stages if you had difficulty with this question.

Level of Cognitive Ability: Applying

Client Needs: Health Promotion and Maintenance

Question 12

1 / 1 pts

A nurse is planning care for a hospitalized toddler. To best maintain the toddler's sense of control and security and ease feelings of helplessness and fear, the nurse should perform which action?

Spend as much time as possible with the toddler. Correct!

Keep hospital routines as similar as possible to those at home.

Allow the toddler to play with other children in the nursing unit playroom.

Allow the toddler to select toys from the nursing unit playroom that can be brought into the toddler's hospital room.

Rationale: The nurse can decrease the stress of hospitalization for the toddler by incorporating the toddler's usual rituals and routines from home into nursing care activities. Keeping hospital routines as similar to those of home as possible and recognizing ritualistic needs gives the toddler some sense of control and security and eases feelings of helplessness and fear. Spending as much time as possible with the toddler and allowing the toddler to play with other children and select the toys he would like to play with may be appropriate interventions, but keeping the hospital routine as similar as possible to the routine at home will best maintain the toddler's

sense of control and security and ease feelings of helplessness and fear.

Test-Taking Strategy: Note the strategic word "best" in the question. Use the process of elimination and focus on the subject, how to best maintain the toddler's sense of control and security and ease feelings of helplessness and fear. This will assist you in selecting the correct option. Review the psychosocial needs of the toddler with regard to hospitalization if you had difficulty with this question.

Level of Cognitive Ability: Applying

Content Area: Developmental Stages

Question 13

1 / 1 pts

A nurse in a day-care setting is planning play activities for 2- and 3-year-old children. Which toys are most appropriate for these activities?

Correct!

Blocks and push-pull

toys Finger paints and

card games

Simple board games and

puzzles Videos and cutting-

and-pasting toys

Rationale: Toys for the toddler should meet the child's needs for activity and inquisitiveness. The toddler enjoys objects of different textures such as clay, sand, finger paints, and bubbles; push-pull toys; large balls; sand and water play; blocks; painting; coloring with large crayons; large puzzles; and trucks or dolls. Card games, simple board games, videos, and cutting-and-pasting toys are more appropriate play activities for the preschooler.

Test-Taking Strategy: Focus on the subject, toys appropriate for 2- to 3-year-old children. Remember that all parts of an option need to be correct for the option to be correct. Focusing on the age of the child will direct you to the correct option. Review age-appropriate toys for the toddler if you had difficulty with this question.

Level of Cognitive Ability: Applying

Client Needs: Health Promotion and Maintenance

Question 14

1 / 1 pts

A mother of twin toddlers tells the nurse that she is concerned because she found her children involved in sex play and didn't know what to do. The nurse should provide the mother with which advice?

To separate her children during playtime

That if the behavior continues, she will need to bring her children to a child psychologist
Correct!

That if she notes the behavior again, she should casually tell her children to dress and to direct them to another activity

To tell her children that what they are doing is bad and that they will be punished if they are caught doing it again

Rationale: Sex play and masturbation are common among toddlers. Parents should respect the toddler's curiosity as normal without judging the toddler as bad. Parents who discover children involved in sex play may casually tell them to dress and direct them to another play activity, thereby limiting sex play without producing feelings of shame or anxiety. Bringing the children to a child psychologist, separating them at play, and punishing them are all inappropriate.

Integrated Process: Nursing Process/Implementation

Content Area: Developmental Stages

Test-Taking Strategy: Use the process of elimination and focus on the strategic word “toddlers.” Recalling that sex play and masturbation are common among toddlers will direct you to the correct option. Review psychosexual development in the toddler if you had difficulty with this question.

Level of Cognitive Ability: Applying

Client Needs: Health Promotion and Maintenance

Integrated Process: Nursing Process/Implementation

Content Area: Developmental Stages

Question 15

0.5 / 1 pts

A nurse is assisting with data collection regarding the motor development of a 24-month-old child. Which activities would the nurse expect the mother to report that the child can perform? Select all that apply.

Put on and tie his shoes

Correct!

Align two or more blocks

You

Answered

Dress himself appropriately

Go to the bathroom without help

Correct!

Turn the pages of a book one at a time

Question 16

1 / 1 pts

A nurse is assisting with data collection regarding language development in a toddler from a bilingual family. The nurse expects which characteristic in the child's language development?

Correct!