

# Practice Questions

(Some original (Marshall) or modified, and/or adapted from work done initially for Silvetri (Saunders, 2011))

# Question 1

A physician has prescribed cimetidine (Tagamet) once daily. The nurse schedules administration of the medication for:

- a. At bedtime
- b. Just before breakfast
- c. After lunch
- d. Clarify the order timing before scheduling

## Question 2

A nurse is caring for a client who has a fungal infection and is receiving amphotericin B (Fungizone) IV. Which of the following indicates an adverse/toxic effect from the medication?

- a. Lethargy
- b. Oliguria
- c. Confusion
- d. Muscle weakness

## Question 3

A nurse is caring for a client diagnosed with pheochromocytoma. In order to assess the presence of a major symptom of this disorder, the nurse should

- a. Test for occult blood in urine
- b. Weigh the patient twice per day
- c. Palpate client's skin for temperature
- d. Check the client's blood pressure

## Question 4

A nurse is caring for a client receiving aminophylline (Theophylline) IV. The nurse determines the drug plasma level is therapeutic if which value is noted?

- a. 25mcg/mL
- b. 8mcg/mL
- c. 5mcg/mL
- d. 15mcg/mL

# Question 5

A client received a thermal burn caused by inhalation of steam. The client's mouth is edematous and their mouth is blistered. Based on these findings, the nurse should monitor the client most closely for

- a. Dysphagia
- b. Pain
- c. Wheezing
- d. Hypovolemic shock

# Question 6

A nurse is assessing a child who has returned from OR in a hip spica cast. Which of the following is the priority?

- a. The hips are abducted
- b. The head of the bed is in Fowler's position
- c. The child's parents are always present
- d. Circulation is adequate in lower extremities

# Question 7

A client is receiving long term continuous TPN at home. The nurse formulates which priority nursing diagnosis?

- a. Ineffective coping
- b. High risk for situational low self esteem
- c. Hopelessness
- d. Social isolation

## Question 8

A nurse provides dietary instructions to a client diagnosed with iron deficiency anemia. The nurse tells the client to increase the intake of which food?

- a. Plums
- b. Egg whites
- c. Red apples
- d. Kidney beans

# Question 9

A nurse notes that a client's serum potassium level is 5.8mEq/L. The nurse interprets that this is an expected finding with which alteration?

- a. Diarrhea
- b. Diabetes insipidus
- c. Burn injury
- d. Pulmonary edema being treated with loop diuretics

# Question 10

A nurse caring for a postop client after bowel resection is restless. Vital signs indicate tachycardia and the blood pressure decreased significantly from previous readings. The nurse suspects shock and immediately

- a. Slows the IV rate infusing until talking to the dr
- b. Rechecks vital signs to verify the findings
- c. Checks the oxygen saturation level
- d. Increases the rate of oxygen flow being delivered

# Question 11

A nurse is monitoring a client who abuses alcohol for signs of withdrawal. Which of the following would alert the nurse to potential withdrawal delirium?

- a. Hypotension, ataxia, hunger
- b. Changes in level of consciousness, hallucinations, hypertension
- c. Stupor, agitation, muscular rigidity
- d. Coarse hand tremors, agitation, hypotension

# Question 12

A client with viral hepatitis is receiving home instructions. The nurse determines the client understands the teaching if they make which statement?

- a. "I need to remain in bed for the next 6 weeks."
- b. "I can take acetaminophen (Tylenol) in small doses for discomfort."
- c. "I need to eat small, frequent low fat, low protein meals."
- d. "I need to limit alcohol intake."

# Question 13

A nurse is caring for a client 1-day post-gastrectomy. The client has a NG tube, which is draining brown-tinged secretions. Which is the most appropriate nursing intervention?

- a. Notify the physician STAT
- b. Reposition the client
- c. Irrigate the NGT
- d. Document the findings

# Question 14

The nurse notes an isolated PVC on the cardiac monitor. The appropriate nursing action is to

- a. Prepare to administer lidocaine hydrochloride (Xylocaine)
- b. Prepare for defibrillation by cardiac team
- c. Notify the physician immediately
- d. Continue to monitor the rhythm

# Question 15

A client has developed atrial fibrillation and has a ventricular rate of 150 beats/min. The nurse should assess the client for

- a. Hypertension and headache
- b. Flat neck veins
- c. Hypotension and dizziness
- d. Nausea and vomiting