1. C
2. D
3. A
4. B
5. A
6. D
7. B
8. D
9. D
10. B
11. D
12. A...Caregivers in general, should not witness advanced directives as it could be considered a conflict of interest. Best to decline and refer to another individual not participating in the client's care.
13. D...Because nitroglycerin is a vasodilator, a common side effect is a headache. Headaches would not be an early sign of medication tolerance, an allergic reaction, nor a warning sign.
14. D...Urokinase is a “clot buster” or a medication used as a thrombolytic. If the client has a reaction, you need to give the antidote in order to minimize the risk of the client bleeding out...thus stop the Urokinase and administer AMICAR IV for the fastest result. Vitamin K is the antidote for warfarin. Heparin would make the client worse as it is an anticoagulant. The antidote for heparin is protamine sulfate. Calling the doctor is not going to manage the client’s emergency. The doctor can be called once the urokinase is stopped and the Amicar given.
15. A...When a client is being started on Statin medication for high cholesterol, risk or actual, it is important for the nurse to teach them to report immediately to their dr. any muscle weakness that may occur. Muscle weakness may be a sign of the adverse effect, rhabdomyolysis, which can lead to renal failure. Anticholesterol medications do not take 6 months to work, nor do any medications that you would be asked about on the NCLEX. Anticholesterol medications should be taken at bedtime, not in the morning, as the body makes cholesterol at night. Difficulty urinating is not related to cholesterol medications, in general.
16. C...The key here is ARTERIAL. If you do not understand the differences and why between arterial and venous ulcers, then this is something to review. Remember that with arterial issues, the problem is the blood flow getting to an area; in venous issues, the problem is the blood getting back to the heart. Thus in this question, the decrease in blood flow to the left leg, would lead to not only an arterial ulcer due to lack of blood flow, and oxygenated blood to tissue...think necrosis, but would lead to diminished pulses in the left lower extremity. You would not want to elevate the left leg in an arterial ulcer (that is for venous) as you need a dependent position to assist the blood flow down to the foot in this case. You would not assess for drainage on the sheets under the heel (that is for venous) as there is less fluid in the left heel as blood flow is impeded, thus what we refer to as a dry ulcer. You would not monitor for hyperemia (redness,
which is seen in venous issues), but for paleness or cyanosis, again due to diminished blood flow.

17. C...The key here is the thyroid and the word STORM....this is a emergent situation that may occur in client’s with hyperthyroidism. Think increased BMR and this is worse, thus look for the option where those type of manifestations are present. The classic assessment in someone with thyroid storm is fever, tachycardia, and hypertension. B and D would be eliminated because they include symptoms of hypothyroidism or a slowed BMR. When choosing between A and C, C is the option with what you should see as an emergency.

18. D...this is an example of a question that is related to a skill...that of administering a SQ injection. In addition, this is a “careful reading” question in that you would need to “see” what indicates a lack of understanding, thus you are looking to choose the worst or wrong answer not the best or correct one. A, B, and C are appropriate so can’t be chosen the way the question is phrased here. The only wrong answer is D....you do not need to aspirate when administering a SQ injection.

19. B...Tingling was the key in the information given in the scenario and question. Even if you were unsure, tingling is related to calcium levels, so choose it and you would have been correct. You could have eliminated A and C as this is not an emergent situation and D could be eliminated as you would not be assessing for hypertension in a client who had the thyroid removed, but they might be at risk for hypotension.

20. A, B, D, F

21. C, D, F...Remember that in a client with a total hip replacement, you need their hips to be ABDUCTED to keep the femoral head in the acetabulum during the healing process. Thus A and F are eliminated. A basic principle of post op care (Unless liver or lung) is to have clients on their unoperative side, thus C is eliminated.

22. B, C, D, F...For most diagnostic procedures, NPO for 6 hours is appropriate versus 12 hours, so A is eliminated. When clients are going to be sedated, even locally, it is best for their contact lens to be out, thus eliminating option E. The rest of these options are appropriate for a bronchoscopy to be done.

23. A, B, D, E, F

24. B, C, E...To answer this question you needed to know the differences between placenta previa (a low lying placenta) versus abruptio placenta (a placenta tearing). The client with placenta previa will exhibit painless bleeding, bright red vaginal bleeding (think low lying) and a soft relaxed non tender uterus. A, D, and F are more associated with abruptio placenta (think abrupt...emergency and painful)

25. A, C, D....Clear liquids equals fluid that can be seen through. Full liquid would add the other options.