

IM8_B RN Comp-1

1. A nurse is caring for a client who has returned from the surgical suite following surgery for a fractured mandible. The client had intermaxillary fixation to repair and stabilize the fracture. Which of the following actions is the priority for the nurse to take?
 - A. Prevent aspiration.
 - B. Ensure adequate nutrition.
 - C. Promote oral hygiene
 - D. Relieve the client's pain.

2. A nurse is caring for a client who is 4 days postoperative following a right radical mastectomy. Which of the following activities should the nurse anticipate being the most difficult for this client to perform with her right hand?
 - A. Buttoning her blouse
 - B. Eating her breakfast
 - C. Combing her hair
 - D. Brushing her teeth

3. A nurse is assessing a client who is receiving one unit of packed RBCs to treat intraoperative blood loss. The client reports chills and back pain, and the client's blood pressure is 80/64 mm Hg. Which of the following actions should the nurse take first?
 - A. Stop the infusion of blood.
 - B. Inform the provider.
 - C. Obtain a urine specimen.
 - D. Notify the laboratory.

4. A nurse is assessing a client who has a long history of smoking and is suspected of having laryngeal cancer. The nurse should anticipate that the client will report that her earliest manifestation was
 - A. dysphagia.
 - B. hoarseness.
 - C. dyspnea.
 - D. weight loss.

IM8_B RN Comp-1

5. A nurse is caring for a client who is being admitted for an acute exacerbation of ulcerative colitis. Which of the following actions should the nurse take first?

- A. Review the client's electrolyte values.
 - B. Check the client's perianal skin integrity.
 - C. Investigate the client's emotional concerns.
 - D. Obtain a dietary history from the client.
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6. A nurse is caring for a client who is 5 hr postoperative following a transurethral resection of the prostate (TURP). The nurse notes that the client's indwelling urinary catheter has not drained in the past hour. Which of the following actions should the nurse take first?

- A. Notify the provider.
 - B. Check the tubing for kinks.
 - C. Adjust the rate of the bladder irrigant.
 - D. Irrigate the catheter.
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7. A nurse in the emergency department is caring for a client who has extensive partial and full-thickness burns of the head, neck, and chest. While planning the client's care, the nurse should identify which of the following risks as the priority for assessment and intervention?

- A. Airway obstruction
 - B. Infection
 - C. Fluid imbalance
 - D. Paralytic ileus
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8. A nurse is caring for a client who is in the immediate postoperative period following a partial laryngectomy. Which of the following parameters should the nurse assess first?

- A. Pain severity
 - B. Wound drainage
 - C. Tissue integrity
 - D. Airway patency
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IM8_B RN Comp-1

9. A nurse is caring for a client who is 1 day postoperative following a transsphenoidal hypophysectomy. While assessing the client, the nurse notes a large area of clear drainage seeping from the nasal packing. Which of the following should be the nurse's initial action?
- A. Document the amount of drainage.
 - B. Obtain a culture of the drainage.
 - C. Check the drainage for glucose.
 - D. Notify the client's provider.
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10. A nurse is caring for a client who reports a throbbing headache after a lumbar puncture. Which of the following actions is most likely to facilitate resolution of the headache?
- A. Administer pain medication.
 - B. Darken the client's room and close the door.
 - C. Increase fluid intake.
 - D. Elevate the head of the bed to 30°.
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11. A nurse in the post-anesthesia care unit is caring for a client who is postoperative following a thoracotomy and lobectomy. Which of the following postoperative assessments should the nurse give highest priority to?
- A. Arterial blood gases
 - B. Urinary output
 - C. Chest tube drainage
 - D. Pain level
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12. A nurse is caring for a client who is postoperative following an open reduction and internal fixation of a fractured femur. Which of the following actions is the most important for the nurse to complete in the postoperative period?
- A. Medicate the client for pain.
 - B. Instruct the client on use of crutches.
 - C. Perform neurovascular checks of the extremities.
 - D. Direct the client to perform exercises of the ankle and toes.

IM8_B RN Comp-1

13. A nurse in the emergency room is assessing a client who was brought in following a seizure. The nurse suspects the client may have meningococcal meningitis when assessment findings include nuchal rigidity and a petechial rash. After implementing droplet precautions, which of the following actions should the nurse initiate next?
- A. Complete a vascular assessment.
 - B. Administer an antipyretic.
 - C. Decrease environmental stimuli.
 - D. Assess the cranial nerves.
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14. A nurse is caring for a client who has acute pancreatitis. After treating the client's pain, which of the following should the nurse address as the priority intervention?
- A. Auscultate the client's lungs.
 - B. Assist the client to a side-lying position.
 - C. Provide oral hygiene.
 - D. Withhold oral fluids and food.
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15. A nurse in an emergency department is caring for a client who is bleeding profusely from a deep laceration on his left lower forearm. After observing standard precautions, which of the following actions should the nurse perform first?
- A. Apply a tourniquet just below the elbow.
 - B. Apply direct pressure over the wound.
 - C. Clean the wound.
 - D. Elevate the limb and apply ice.
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16. A nurse is caring for a client who has type 1 diabetes mellitus. The nurse misread the client's morning blood glucose level as 210 mg/dL instead of 120 mg/dL and administered the insulin dose appropriate for a reading over 200 mg/dL before the client's breakfast. Which of the following actions is the nurse's priority?
- A. Give the client 15 to 20 g of carbohydrate.
 - B. Monitor the client for hypoglycemia.
 - C. Complete an incident report.
 - D. Notify the nurse manager.

IM8_B RN Comp-1

17. A nurse is caring for a client who is unconscious following a cerebral hemorrhage. Which of the following nursing interventions is of highest priority?
- A. Perform passive range of motion on each extremity.
 - B. Monitor the client's electrolyte levels.
 - C. Suction saliva from the client's mouth.
 - D. Record the client's intake and output.
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18. A nurse is caring for a female client in the emergency department who reports shortness of breath and pain in the lung area. She states that she started taking birth control pills 3 weeks ago and that she smokes. Her heart rate is 110/min, respiratory rate 40/min, and blood pressure 140/80 mm Hg. Her arterial blood gases are pH 7.50, PaCO₂ 29 mm Hg, PaO₂ 60 mm Hg, HCO₃ 20 mEq/L, and SaO₂ 86%. Which of the following is the priority nursing intervention?
- A. Prepare for mechanical ventilation.
 - B. Administer oxygen via face mask.
 - C. Prepare to administer a sedative.
 - D. Assess for indications of pulmonary embolism.
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19. A nurse is preparing an adolescent client who has pneumonia for percussion, vibration, and postural drainage. Prior to the procedure, which of the following nursing actions should the nurse complete first?
- A. Auscultate lung fields.
 - B. Assess pulse and respirations.
 - C. Assess characteristics of her sputum.
 - D. Instruct to slowly exhale with pursed lips.
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20. A nurse is caring for a child on the oncology unit. The child's parents are asking the nurse about the cancer diagnosis. Which of the following information should the nurse provide the parents about the most common malignant renal and intra-abdominal tumor of childhood?
- A. Ewing sarcoma
 - B. Osteosarcoma
 - C. Neuroblastoma

IM8_B RN Comp-1

D. Wilms' tumor

21. A home health nurse is developing a plan of care for a child who has hemiplegic cerebral palsy. Which of the following goals is the priority for the nurse to include in the plan of care?

- A. Provide respite services for the parents.
 - B. Improve the client's communication skills.
 - C. Foster self-care activities.
 - D. Modify the environment.
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22. A nurse is caring for a group of adolescents. Which of the following findings should be reported to the provider immediately?

- A. A who is client 1 day postoperative and has a temperature of 37.5° C (99.5° F)
 - B. A client who has a burn injury to an estimated 5% his leg and is crying
 - C. A client's blood pressure changes from 112/60 mm Hg to 90/54 mm Hg when standing
 - D. A client who has an ankle fracture reports a pain level increase from 3 to 5 after initial ambulation
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23. A nurse is reviewing data for four children. Which of the following children should the nurse assess first?

- A. A 10-year-old child who has sickle cell anemia who reports severe chest pain
 - B. A 7-year-old child who has diabetes insipidus and a urine specific gravity of 1.016
 - C. A 1-year-old toddler who has roseola and a temperature of 39° C (102.2° F)
 - D. A 4-year-old child who has asthma and a PCO₂ of 37 mm Hg
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24. A nurse reports an incident of suspected child abuse. One of the parents of the child becomes upset and demands to know the reason for the nurse's action. Which of the following responses by the nurse is appropriate?

- A. "As a nurse, I am required by law to report suspected child abuse."
 - B. "I am unable to discuss this, but I can contact my supervisor to speak with you."
 - C. "The provider will be coming to explain the situation."
 - D. "I reported the incident to my supervisor who decided to contact the authorities."
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IM8_B RN Comp-1

25. A nurse is planning to apply a transdermal analgesic cream prior to inserting an IV for a preschool-age child. Which of the following actions should the nurse plan to take? (Select all that apply.)

- A. Spread the cream over the lateral surface of both forearms.
 - B. Apply to intact skin.
 - C. Apply the medication an hour before the procedure begins.
 - D. Cleanse the skin prior to procedure.
 - E. Use a visual pain rating scale to evaluate effectiveness of the treatment.
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26. A nurse is caring for a client who has Cushing's syndrome. The nurse should recognize that which of the following are manifestations of Cushing's syndrome? (Select all that apply.)

- A. Alopecia
 - B. Tremors
 - C. Moon face
 - D. Purple striations
 - E. Buffalo hump
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27. A nurse is preparing a client for surgery. Prior to administering the prescribed hydroxyzine, the nurse should explain to the client that the medication is for which of the following indications? (Select all that apply.)

- A. Controlling emesis
 - B. Diminishing anxiety
 - C. Reducing the amount of narcotics needed for pain relief
 - D. Preventing thrombus formation
 - F. Drying secretions
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28. A nurse is caring for a client who was admitted with acute psychosis and is being treated with haloperidol. The nurse should suspect that the client may be experiencing tardive dyskinesia when the client exhibits which of the following? (Select all that apply.)

- A. Urinary retention and constipation
 - B. Tongue thrusting and lip smacking
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IM8_B RN Comp-1

- C. Fine hand tremors and pill rolling
 - D. Facial grimacing and eye blinking
 - F. Involuntary pelvic rocking and hip thrusting movements
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29. A nurse is caring for an older adult client who has had surgery for an intestinal obstruction and has an NG tube to wall suction. Which of the following interventions should the nurse include in the client's postoperative plan of care? (Select all that apply.)

- A. Discontinue suction when assessing for peristalsis
 - B. Irrigate the NG tube with 0.9% sodium chloride irrigation solution.
 - C. Place sequential compression devices on the bilateral lower extremities.
 - D. Reposition the client from side to side every 2 hr.
 - E. Encourage the use of an incentive spirometer every 2 hr while the client is awake.
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30. A nurse and an experienced licensed practical nurse (LPN) are caring for a group of clients. Which of the following tasks should the nurse delegate to the LPN? (Select all that apply.)

- A. Provide discharge instructions to a confused client's spouse.
 - B. Obtain vital signs from a client who is 6 hr postoperative.
 - C. Administer a tap-water enema to a client who is preoperative.
 - D. Initiate a plan of care for a client who is postoperative from an appendectomy.
 - E. Catheterize a client who has not voided in 8 hr.
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31. A nurse is teaching a class of older adults about the expected physiologic changes of aging. Which of the following changes should the nurse include in the discussion? (Select all that apply.)

- A. More difficulty seeing due to a greater sensitivity to glare
 - B. Decreased cough reflex
 - C. Decreased bladder capacity
 - D. Decreased systolic blood pressure
 - E. Dehydration of intervertebral discs
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IM8_B RN Comp-1

32. A nurse is caring for an adolescent who is experiencing indications of depression. Which of the following findings should the nurse expect? (Select all that apply.)

- A. Irritability
- B. Euphoria
- C. Insomnia
- D. Low self-esteem
- F. Chronic pain

33. A nurse in a mental health clinic is caring for a client who has bipolar disorder and a prescription for an antipsychotic medication. The provider and nursing staff suspect the client is not adhering to his medication therapy. Which of the following interventions should the staff use to encourage the client's adherence? (Select all that apply.)

- A. Perform mouth checks following the administration of the medication.
- B. Provide for once-daily dosing.
- C. Use sustained-release forms.
- D. Engage the client in conversation following medication administration.
- E. Rotate staff that administer the medications.

34. A nurse is caring for a client who requires isolation for active pulmonary tuberculosis. Which of the following precautions should the nurse include when creating a sign to post outside of the client's room? (Select all that apply.)

Graphic 1



Graphic 2



Graphic 3



Graphic 4



Graphic 5



Graphic 6



- A.
- B.
- C.

IM8_B RN Comp-1

D.

F.

35. A nurse on a medical unit is planning care for an older adult client who takes several medications. Which of the following prescribed medications places the client at risk for orthostatic hypotension? (Select all that apply.)

- A. Furosemide
 - B. Telmisartan
 - C. Duloxetine
 - D. Clopidogrel
 - E. Atorvastatin
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36. A nurse in a prenatal clinic is completing a skin assessment of a client who is in the second trimester. Which of the following findings should the nurse expect? (Select all that apply.)

- A. Eczema
 - B. Psoriasis
 - C. Linea nigra
 - D. Chloasma
 - E. Striae gravidarum
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37. A nurse is working with a team of nursing personnel within a facility. Which of the following are necessary task performance roles that members of the group or the leader must perform? (Select all that apply.)

- A. Self-confessor
 - B. Coordinator
 - C. Evaluator
 - D. Energizer
 - E. Dominator
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38. A nurse is receiving a provider's prescription for a client via telephone. Which of the following actions should the nurse take to ensure the accuracy of the telephone prescription? (Select all that apply.)

IM8_B RN Comp-1

- A. Repeat the order back to the provider.
 - B. Question any part of the order that is unclear or inappropriate.
 - C. Transcribe the order into the client's health record.
 - D. Obtain the provider's signature within 8 hr.
 - E. Implement a recorded order message if the nurse can hear and understand it clearly.
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39. A nurse is teaching staff which factors to include in an abuse assessment of a client. Which of the following factors should the nurse include in the teaching? (Select all that apply.)

- A. Suicide risk
 - B. Socioeconomic status
 - C. Coping patterns
 - D. Support systems
 - E. Alcohol use
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40. A nurse is discussing indications for urinary catheterization with a newly licensed nurse. Which of following indications should the nurse include? (Select all that apply).

- A. Relief of urinary retention
 - B. Convenience for the nursing staff or the client's family
 - C. Measurement of residual urine after urination
 - D. Routine acquisition of a urine specimen
 - E. An open perineal wound
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41. A nurse is teaching a newly licensed nurse about the risk factors for dehiscence for clients who have surgical incisions. Which of the following factors should the nurse include in the teaching? (Select all that apply.)

- A. Poor nutritional state
 - B. Altered mental status
 - C. Obesity
 - D. Pain medication administration
 - E. Wound infection
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IM8_B RN Comp-1

42. A nurse is caring for a client who is 2 days postpartum, is breastfeeding, and reports nipple soreness. Which of the following measures should the nurse suggest to reduce discomfort during breastfeeding? (Select all that apply.)

- A. Apply breast milk to the nipples before each feeding.
 - B. Place breast pads inside the nursing bra.
 - C. Massage the breasts and nipples prior to feeding.
 - D. Start breastfeeding with the nipple that is less sore.
 - E. Change the infant's position on the nipples.
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43. A nurse is providing dietary teaching to a client who has chronic kidney disease (CKD). The nurse should instruct the client to limit which of the following nutrients? (Select all that apply.)

- A. Protein
 - B. Calcium
 - C. Calories
 - D. Phosphorous
 - E. Sodium
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44. A nurse is caring for an adolescent who has spina bifida and is paralyzed from the waist down. Which of the following statements by the client should indicate to the nurse a need for further teaching?

- A. "I only need to catheterize myself twice every day."
 - B. "I carry a water bottle with me because I drink a lot of water."
 - C. "I use a suppository every night to have a bowel movement."
 - D. "I do wheelchair exercises while watching TV."
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45. A nurse is caring for a client who is dying of metastatic breast cancer. She has a prescription for an opioid pain medication PRN. The nurse is concerned that administering a dose of pain medication might hasten the client's death. Which of the following ethical principles should the nurse use to support the decision not to administer the medication?

- A. Utilitarianism
 - B. Nonmaleficence
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IM8_B RN Comp-1

- C. Fidelity
 - D. Veracity
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46. A nurse is teaching a client who has diabetes about which dietary source should provide the greatest percentage of calories. Which of the following statements indicates the client understands the teaching?

- A. "Most of my calories each day should be from fats."
 - B. "I should eat more calories from complex carbohydrates than anything else."
 - C. "Simple sugars are needed more than other calorie sources."
 - D. "Protein should be my main source of calories."
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47. A nurse tells another nurse that she thinks he did not provide adequate care for a client who underwent hip arthroplasty. Which of the following responses by the nurse demonstrates assertiveness?

- A. "I feel as though I met the standard of care. Would you tell me more about your concerns?"
 - B. "You shouldn't make accusations. Your nursing care doesn't always set a good example."
 - C. "I am at a loss for words. I always do my best to give good care to my clients."
 - D. "What do you have against me? It must be something or you wouldn't be criticizing my care."
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48. A charge nurse is observing a nurse insert an indwelling urinary catheter into a female client. For which of the following actions by the nurse should the charge nurse intervene?

- A. The nurse separates the client's labia with her dominant hand.
 - B. The nurse coats the indwelling urinary catheter with lubricant.
 - C. The nurse provides perineal care prior to inserting the urinary catheter.
 - D. The nurse applies the sterile drape prior to inserting the urinary catheter.
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49. A nurse has received morning report on the following four clients. Which of the following clients should the nurse assess first?

- A. A client who was administered adalimumab for Crohn's disease, has a serum calcium level of 10 mg/dL, and reports a headache
 - B. A client who was administered glipizide for type 2 diabetes mellitus and has a blood glucose of 68 mg/dL
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IM8_B RN Comp-1

- C. A client who was administered erythromycin for acute glomerulonephritis and reports reddish-brown urinary output
 - D. A client who was administered acyclovir for cellulitis reports pain in the affected leg
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50. A charge nurse is providing an inservice for staff nurses on the use of new IV pumps. Which of the following actions should the charge nurse take to best evaluate staff competency with the new equipment?

- A. Ask each nurse to read the procedure and sign a form acknowledging competency.
 - B. Allow time during the workday when each nurse can demonstrate proficiency.
 - C. Require each nurse to take a written examination about the new equipment.
 - D. Verbally question the staff about the new equipment.
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