Question 1*

The nurse provides information to a client with diabetes mellitus who is taking insulin about the signs of hypoglycemia. Which of the following signs and symptoms should the nurse include in the information? Select all that apply.

a. Hunger
b. Diaphoresis
c. Warm skin to touch.
d. Increased urinary output.
e. Nervousness
f. Muscle weakness

Question 2*

A postoperative client has been placed on a clear liquid diet. The nurse provides the client with which items that can be consumed on this diet. Select all that apply.

a. Broth
b. Vegetable juice
c. Coffee
d. Gelatin
e. Pudding
f. Vanilla milkshake with skim milk only

Question 3*

The nurse has been assigned to a burn client who has been admitted to the ER. The following areas have been assessed by the nurse to have second and third degree burns: Anterior portion head and neck

Anterior portion left arm

Anterior portion trunk

Anterior and posterior portions of both legs

Calculate the extent of the burns using the Rule of Nines and fill in the blank:

_____

Question 4*

A client with chronic kidney injury has been placed on dietary restrictions. A nurse in the hemodialysis outpatient clinic is discussing these restrictions in relation to meal planning with the client. The nurse notes that the teaching was effective when the client states he can select which of the following foods on the menu?

a. Lima beans

b. Applesauce

c. Bananas

d. Red meat

Question 5*

A RN is working with a LPN and nursing assistant and as a team, they are responsible for 5 clients. Which of the following clients should the RN delegate to the LPN?

a. A client who needs to be transferred from the operating suite back to her room

b. A client being discharged, who has received discharge instructions, and is waiting to be taken down to the hospital entrance for pick up

c. A client who is 2 days post-craniotomy who requires measurement of intracranial pressures

d. A client who is receiving a blood transfusion of packed cells once the RN has checked the appropriate forms and patient identification

Question 6

A nurse is doing an assessment on a client who received a kidney transplant 24 hours ago. The nurse assesses the client for which signs of acute graft rejection?

a. Hypotension, Flank pain, Fever, Polyuria

b. Hypothermia, Hypertension, Graft tenderness, thrombocytopenia

c. Malaise, Costovertebral angle pain, Hypertension, Fever

d. Fatigue, Hypothermia, Hypotension, Generalized abdominal pain

Question 7*

A nurse is managing a client with an oxygen saturation that has dropped from 96% to 84%. The client is exhibiting dyspnea and shortness of breath. The most appropriate priority nursing diagnosis would be:

a. Impaired breathing patterns

b. Ineffective airway clearance

c. Alteration in respiration system

d. Impaired gas exchange

Question 8*

A 12-month-old infant has been admitted to the hospital for a gastrointestinal workout. The child presents with an abdominal mass and currant jelly stools, in addition to irritability. The nurse suspects, based on these assessment findings, that the child is experiencing which of the following?

a. Pyloric stenosis
b. Hirschsprung's disease
c. Celiac disease
d. Intussception

Question 9*

A nurse is assessing an adult client 1 hour after a right pulmonary wedge resection. The nurse notes the presence of 250mL bloody drainage in the chest tube collection chamber. Which action by the nurse is most appropriate?

a. Document the findings

b. Notify the surgeon

c. Decrease the amount of suction being applied to the chest tube drainage system

d. Irrigate the chest tube

Question 10*

A nursing assistant has just completed morning care for a client with chronic peripheral arterial disease. When the RN assesses the client, the observation that would require corrective action would be:

a. A blanket covering the lower extremities

b. The dependent position of the client's legs

c. The elevation of the knee portion of the bed

d. An intake of 3000mL of fluid in the past 24 hours

Question 11*

A 5-year-old child on the pediatric unit has lost behavioral control and starts screaming at and hitting the nurse. The most appropriate response by the nurse at this time would be:

a. Ignore the inappropriate behavior

b. Hug the child and calmly ask why she is angry

c. Divert her attention with a new toy or activity

d. Isolate him for 20 minutes until she is calmer

Question 12*

A nurse is reviewing the day's assignments on a medical unit. A nursing assistant's assignment includes a client who is immunocompromised and has shingles. The nursing assistant states he has never had chickenpox. It is important for the nurse to:

a. Reassure the nursing assistant that shingles is not contagious
b. Explain to the nursing assistant that gloves will be sufficient protection
c. Tell the nursing assistant that based on his age, he more than likely had chickenpox even if he does not know for sure
d. Reassign the client to another staff member who has had chickenpox

Question 13*

A client is admitted to the psychiatric unit on a temporary detention order. Two hours later, the client yells at the nurse, "I don't belong here, and I want to sign out now!" The most accurate and therapeutic response by the nurse would be:

a. "Just try to settle down right now. In 24 hours, we can talk about whether you are ready to leave."

b. "Your doctor thought you needed to be here, so you cannot leave. You can talk to the doctor in the morning."

c. "You are too sick to know whether you need to be here for treatment. You will stay until a panel of three physicians says you can leave."

d. "You have been sent by the court and may not leave under any circumstances. A judge and a doctor will evaluate you within the next 48 hours."

Question 14*

A client with pulmonary tuberculosis is being treated with isoniazid (INH) and rifampin. The client asks for the rationale for taking two medications. The nurse's best response would be:

a. "If one medication is ineffective, then the other will not be."

b. "Taking both medications allows the use of lower doses and the medications are effective longer."

c. "One medication is used to kill the bacteria, and the other medication dilates your respiratory passages, making breathing more effective."

d. "One medication is used to treat the tuberculosis and the other medication treats any subsequent fungal infections that might develop secondarily."

Question 15*

The nurse is planning for discharge teaching to an adult client after a total hip replacement. Which teaching points will be included? Select all that apply.

a. Avoid abduction of the legs

b. Sleep on the affected side

c. Encourage the use of an adduction pillow

d. Prevent flexing the hips over 90 degrees

e. Assess the spica cast at least every 4 hours

f. Perform active range of motion on the unaffected side

Question 16*

A physician orders 3000mL 0.9% normal saline to be administered IV over 24 hours. The nurse notes that the drip factor is 10 gtts/mL. The nurse sets the drip rate to infuse how many gtts/min. Fill in the blank.

_____

Question 17

A nurse employed in a mental health unit is meeting with a client for the first time. Which nursing statement would be most appropriate to initiate the conversation?

a. "Have psychiatric medications ever been prescribed for you ever?"

b. "What would you like to discuss?"

c. "Are you feeling sad?“

d. "Have you ever spoken to your family about how you are feeling?"

Question 18*

A client is admitted to the emergency department with reports of severe, radiating chest pain. Admission orders include oxygen by nasal cannula at 4 L/min; troponins, creatine phosphokinase (CPK), and isoenzymes; a chest radiograph; and a 12-lead electrocardiogram (ECG). List in order of priority the actions that the nurse would take. (Number 1 is the first action.)

Obtain 12-lead EKG ____

Call the laboratory to order the blood work ____

Call radiology for chest x-ray ____

Apply oxygen via nasal cannula ____

Question 19*

A community health nurse is teaching a group of women about breast cancer and the procedure for performing breast self-examination (BSE). Select all instructions that the nurse should provide to the women.

If you are menstruating, the best time to do a BSE is 2 to 3 days after your period ends. ___

If you notice discharge from the nipple, there is no need to be concerned. because this is a common occurrence during menstruation. ___

Stand before a mirror to inspect both breasts. Inspection should be done by pressing the hands firmly on the hips and bowing slightly toward the mirror as you pull your shoulders and elbows forward. ___

If you are premenopausal, you may feel lumps in the breast, but these are normal because of hormonal changes that occur. ___

Palpation can be done in the shower. ___

To palpate the breasts, use three or four fingers. begin at the outer edge. press the flat part of your fingers in small "circles. moving the circles slowly around the breast. ___

It is not necessary to palpate the armpit area or the area between the breast and the armpit. ___

Question 20*

A nurse reviews the arterial blood gases of a client and notes that she is experiencing metabolic alkalosis with partial compensation. Which of the numerical results of the arterial blood gas would indicate this alteration?

a. pH 7.48, pCO2 31, HCO3 18

b. pH 7.45, pCO2 47, HCO3 30

c. pH 7.33, pCO2 33, HCO3 20

d. pH 7.47, pCO2 49, HCO3 29