

Comp Predictor Practice

1. A nurse in the emergency department is monitoring a client who has a cervical spinal cord injury from a fall. The nurse should monitor the client for which of the following complications? (Select all that apply.)

- A. Hypotension
 - B. Polyuria
 - C. Hyperthermia
 - D. Absence of bowel sounds
 - E. Weakened gag reflex
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2. 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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3. A nurse is admitting a client who has acute pancreatitis. Which of the following provider prescriptions should the nurse anticipate?

- A. Initiate a low-residue diet.
 - B. Pantoprazole 80 mg IV bolus twice daily
 - C. Ambulate twice daily.
 - D. Pancrelipase 500 units/kg PO three times daily with meals
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4. A nurse is caring for a client who is dying. The client says, "My mother died in the hospital, but I did not get there before she died." Which of the following statements should the nurse make?

- A. "We will call your family in time for them to get here."
 - B. "I wonder if you are fearful of dying alone."
 - C. "I will make sure a staff member is in your room at all times."
 - D. "I will tell your family of your concern so that they can be here."
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5. A nurse is caring for a client who has heart failure and a prescription for digoxin 125 mcg PO daily. Available is digoxin PO 0.25 mg/tablet. How many tablets should the nurse administer per dose? (Round the answer to the nearest tenth. Use a leading zero if it applies. Do not use a trailing zero.)

_____ tablet(s)

6. A nurse is reviewing information about the Health Insurance Portability and Accountability Act (HIPAA) with a newly licensed nurse. Which of the following statements by the newly licensed nurse indicates a need for further teaching?

- A. "Information about a client can be disclosed to family members at any time."
 - B. "HIPAA established regulations of individually identifiable health information in verbal, electronic, or written form."
 - C. "A client's address would be an example of personally identifiable information."
 - D. "HIPAA is a federal law, not a state law."
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7. A nurse is admitting a client who has active tuberculosis to a room on a medical-surgical unit. Which of the following room assignments should the nurse make for the client?

- A. A room with air exhaust directly to the outdoor environment
 - B. A room with another nonsurgical client
 - C. A room in the ICU
 - D. A room that is within view of the nurses' station
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8. A nurse is caring for a client who has a new diagnosis of urolithiasis. Which of the following should the nurse identify as an associated risk factor?

- A. Hypocalcemia
 - B. BMI less than 25
 - C. Family history
 - D. Diuretic use
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9. A nurse is conducting a primary survey of a client who has sustained life-threatening injuries due to a motor-vehicle crash. Identify the sequence of actions the nurse should take. (Move the actions into the box on the right, placing them in the selected order of performance. Use all the steps.)

- A. Perform a Glasgow Coma Scale assessment.
 - B. Establish IV access.
 - C. Open the airway using a jaw-thrust maneuver.
 - D. Determine effectiveness of ventilator efforts.
 - E. Remove clothing for a thorough assessment.
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10. A nurse is reviewing the arterial blood gas values of a client who has chronic kidney disease. Which of the following sets of values should the nurse expect?

- A. pH 7.25, HCO₃⁻ 19 mEq/L, PaCO₂ 30 mm Hg
 - B. pH 7.30, HCO₃⁻ 26 mEq/L, PaCO₂ 50 mm Hg
 - C. pH 7.50, HCO₃⁻ 20 mEq/L, PaCO₂ 32 mm Hg
 - D. pH 7.55, HCO₃⁻ 30 mEq/L, PaCO₂ 31 mm Hg
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11. A nurse is assessing a client who has fluid overload. Which of the following findings should the nurse expect? (Select all that apply.)

- A. Increased heart rate
- B. Increased blood pressure
- C. Increased respiratory rate
- D. Increase hematocrit
- E. Increased temperature

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12. A nurse is preparing an in-service for an annual skills fair at a community medical facility about fire safety. Place the steps in the order in which they should be performed in the case of a fire emergency. (Move the steps into the box on the right, placing them in the selected order of performance. Use all the steps.)

- A. Pull the fire alarm.
 - B. Confine the fire.
 - C. Extinguish the fire.
 - D. Rescue the clients.
-

13. A nurse is preparing to perform hand hygiene. Which of the following actions should the nurse take?

- A. Adjust the water temperature to feel hot.
 - B. Apply 4 to 5 mL of liquid soap to the hands.
 - C. Hold the hands higher than the elbows.
 - D. Rub hands and arms to dry.
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14. A nurse is preparing to administer three liquid medications to a client who has an NG feeding tube with continuous enteral feedings. Which of the following actions should the nurse take?

- A. Mix the three medications together prior to administering.
 - B. Dilute each medication with 10 mL of tap water.
 - C. Maintain the head of the bed in a flat position for 30 min following medication administration.
 - D. Flush the NG feeding tube with 30 mL of water immediately following medication administration
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15. A nurse is preparing to administer vaccines to a 1-year-old child. Which of the following vaccines should the nurse give? (Select all that apply.)

- A. Measles, mumps rubella (MMR)
 - B. Diphtheria, tetanus and acellular pertussis (DTaP)
 - C. Varicella (VAR)
 - D. Rotavirus (RV)
 - E. Human papillomavirus (HPV4)
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16. 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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17. A nurse is caring for a client who has HIV. Which of the following laboratory values is the nurse's priority?

- A. Positive Western blot test
 - B. CD4-T-cell count 180 cells/mm³
 - C. Platelets 150,000/mm³
 - D. WBC 5,000/mm³
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18. A nurse is providing instructions about bowel cleansing with polyethylene glycol-electrolyte solution (PEG) for a client who is going to have a colonoscopy. Which of the following information should the nurse include?

- A. "To prevent dehydration, drink an additional liter of fluid during preparation time."
 - B. "Expect bowel movements to begin 3 hr following completion of solution."
 - C. "Abdominal bloating might occur."
 - D. "Drink 400 mL every hour until bowel movements are clear."
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19. A nurse is preparing to administer amoxicillin 30 mg/kg/day divided equally every 12 hr to a toddler who weighs 33 lb. Available is amoxicillin 200 mg/5 mL suspension. How many mL should the nurse administer? (Round the answer to the nearest tenth. Use a leading zero if it applies. Do not use a trailing zero.)

_____ mL

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20. A nurse is speaking with the mother of a 6-year-old child. Which of the following statements by the mother should concern the nurse?

- A. "The teacher says my child has to squint to see the board."
 - B. "My child has recently lost both front top teeth."
 - C. "My child often cheats when we play board games."
 - D. "Sometimes my child acts bossy with his friends."
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21. A nurse is assessing a toddler at a well-child visit. At what point in the physical examination should the nurse examine the child's tympanic membrane?

- A. At the end
 - B. At the beginning
 - C. Before examining the head and neck
 - D. Before auscultating the chest and abdomen
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22. A nurse is completing an admission assessment on an adolescent client who is a vegetarian. He eats milk products but does not like beans. Which of the following items should the nurse suggest the client order for lunch to provide the nutrients most likely to be lacking in his diet?

- A. Peanut butter and jelly sandwich
 - B. Baked potato topped with sour cream
 - C. Bagel with cream cheese
 - D. Fruit salad
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23. A school nurse identifies that a child has pediculosis capitis and educates the child's parents about the condition. Which of the following statements by the parents indicates an understanding of the teaching?

- A. "All recently used clothing, bedding, and towels must be washed in hot water."
 - B. "My child must be free from nits before returning to school."
 - C. "I will treat all the family members to be on the safe side."
 - D. "Toys that can't be dry cleaned or washed must be thrown out."
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24. A nurse is caring for an adolescent client who has a newly applied fiberglass cast for a fractured tibia. Which of the following is the priority action for the nurse to take?
- A. Perform a neurovascular assessment.
 - B. Explain the discharge instructions to the client and parents.
 - C. Provide reassurance to the client and parents.
 - D. Apply an ice pack to the casted leg.
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25. A child is admitted with a suspected diagnosis of Wilms' tumor. The nurse should place a sign with which of the following warnings over the child's bed?
- A. Do not palpate abdomen.
 - B. No venipuncture or blood pressure in left arm
 - C. Contact precautions
 - D. Collect all urine.
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26. A nurse is caring for a 2-month-old infant who is postoperative following surgical repair of a cleft lip. Which of the following actions should the nurse take?
- A. Encourage the parents to rock the infant.
 - B. Offer the infant a pacifier.
 - C. Administer ibuprofen as needed for pain.
 - D. Position the infant on her abdomen.
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27. A nurse is caring for a 4-year-old child who is resistant to taking medication. Which of the following strategies should the nurse use to elicit the child's cooperation?
- A. Offer the child a choice of taking the medication with juice or water.
 - B. Tell the child it is candy.
 - C. Hide the medication in a large dish of ice cream.
 - D. Tell the child he will have to have a shot instead.

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28. A nurse is caring for an adolescent who has hemophilia A and is scheduled for wisdom teeth extractions. Prior to the procedure, the nurse should anticipate that the client will receive which of the following products?

- A. Recombinant
 - B. Packed RBCs
 - C. Prophylactic antibiotics
 - D. Fresh frozen plasma
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29. A nurse is caring for a child who has otitis media. Which of the following assessment findings should the nurse expect?

- A. Tugging on the affected ear lobe
 - B. Clear drainage from the affected ear
 - C. Pain when manipulating the affected ear lobe
 - D. Erythema and edema of the affected ear
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30. 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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31. A nurse is providing teaching to a parent of a child who has Hirschsprung disease is scheduled for initial surgery. Which of the following statements by the parent indicates an understanding of the teaching?

- A. "I'm glad that my child's ostomy is only temporary."
 - B. "I'm glad my child will have normal bowel movements now."
 - C. "I want to learn how to use my child's feeding tube as soon as possible."
 - D. "I want to learn how to empty my child's urinary catheter bag."
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32. A nurse is preparing to perform an abdominal assessment on a child. Identify the sequence the nurse should follow. (Move the steps into the box on the right, placing them in the selected order of performance. Use all the steps.)

- A. Inspection
 - B. Superficial palpation
 - C. Deep palpation
 - D. Auscultation
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33. A nurse is providing discharge teaching about nutrition to the parents of a child who has cystic fibrosis (CF). Which of the following responses by the parents indicates an understanding of the teaching?

- A. "We will give our child pancreatic enzymes with snacks and meals."
 - B. "We will restrict the amount of salt in our child's food."
 - C. "I will limit my child's fluid intake."
 - D. "I will prepare low-fat meals with limited protein for my child."
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34. A nurse is administering nasal decongestant drops for a client. Which of the following actions should the nurse take?

- A. Tell the client to blow her nose gently before the instillation.
 - B. Assist the client to a side-lying position.
 - C. Hold the dropper 2 cm (1 in) above the naris.
 - D. Instruct the client to stay in the same position for 2 min.
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35. A nurse is admitting a child who has leukemia. Which of the following clients should the nurse place in the same room with this child?

- A. A child who has nephrotic syndrome
 - B. A child recovering from a ruptured appendix
 - C. A child who has rheumatic fever
 - D. A child who has cystic fibrosis
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36. A nurse is caring for a 4-year-old child who has croup and wet the bed overnight. When the parents visit the next day, the nurse explains the situation and one of the parents says, "She never wets the bed at home. I am so embarrassed." Which of the following responses should the nurse make?

- A. "It is expected for children who are hospitalized to regress. The toileting skills will return when your child is feeling better."
 - B. "I know this can really be embarrassing. I have kids myself, so I understand, and it doesn't bother me."
 - C. "Your child did not seem upset, so I wouldn't worry about it if I were you."
 - D. "Why does it bother you that your child has wet the bed?"
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37. A nurse is caring for an 8-month-old infant who screams when the parent leaves the room. The parent begins to cry and says, "I don't understand why my child is so upset. I've never seen my child act this way around others before." Which of the following statements should the nurse make?

- A. "This is a normal, expected reaction for a child of this age."
 - B. "This is a response to an overstimulating environment."
 - C. "This is a common reaction to an overexposure to caregivers."
 - D. "This is a typical reaction for a child who is sick."
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38. A parent calls a clinic and reports to a nurse that his 2-month-old infant is hungry more than usual but is projectile vomiting immediately after eating. Which of the following responses should the nurse make?

- A. "Bring your baby in to the clinic today."
 - B. "Burp your baby more frequently during feedings."
 - C. "Give your infant an oral rehydration solution."
 - D. "Try switching to a different formula."
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39. A nurse is caring for a 12-month-old toddler who is hospitalized and confined to a room with contact precautions in place. Which of the following toys should the nurse recommend in order to meet the developmental needs of the client?

- A. Large building blocks
 - B. Hanging crib toys
 - C. Modeling clay
-

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D. Crayons and a coloring book

40. A nurse in an emergency department is caring for an infant who has a 2-day history of vomiting and an elevated temperature. Which of the following should the nurse recognize as the most reliable indicator of fluid loss?

- A. Body weight
 - B. Skin integrity
 - C. Blood pressure
 - D. Respiratory rate
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41. A nurse is caring for a child who is 2 hr postoperative following a tonsillectomy. Which of the following fluid items should the nurse offer the child at this time?

- A. Crushed ice
 - B. Orange juice
 - C. Vanilla milkshake
 - D. Cranberry juice
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42. 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
- C. Fidelity
- D. Veracity

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43. A nurse is caring for a client who has active pulmonary tuberculosis (TB) and a new prescription for IV rifampin. The nurse should instruct the client that they should expect to experience which of the following manifestations while taking this medication?
- A. Constipation
 - B. Black-colored stools
 - C. Staining of teeth
 - D. Red-colored urine
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44. A nurse is administering a tap water enema to a client who is constipated. During the administration of the enema, the client states he is having abdominal cramps. Which of the following actions should the nurse take to relieve the client's discomfort?
- A. Lower the height of the solution container.
 - B. Encourage the client to bear down.
 - C. Allow the client to expel some fluid before continuing.
 - D. Stop the enema and document that the client did not tolerate the procedure.
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45. A nurse is completing discharge teaching with a client following arthroscopic knee surgery. Which of the following instructions should the nurse include in the teaching?
- A. Remain on bedrest for the first 24 hr.
 - B. Keep the leg in a dependent position.
 - C. Apply ice to the affected area.
 - D. Begin active range of motion.

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46. A nurse is caring for a client who has emphysema. Which of the following findings should the nurse expect to assess in this client? (Select all that apply.)

- A. Dyspnea
 - B. Bradycardia
 - C. Barrel chest
 - D. Clubbing of the fingers
 - E. Deep respirations
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47. A nurse is assessing a client who is admitted for elective surgery and has a history of Addison's disease. Which of the following findings should the nurse expect?

- A. Hyperpigmentation
 - B. Intention tremors
 - C. Hirsutism
 - D. Purple striations
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48. A nurse is assessing a client who sustained a basal skull fracture and notes a thin stream of clear drainage coming from the client's right nostril. Which of the following actions should the nurse take first?

- A. Test the drainage for glucose.
 - B. Suction the nostril.
 - C. Notify the physician.
 - D. Ask the client to blow his nose.
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49. A nurse is establishing health promotion goals for a female client who smokes cigarettes, has hypertension, and has a BMI of 26. Which of the following goals should the nurse include?

- A. The client will list foods that are high in calcium, which should be avoided.
 - B. The client will walk for 30 min 5 days a week.
 - C. The client will increase calorie intake by 200 cal per day.
 - D. The client will replace cigarettes with smokeless tobacco products.
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50. A nurse is caring for a client who is at 36 weeks of gestation and who has a suspected placenta previa. Which of the following findings support this diagnosis?
- A. Painless red vaginal bleeding
 - B. Increasing abdominal pain with a nonrelaxed uterus
 - C. Abdominal pain with scant red vaginal bleeding
 - D. Intermittent abdominal pain following passage of bloody mucus
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51. A nurse is caring for a client who is 1 hr postpartum and observes a large amount of lochia rubra and several small clots on the client's perineal pad. The fundus is midline and firm at the umbilicus. Which of the following actions should the nurse take?
- A. Document the findings and continue to monitor the client.
 - B. Notify the client's provider.
 - C. Increase the frequency of fundal massage.
 - D. Encourage the client to empty her bladder.
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52. A nurse is caring for a client who has difficulty swallowing medications and is prescribed enteric-coated aspirin PO once daily. The client asks if the medication can be crushed to make it easier to swallow. Which of the following responses should the nurse provide?
- A. "Crushing the medication might cause you to have a stomachache or indigestion."
 - B. "Crushing the medication is a good idea, and I can mix it in some ice cream for you."
 - C. "Crushing the medication would release all the medication at once, rather than over time."
 - D. "Crushing is unsafe, as it destroys the ingredients in the medication."
-
53. A nurse is caring for a young adult client who says he is experiencing increased anxiety and an inability to concentrate. Which of the following responses should the nurse make?
- A. "It sounds like you're having a difficult time."
 - B. "Have you talked to your parents about this yet?"
 - C. "Why do you think you are so anxious?"
 - D. "How long has this been going on?"

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54. A nurse is performing tracheostomy care for a client and suctioning to remove copious secretions. Which of the following actions should the nurse take?

- A. Suction two to three times with a 60-second pause between passes.
 - B. Perform chest physiotherapy prior to suctioning.
 - C. Lubricate the suction catheter tip with sterile saline.
 - D. Hyperventilate the client on 100% oxygen prior to suctioning.
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55. A nurse is caring for a client who is receiving total parenteral nutrition via a peripherally inserted central catheter (PICC). When assessing the client, the nurse notes swelling of the client's arm above the PICC insertion site. Which of the following actions should the nurse take first?

- A. Measure the circumference of both upper arms.
 - B. Notify the provider who inserted the PICC line.
 - C. Remove the PICC line.
 - D. Apply a cold pack to the client's upper arm.
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56. A newly licensed nurse is applying prescribed wrist restraints on a client. Which of the following actions should the nurse take?

- A. Secure the restraints using a quick-release tie.
 - B. Ensure four fingers fit under the restraints to prevent constriction.
 - C. Secure the restraints to the lowest bar of the side rail.
 - D. Anticipate removing the restraints every 4 hr.
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57. A charge nurse notes that a staff nurse delegates an unfair share of tasks to the assistive personnel (AP) and the nurses on next shift report the staff nurse frequently leaves tasks uncompleted. Which of the following statements should the charge nurse make to resolve this conflict?

- A. "I need to talk to you about unit expectations regarding delegating and completing tasks."
 - B. "Several staff members have commented that you don't do your fair share of the work."
 - C. "If you don't do your share of the work, I will have to inform the nurse manager."
 - D. "You have been very inconsiderate of others by not completing your share of the work."
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58. A nurse is caring for a child who is admitted with suspected acute appendicitis. Which of the following manifestations should indicate to the nurse that the child's appendix is perforated?

- A. Sudden decrease in abdominal pain
 - B. Absent Rovsing's sign
 - C. Flaccid abdomen
 - D. Low-grade fever
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59. A nurse is caring for a 4-year-old child who has a new diagnosis of diabetes mellitus and is distressed after an insulin injection. Which of the following play activities should the nurse recognize is therapeutic in helping the child deal with the injection?

- A. A needleless syringe and a doll
 - B. A video game
 - C. A story book about a child who has diabetes
 - D. A period of play in the playroom
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60. A school nurse is assessing a child for pediculosis capitis. Which of the following manifestations should the nurse recognize as an indication of this condition?

- A. Firmly attached white particles on the hair
 - B. Itching and scratching of the head
 - C. Patchy areas of hair loss
 - D. Thick yellow crusted lesion on a red base
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61. A nurse is admitting a client who is in the manic phase of bipolar disorder. The nurse should plan to make which of the following room assignments for the client?

- A. A private room in a quiet location on the unit
 - B. A semi-private room with a roommate who has a similar diagnosis
 - C. A private room close to the nursing station
 - D. A seclusion room until the client's activity level becomes more subdued.
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62. A nurse is admitting a client who has experienced a weight loss of 11 kg (25 lb) in the past 3 months. The client weighs 40 kg (88 lb) and believes she is fat. Which of the following aspects of care should the nurse consider the first priority for this client?
- A. Identify the client's nutritional status.
 - B. Request a mental health consult.
 - C. Plan a therapeutic diet for the client.
 - D. Provide a structured environment for the client.
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63. A nurse is caring for a client who has severe manifestations of schizophrenia and is medicated PRN for agitation with haloperidol. The nurse should assess the client for which of the following adverse effects?
- A. Dysrhythmias
 - B. Cataracts
 - C. Pancreatitis
 - D. Bleeding
-
64. A nurse is caring for a client who has congestive heart failure and is taking digoxin daily. The client refused breakfast and is complaining of nausea and weakness. Which of the following actions should the nurse take first?
- A. Check the client's vital signs.
 - B. Request a dietitian consult.
 - C. Suggest that the client rests before eating the meal.
 - D. Request an order for an antiemetic.
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65. The family of an older adult client brings him to the emergency department after finding him wandering outside. During the initial assessment, the nurse notes that the client flinches when she palpates his abdomen yet responds to questions only by nodding and smiling. Which of the following factors should the nurse identify as a likely explanation for the client's behavior?
- A. He is hard of hearing.
 - B. Pain
 - C. Confusion
 - D. Language barrier

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66. A nurse is caring for a newborn immediately following birth. After assuring a patent airway, what is the priority nursing action?

- A. Administer vitamin K.
 - B. Dry the skin.
 - C. Administer eye prophylaxis.
 - D. Place an identification bracelet.
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67. A nurse is caring for a child who has Addison's disease. Which of the following actions should the nurse take?

- A. Teach the parents about cortisol replacement therapy.
 - B. Place the child on a low-sodium diet.
 - C. Monitor the child for fluid volume excess.
 - D. Discuss the manifestations of hyperglycemia with the parents.
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68. A nurse is caring for four clients for whom she has to administer oral medications in the morning. The nurse should administer which of the following medications before breakfast?

- A. Alendronate
 - B. Digoxin
 - C. Mycostatin mouthwash
 - D. Divalproex
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69. 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.
-

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70. 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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71. A nurse is providing care for a surgeon on a medical-surgical unit. A nurse from another unit asks the nurse about the surgeon's medical diagnosis. The nurse responds that he is unable to provide the information requested. The nurse is displaying which of the following ethical principles?

- A. Utility
 - B. Paternalism
 - C. Justice
 - D. Nonmaleficence
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72. When planning delegation of tasks to assistive personnel (AP), a nurse considers the five rights of delegation. Which of the following should the nurse consider when using one of the five rights of delegation?

- A. The AP's ability to prioritize
 - B. The AP has the knowledge and skill to perform the task
 - C. The AP's rapport with clients
 - D. The AP's ability to complete the task without assistance
-

73. A nurse is assessing a client who is 48 hr postoperative following abdominal surgery. Which of the following findings should the nurse report to the provider?

- A. Blood pressure 102/66 mm Hg
 - B. Straw-colored urine from an indwelling urinary catheter
 - C. Yellow-green drainage on the surgical incision
 - D. Respiratory rate 18/min
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74. A client becomes very dejected and states, "No one really cares what happens to me. Life isn't worth living anymore." Which of the following responses should the nurse make?

- A. "Of course people care. Your family comes to visit every day."
 - B. "Why do you feel that way?"
 - C. "Tell me who you think doesn't care about you."
 - D. "I care about you, and I am concerned that you feel so sad."
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75. A nurse is reviewing the EKG strip of a client who has prolonged vomiting. Which of the following abnormalities on the client's EKG should the nurse interpret as a sign of hypokalemia?

- A. Abnormally prominent U wave
 - B. Elevated ST segment
 - C. Wide QRS
 - D. Inverted P wave
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76. A nurse is preparing a client for outpatient surgery. After the nurse inserts the IV catheter, the client reports pain in the insertion area. Which of the following actions should the nurse take?

- A. Remove the catheter and insert another into a different site.
 - B. Administer an analgesic PO.
 - C. Request a prescription for placement of a central venous access device.
 - D. Administer a local anesthetic.
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77. A nurse is monitoring a client who was admitted with a severe burn injury and is receiving IV fluid resuscitation therapy. The nurse should identify a decrease in which of the following findings as an indication of adequate fluid replacement?

- A. BP
 - B. Heart rate
 - C. Urine output
 - D. Weight
-

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78. A nurse on a mental health unit is caring for a client who has generalized anxiety disorder. The client received a telephone call that was upsetting, and now the client is pacing up and down the corridors of the unit. Which of the following actions should the nurse take?

- A. Instruct the client to sit down and stop pacing.
 - B. Allow the client to pace alone until physically tired.
 - C. Have a staff member escort the client to her room.
 - D. Walk with the client at a gradually slower pace.
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79. A nurse is caring for a client who was involved in heavy combat and observed war casualties. The nurse should suspect that the client is suffering from posttraumatic stress disorder (PTSD) if the client makes which of the following statements?

- A. "I check any room I enter because the enemy is still after me and could be hiding anywhere."
 - B. "My child was born with a birth defect due to an exposure I had overseas."
 - C. "I killed four enemy soldiers with my bare hands and saved my entire battalion."
 - D. "In my dreams, all I can see are the wounded reaching out and trying to grab me."
-

80. A client who has a history of myocardial infarction (MI) is prescribed aspirin 325 mg. The nurse recognizes that the aspirin is given due to which of the following actions of the medication?

- A. analgesic
 - B. anti-inflammatory
 - C. antiplatelet aggregate
 - D. antipyretic
-

81. A school nurse is talking with a 13-year-old female at her annual health-screening visit. Which of the following comments made by the adolescent should be the nurse's priority to address?

- A. "My parents treat me like a baby sometimes."
 - B. "I haven't gotten my period yet, and all my friends have theirs."
 - C. "None of the kids at this school like me, and I don't like them either."
 - D. "There's a big pimple on my face, and I worry that everyone will notice it."
-

Comp Predictor Practice

82. A nurse is caring for a client who is 1 day postoperative following a subtotal thyroidectomy. The client reports a tingling sensation in the hands, the soles of the feet, and around the lips. For which of the following findings should the nurse assess the client?
- A. Chvostek's sign
 - B. Babinski's sign
 - C. Brudzinski's sign
 - D. Kernig's sign
-
83. A client smoking in his bathroom has dropped a cigarette butt into a wastepaper basket, which begins to smolder. Which of the following actions is the nurse's priority?
- A. Close the fire doors on the unit.
 - B. Activate the fire alarm.
 - C. Move any clients in the immediate vicinity.
 - D. Use a fire extinguisher to put out the fire.
-
84. A nurse on a long-term care unit is creating a plan of care for a client who has Alzheimer's disease. Which of the following interventions should the nurse include in the plan?
- A. Rotate assignment of daily caregivers.
 - B. Provide an activity schedule that changes from day to day.
 - C. Limit time for the client to perform activities.
 - D. Talk the client through tasks one step at a time.
-
85. A nurse is caring for a client who has bipolar disorder and has been taking lithium for 1 year. Before administering the medication, the nurse should check to see that which of the following tests have been completed?
- A. Thyroid hormone assay
 - B. Liver function tests
 - C. Erythrocyte sedimentation rate
 - D. Brain natriuretic peptide

Comp Predictor Practice

86. A nurse in a prenatal clinic is caring for a client who is at 7 weeks of gestation. The client reports urinary frequency and asks if this will continue until delivery. Which of the following responses should the nurse make?
- A. "It's a minor inconvenience, which you should ignore."
 - B. "In most cases it only lasts until the 12th week, but it will continue if you have poor bladder tone."
 - C. "There is no way to predict how long it will last in each individual client."
 - D. "It occurs during the first trimester and near the end of the pregnancy."
-
87. A nurse is caring for a client during the first trimester of pregnancy. After reviewing the client's blood work, the nurse notices she does not have immunity to rubella. Which of the following times should the nurse understand is recommended for rubella immunization?
- A. Shortly after giving birth
 - B. In the third trimester
 - C. Immediately
 - D. During her next attempt to get pregnant
-
88. A nurse is caring for a client who just delivered a newborn. Following the delivery, which nursing action should be done first to care for the newborn?
- A. Clear the respiratory tract.
 - B. Dry the infant off and cover the head.
 - C. Stimulate the infant to cry.
 - D. Cut the umbilical cord.
-
89. A rehabilitation nurse is caring for a client who has had a spinal cord injury that resulted in paraplegia. After a week on the unit, the nurse notes that the client is withdrawn and increasingly resistant to rehabilitative efforts by the staff. Which of the following actions should the nurse take?
- A. Inform the client that privileges are related to participation in therapy.
 - B. Limit visiting hours until the client begins to participate in therapy.
 - C. Allow the client to control the timing and frequency of the therapy.
 - D. Establish a plan of care with the client that sets attainable goals.

Comp Predictor Practice

90. 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
-

91. A nurse in labor and delivery is caring for a client. Following delivery of the placenta, the nurse examines the umbilical cord. Which of the following vessels should the nurse expect to observe in the umbilical cord?

- A. Two veins and one artery
 - B. One artery and one vein
 - C. Two arteries and one vein
 - D. Two arteries and two veins
-

92. A nurse is caring for an antepartum client whose laboratory findings indicate a negative rubella titer. Which of the following is the correct interpretation of this data?

- A. The client is not experiencing a rubella infection at this time.
 - B. The client is immune to the rubella virus.
 - C. The client requires a rubella vaccination at this time.
 - D. The client requires a rubella immunization following delivery.
-

93. 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
-

Comp Predictor Practice

94. A nurse in a prenatal clinic is caring for a client who is suspected of having a hydatidiform mole. Which of the following findings should the nurse expect to observe in this client?

- A. Rapid decline in human chorionic gonadotropin (hCG) levels
 - B. Profuse, clear vaginal discharge
 - C. Irregular fetal heart rate
 - D. Excessive uterine enlargement
-

95. A nurse is caring for a client who is a primigravida, at term, and having contractions but is stating that she is "not really sure if she is in labor or not." Which of the following should the nurse recognize as a sign of true labor?

- A. Rupture of the membranes
 - B. Changes in the cervix
 - C. Station of the presenting part
 - D. Pattern of contractions
-

96. A nurse is preparing to administer magnesium sulfate IV to a client who is experiencing preterm labor. Which of the following is the priority nursing assessment for this client?

- A. Temperature
 - B. Fetal heart rate (FHR)
 - C. Bowel sounds
 - D. Respiratory rate
-

97. A nurse in a clinic is interviewing a client who has a possible diagnosis of endometriosis. Which of the following findings in the client's history should the nurse recognize as consistent with a diagnosis of endometriosis?

- A. A history of pelvic inflammatory disease (PID).
 - B. Abdominal bloating starting several days before menses.
 - C. An atypical Papanicolaou smear at her last clinic visit.
 - D. Dysmenorrhea that is unresponsive to NSAIDs.
-

Comp Predictor Practice

98. A nurse is caring for a client who is at 40 weeks of gestation and is in labor. The client's ultrasound examination indicates that the fetus is small for gestational age (SGA). Which of the following interventions should be included in the newborn's plan of care?
- A. Observe for meconium in respiratory secretions.
 - B. Monitor for hyperglycemia.
 - C. Identify manifestations of anemia.
 - D. Monitor for hyperthermia.
-
99. A nurse is caring for an adolescent client who is gravida 1 and para 0. The client was admitted to the hospital at 38 weeks of gestation with a diagnosis of preeclampsia. Which of the following findings should the nurse identify as inconsistent with preeclampsia?
- A. 1+ pitting sacral edema
 - B. 3+ protein in the urine
 - C. Blood pressure 148/98 mm Hg
 - D. Deep tendon reflexes of +1
-
100. A nurse is preparing to assess a newborn who is postmature. Which of the following findings should the nurse expect? (Select all that apply.)
- A. Cracked, peeling skin
 - B. Positive Moro reflex
 - C. Short, soft fingernails
 - D. Abundant lanugo
 - E. Vernix in the folds and creases

Comp Predictor Practice

101. A nurse is providing discharge teaching to a client who has asthma and new prescriptions for cromolyn and albuterol, both by nebulizer. Which of the following statements by the client indicates an understanding of the teaching?

- A. "If my breathing begins to feel tight, I will use the cromolyn immediately."
 - B. "I will be sure to take the albuterol before taking the cromolyn."
 - C. "I will use both medications immediately after exercising."
 - D. "I will administer the medications 10 minutes apart."
-

102. A nurse is completing a medication history for a client who reports using over-the-counter calcium carbonate antacid. Which of the following recommendations should the nurse make about taking this medication?

- A. Decrease bulk in the diet to counteract the adverse effect of diarrhea.
 - B. Take the medication with dairy products to increase absorption.
 - C. Reduce sodium intake.
 - D. Drink a glass of water after taking the medication.
-

103. A nurse is caring for a client who is in premature labor and is receiving terbutaline. The nurse should monitor the client for which of the following adverse effects that should be reported to the provider?

- A. Headaches
 - B. Nervousness
 - C. Tremors
 - D. Dyspnea
-

104. A hospice nurse is caring for a client who has terminal cancer and takes PO morphine for pain relief. The client reports that he had to increase the dose of morphine this week to obtain pain relief. Which of the following scenarios should the nurse document as the explanation for this situation?

- A. The client not been taking the medication properly.
 - B. The client is experiencing episodes of confusion.
 - C. The client has become addicted to the medication.
 - D. The client developed a tolerance to the medication.
-

Comp Predictor Practice

105. A nurse is caring for several clients. The nurse should recognize that it is safe to administer tocolytic therapy to which of the following clients?

- A. A client who is experiencing fetal death at 32 weeks of gestation
 - B. A client who is experiencing preterm labor at 26 weeks of gestation
 - C. A client who is experiencing Braxton-Hicks contractions at 36 weeks of gestation
 - D. A client who has a post-term pregnancy at 42 weeks of gestation
-

106. A nurse is providing teaching for a client who has binge-eating disorder and is morbidly obese. The client has been prescribed orlistat. Which of the following statements indicates to the nurse that the client understands the teaching?

- A. "I will take my dose of orlistat every morning an hour before breakfast."
 - B. "I will eat a no-fat diet to prevent side effects from the medication."
 - C. "I will stop taking orlistat and call my doctor if my urine gets darker in color."
 - D. "I will feel less hungry during meals while I am taking orlistat."
-

107. A nurse is caring for a client who has cancer and a new prescription for ondansetron to treat chemotherapy-induced nausea. For which of the following adverse effects should the nurse monitor?

- A. Headache
 - B. Dependent edema
 - C. Polyuria
 - D. Photosensitivity
-

108. A nurse is preparing to administer verapamil by IV bolus to a client who is having cardiac dysrhythmias. For which of the following adverse effects should the nurse monitor when giving this medication?

- A. Hyperthermia
- B. Hypotension
- C. Ototoxicity
- D. Muscle pain

Comp Predictor Practice

109. A nurse is caring for a client who has a fungal infection and has a new prescription for amphotericin B. Which of the following laboratory values should the nurse report to the provider before initiating the medication?

- A. Sodium 140 mEq/L
 - B. Potassium 4.5 mEq/L
 - C. BUN 55 mg/dL
 - D. Glucose 120 mg/dL
-

110. A nurse is assessing a client who is taking levothyroxine. The nurse should recognize that which of the following findings is a manifestation of levothyroxine overdose?

- A. Insomnia
 - B. Constipation
 - C. Drowsiness
 - D. Hypoactive deep-tendon reflexes
-

111. A nurse is caring for a client who has Parkinson's disease and is taking diphenhydramine 25 mg PO TID. Which of the following therapeutic outcomes should the nurse expect to see?

- A. Delay in disease progression
 - B. Improved bladder function
 - C. Relief of depression
 - D. Decreased tremors
-

112. A nurse is caring for an adolescent client who has a long history of diabetes mellitus and is being admitted to the emergency department confused, flushed, and with an acetone odor on the breath. Diabetic ketoacidosis is suspected. The nurse should anticipate using which of the following types of insulin to treat this client?

- A. NPH insulin
- B. Insulin glargine
- C. Insulin detemir
- D. Regular insulin

Comp Predictor Practice

113. A nurse is caring for a client who has streptococcal pneumonia and a prescription for penicillin G by intermittent IV bolus. 10 minutes into the infusion of the third dose, the client reports that the IV site itches and that he feels dizzy and short of breath. Which of the following actions should the nurse take first?

- A. Stop the infusion.
 - B. Call the client's provider.
 - C. Elevate the head of the bed.
 - D. Auscultate the client's breath sounds.
-

114. A nurse is caring for a client who is postpartum and received methylergonovine. Which of the following findings indicates that the medication was effective?

- A. Fundus firm to palpation
 - B. Increase in blood pressure
 - C. Increase in lochia
 - D. Report of absent breast pain
-

115. 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
- C. Fine hand tremors and pill rolling
- D. Facial grimacing and eye blinking
- F. Involuntary pelvic rocking and hip thrusting movements

Comp Predictor Practice

116. A nurse is caring for a client who has a new diagnosis of myasthenia gravis. For which of the following manifestations should the nurse monitor?

- A. Confusion
 - B. Weakness
 - C. Increased intracranial pressure
 - D. Increased urinary output
-

117. A nurse is caring for a client who has chemotherapy-induced peripheral neuropathy. The nurse should expect the client to report having experienced which of the following symptoms?

- A. Extremities that turned blue when exposed to cold
 - B. Tingling feeling in the extremities
 - C. Jerking movements of the extremities
 - D. Spasms of the extremities
-

118. A nurse is caring for a client who has had a stroke involving the right hemisphere. Which of the following alterations in function should the nurse expect?

- A. Difficulty reading
 - B. Inability to recognize his family members
 - C. Right hemiparesis
 - D. Aphasia
-

119. While performing an admission assessment for a client, the nurse notes that the client has varicose veins with ulcerations and lower extremity edema with a report of a feeling of heaviness. Which of the following nursing diagnoses should the nurse identify as being the priority in the client's care?

- A. Impaired tissue perfusion
 - B. Alteration in body image
 - C. Alteration in activity tolerance
 - D. Impaired skin integrity
-

Comp Predictor Practice

120. A nurse is planning care for a female client who has a T4 spinal cord injury and is at risk for acquiring urinary tract infections. Which of the following actions should the nurse include in the client's plan of care?

- A. Cleanse the perineum from back to front.
 - B. Obtain a prescription for an indwelling urinary catheter.
 - C. Encourage fluid intake at and between meals.
 - D. Offer the client the bedpan every 2 hr.
-

121. A nurse is assessing a client who is admitted with hyperthyroidism. The client reports a weight loss of 5.4 kg (12 lb) in the last 2 months, increased appetite, increased perspiration, fatigue, menstrual irregularity, and restlessness. Which of the following actions should the nurse take to prevent a thyroid crisis?

- A. Provide a quiet, low-stimulus environment.
 - B. Administer aspirin as prescribed for any sign of hyperthermia.
 - C. Keep the client NPO.
 - D. Observe the client carefully for signs of hypocalcemia.
-

122. A nurse is caring for a client who has Cushing's syndrome. Which of the following interventions should the nurse expect to perform? (Select all that apply.)

- A. Assess blood glucose level
 - B. Assess for neck vein distention
 - C. Monitor for an irregular heart rate
 - D. Monitor for postural hypotension
 - E. Weigh the client daily
-

123. A nurse is reviewing laboratory values for a client who has systemic lupus erythematosus (SLE). Which of the following values should give the nurse the best indication of the client's renal function?

- A. Serum creatinine
 - B. Blood urea nitrogen (BUN)
 - C. Serum sodium
 - D. Urine-specific gravity
-

Comp Predictor Practice

124. A nurse is caring for a client who has been hospitalized for treatment of bipolar disorder and will be discharged with a prescription for lithium. The nurse's discharge teaching should include information cautioning against which of the following factors that may cause lithium toxicity?
- A. Experiencing diarrhea
 - B. Exercising moderately
 - C. Increasing sodium intake
 - D. Drinking green tea
-
125. A nurse in an emergency department is assessing a client who has been taking haloperidol for 3 months. The client has a temperature of 39.5° C (103.4° F), blood pressure of 150/110 mm Hg, and muscle rigidity. Which of the following complications should the nurse suspect?
- A. Agranulocytosis
 - B. Neuroleptic malignant syndrome
 - C. Akathisia
 - D. Tardive dyskinesia
-
126. A nurse in a mental health facility is planning care for a client who has obsessive-compulsive disorder (OCD) and is newly admitted to the unit. Which of the following actions should the nurse plan to take regarding the client's compulsive behaviors?
- A. Isolate the client for a period of time.
 - B. Confront the client about the senseless nature of the repetitive behaviors.
 - C. Plan the client's schedule to allow time for rituals.
 - D. Set strict limits on the behaviors so that the client can conform to the unit rules and schedules.
-
127. A nurse is planning care for a client newly admitted with major depressive disorder. Which of the following actions should the nurse plan to take?
- A. Ask the client to create her own schedule of daily activities.
 - B. Teach the client to use passive communication when interacting with others.
 - C. Determine the client's need for assistance with grooming.
 - D. Limit the client's involvement in unit activities.

Comp Predictor Practice

128. A nurse at a college campus mental health counseling center is caring for a student who just failed an examination. The student spends the session berating the teacher and the course. The nurse should recognize this behavior as which of the following defense mechanisms?

- A. Conversion
 - B. Projection
 - C. Undoing
 - D. Regression
-

129. A nurse in a hospital is caring for a client who has agoraphobia. Which of the following statements by the client indicates understanding of the goals of treatment?

- A. "I plan to sit on a park bench for a few minutes each day."
 - B. "I can try participating in group therapy every week."
 - C. "I will join a book club in my neighborhood."
 - D. "I should avoid entering elevators and other closed spaces."
-

130. A nurse in an emergency department is assessing a client for suspected cocaine intoxication. Which of the following findings should the nurse expect?

- A. Nystagmus
 - B. Dilated pupils
 - C. Hypersomnia
 - D. Depression
-

131. A nurse at a walk-in mental health clinic is assessing a client experiencing severe anxiety. The nurse should recognize the client might exhibit which of the following manifestations?

- A. Attention-seeking conduct
 - B. Mild difficulty problem solving
 - C. Mild fidgeting
 - D. Threatening behavior
-

Comp Predictor Practice

132. A nurse is conducting a group therapy session for several clients. The group is laughing at a joke one of the clients told, when a client who is schizophrenic jumps up and runs out of the room yelling, "You are all making fun of me!" The nurse should identify this behavior as which of the following characteristics of schizophrenia?
- A. Magical thinking
 - B. Delusions of grandeur
 - C. Ideas of reference
 - D. Looseness of association
-
133. A nurse is caring for a client who has named a person to serve as his health care proxy. The client states he needs clarification about this type of advance directives. Which of the following statements by the client indicates a need for clarification?
- A. "I can change who I designate as my health care proxy at any time."
 - B. "If I become incapacitated, end-of-life choices will be made by my proxy."
 - C. "I have to choose a family member as my health proxy."
 - D. "The health care proxy does not go into effect until I am incapable of making decisions."
-
134. A community health nurse is providing teaching to the family of a client who has primary dementia. Which of the following manifestations should the nurse tell the family to expect?
- A. Decreased auditory and visual acuity
 - B. Decreased display of emotions
 - C. Personality traits that are opposite of original traits
 - D. Forgetfulness gradually progressing to disorientation
-
135. A nurse on a medical-surgical unit is planning to delegate tasks to an adult volunteer. Which of the following tasks should the charge nurse avoid assigning to the volunteer?
- A. Delivering meal trays to clients in their rooms
 - B. Assisting a client who has difficulty seeing the foods on the tray while eating
 - C. Delivering a routine urine specimen to the laboratory
 - D. Observing a postoperative client who is confused

Comp Predictor Practice

136. A nurse has several tasks to delegate to an assistive personnel (AP). Which of the following tasks should the nurse ask the AP to perform first?

- A. Take an arterial blood gas (ABG) specimen to the laboratory.
 - B. Transport a client to the radiology department for an x-ray.
 - C. Pass fresh water to clients on the unit.
 - D. Obtain a routine urine sample from a newly-admitted client.
-

137. 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.
-

138. Following a tornado, a nurse is determining which of the clients assigned to her care can be discharged to free up beds for injured clients. Which of the following clients should the nurse recommend for discharge?

- A. A young adult client who has Crohn's disease and is 1 day preoperative for an ileostomy
 - B. An adolescent client who was admitted 24 hr ago due to a spontaneous pneumothorax
 - C. A middle adult who is 36 hr postoperative from an open laminectomy
 - D. An older adult client who was admitted for diabetic ketoacidosis and his most recent ABGs show his pH is now 7.32
-

139. A nurse in a psychiatric unit is admitting a client who attacked a neighbor. The nurse should know that the client can be kept in the hospital after the 72-hr hold is over for which of the following conditions?

- A. The client is a danger to herself or others.
 - B. The client is unwilling to accept that treatment is needed.
 - C. The client states that she does not like the neighbor.
 - D. The client states that she plans to move out of the state immediately.
-

Comp Predictor Practice

140. A nurse in a prenatal clinic is caring for a client who is at 38 weeks of gestation and reports heavy, red vaginal bleeding. The bleeding started spontaneously in the morning and is not accompanied by contractions. The client is not in distress and she states that she can "feel the baby moving." An ultrasound is scheduled stat. The nurse should explain to the client that the purpose of the ultrasound is to determine which of the following?

- A. Fetal lung maturity
 - B. Location of the placenta
 - C. Viability of the fetus
 - D. The biparietal diameter
-

141. A nurse has been reassigned from her regular area of work to a unit that is short staffed. Which of the following actions should the nurse take first?

- A. Ask what she will be assigned to do.
 - B. Determine if she has the skills to complete the assignment.
 - C. Identify her options.
 - D. Notify the nurse manager about her concerns for client safety.
-

142. A volunteer assigned to the pediatric unit reports to the charge nurse for an assignment. Which of the following assignments is unsafe for the volunteer?

- A. Transporting a school-age client who is in traction to another department
 - B. Playing a computer video game with an adolescent who has sickle cell disease
 - C. Reading a book to a preschool client who has AIDS
 - D. Rocking an infant who was admitted for croup
-

143. A nurse in a provider's office is reviewing the laboratory findings for a client who is scheduled for surgery. Which of the following findings requires follow up by the nurse?

- A. BUN 15 mg/dL
 - B. Platelet count 60,000/mm³
 - C. WBC 6,000/mm³
 - D. Hemoglobin 14 g/dL
-

Comp Predictor Practice

144. A nurse is caring for a client who is in labor and has an external fetal monitor. The nurse observes late decelerations on the monitor strip and interprets them as indicating which of the following?

- A. Uteroplacental insufficiency
 - B. Maternal bradycardia
 - C. Umbilical cord compression
 - D. Fetal head compression
-

145. A nurse is working with an assistive personnel (AP) to care for a group of clients on the pediatric unit. Which of the following tasks should the nurse have the AP perform first?

- A. Collect a stool sample for ova and parasites from a school-age child
 - B. Engage a toddler in play.
 - C. Wash the hair of an adolescent who reports extreme fatigue and is scheduled for radiation therapy for the treatment of Hodgkin lymphoma.
 - D. Check to see if the elbow restraint is in place for an infant who is postoperative from a surgical correction of a cleft palate.
-

146. A nurse is participating in a disaster simulation in which a toxic substance is released into a crowded stadium. Multiple clients are transported to the facility. Which of the following activities would be the lowest priority for the nurse?

- A. Preventing cross-contamination of clients
 - B. Performing concise client assessment
 - C. Transferring a client to the discharge location
 - D. Maintaining a client tracking system
-

147. A nurse on a medical-surgical unit is providing care for a group of clients. The nurse should delegate collection of which of the following specimens to the assistive personnel (AP)?

- A. Wound drainage for culture
 - B. Urine from an indwelling catheter
 - C. Blood for PaCO₂
 - D. Random stool specimen
-

Comp Predictor Practice

148. A nurse is caring for a client who has a suspected ectopic pregnancy at 8 weeks of gestation. Which of the following manifestations should the nurse expect to identify as consistent with the diagnosis?

- A. Severe nausea and vomiting
 - B. Large amount of vaginal bleeding
 - C. Unilateral, cramp-like abdominal pain
 - D. Uterine enlargement greater than expected for gestational age
-

149. A nurse suspects that a coworker is diverting opioid analgesics. Which of the following is an adverse effect of opioid medications?

- A. Euphoria
 - B. Rhinorrhea
 - C. Hallucinations
 - D. Dilated pupils
-

150. A nurse is completing discharge teaching to a client in her 35th week of pregnancy who has mild preeclampsia. Which of the following information about nutrition should be included in the teaching?

- A. Consume 40 to 50 g of protein daily.
 - B. Avoid salting of foods during cooking.
 - C. Drink 48 to 64 ounces of water daily.
 - D. Limit intake of whole grains, raw fruits, and vegetables.
-

151. A nurse is triaging clients in an urgent care clinic. Which of the following clients should the nurse have the provider care for immediately?

- A. An adolescent female client who is belligerent and has slurred speech
 - B. A toddler who has a laceration on his forehead and is screaming
 - C. A middle adult male who is diaphoretic and reports epigastric pain
 - D. A young adult with a painful sunburn of his face and arms
-

Comp Predictor Practice

152. A nurse in a prenatal clinic is caring for a client who is pregnant and asks the nurse for her estimated date of birth (EDB). The client's last menstrual period began on July 27. What is the client's EDB? (State the date in MMDD. For example, July 27 is 0727)

153. A nurse is caring for a client who is well-hydrated and who demonstrates no evidence of anemia. Which of the following laboratory values gives the nurse an assessment of the adequacy of the client's protein uptake and synthesis?

- A. Albumin
 - B. Calcium
 - C. Sodium
 - D. Potassium
-

154. A nurse is teaching a client about nutritional requirements necessary to promote wound healing. Which of the following nutrients should the nurse include in the teaching?

- A. Protein
 - B. Calcium
 - C. Vitamin B1
 - D. Vitamin D
-

155. How many calories are contained in a food item that has 15 g of carbohydrates, 4 g of protein, and 10 g of fat?

_____ calories

Comp Predictor Practice

156. A nurse is reviewing the laboratory results for a client who has a history of atherosclerosis and notes elevated cholesterol levels. Which of the following statements by the client indicates the nurse should plan follow-up teaching on a low-cholesterol diet?

- A. "I flavor my meat with lemon juice."
 - B. "I eat two eggs for breakfast each morning."
 - C. "I cook my food with canola oil."
 - D. "I take an omega-3 supplement daily."
-

157. A nurse is caring for a client who has cancer and is receiving total parenteral nutrition (TPN). Which of the following lab values indicates the treatment is effective?

- A. Hct 43%
 - B. WBC 8,000/uL
 - C. Albumin 4.2 g/dL
 - D. Calcium 9.4 mg/dL
-

158. A nurse is providing dietary teaching to client who has calcium oxalate kidney stones. Which of the following statements indicates an understanding of the teaching?

- A. "I can have almonds as a snack."
 - B. "I can use soy milk with my cereal."
 - C. "I may eat a sweet potato for dinner."
 - D. "I may eat a banana with my breakfast."
-

159. A public health nurse is teaching a group of nurses about smallpox. Which of the following statements by one of the nurses indicates understanding of the teaching?

- A. "There are rare, occasional occurrences of smallpox."
 - B. "Vaccination against smallpox provides lifelong immunity."
 - C. "Smallpox lesions appear in various stages of healing."
 - D. "Unlike chickenpox, the vesicles of smallpox are more abundant on the face."
-

Comp Predictor Practice

160. A nurse is teaching a client about snacks that are appropriate on a low-fat, low-sodium, and low-cholesterol diet. Which of the following food choices by the client indicates the need for further teaching?

- A. A slice of cheese
 - B. A jam sandwich
 - C. A cup of plain popcorn
 - D. A small container of applesauce
-

161. A nurse is caring for a client who is postpartum. The nurse should recognize which of the following statements by the client as an indication of inhibition of parental attachment?

- A. "He's got my husband's nose, that's for sure."
 - B. "I don't need a baby bath demonstration. I know how to do it."
 - C. "I wish he had more hair. I will keep a hat on his head until he grows some."
 - D. "Do you think you could keep him in the nursery for the next feeding so I can get some sleep?"
-

162. A nurse is providing teaching about the Mediterranean diet to a client newly who has a new diagnosis of hypertension. Which of the following statements by the client indicates a need for further teaching?

- A. "I will limit my intake of red meat to twice weekly."
 - B. "I can have dairy in moderate portions daily."
 - C. "I can have fish two times a week."
 - D. "I can drink wine in moderation."
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163. A nurse is providing teaching to a group of parents of newborns who are planning to formula feed. Which of the following statements by a parent indicates a need for further teaching?

- A. "I will give formula to my baby at room temperature."
 - B. "I will ensure my baby's feedings last 10 to 15 minutes."
 - C. "I will burp my baby half way through each feeding."
 - D. "I will watch for signs my baby is full and stop the feeding."
-

Comp Predictor Practice

164. A nurse is reviewing treatment protocols for clients exposed to bioterrorism agents. For which of the following agents should the nurse plan to administer a vaccine following exposure?

- A. Anthrax
 - B. Botulism
 - C. Plague
 - D. Smallpox
-

165. A nurse is providing staff education about smallpox as a bioterrorism threat. Which of the following statements indicates an understanding of this agent? (Select all that apply.)

- A. "Smallpox is transmitted person to person."
 - B. "Infection is characterized by severe respiratory distress."
 - C. "Smallpox vaccination ensures lifelong immunity."
 - D. "Naturally occurring smallpox has been eradicated from the world."
 - E. "Smallpox is often confused with varicella."
-

166. A nurse is preparing a response protocol for botulism as a bioterrorism agent. The nurse should prepare the protocol based on which of the following information? (Select all that apply.)

- A. Botulism can produce paralysis within 12 to 72 hr following exposure.
 - B. Notify the Centers for Disease Control and Prevention (CDC) when more than three cases are confirmed.
 - C. Botulism is acquired through direct contact with an infected person.
 - D. Vomiting and diarrhea are expected findings following exposure.
 - E. Botulism is a toxin found in castor beans.
-

Comp Predictor Practice

167. A charge nurse is discussing the phases of community response to disaster with nursing staff. Which of the following statements indicates an understanding of the heroic phase of disaster response?

- A. "Personnel are willing to work in dangerous conditions to provide assistance."
 - B. "Survivors come together and share stories of survival."
 - C. "Responders experience exhaustion due to extended relief efforts."
 - D. "Normalcy begins to return to the community."
-

168. A nurse is reinforcing teaching with a group of adolescent females who are pregnant about expected changes related to pregnancy. Which of the following client statements indicates understanding of the teaching?

- A. "It is normal to have a white vaginal discharge."
 - B. "I should recognize fetal movement by 12 weeks."
 - C. "I will take fluid pills if my ankles begin to swell."
 - D. "My nipples and areolae will become pale as my breasts enlarge."
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169. A public health nurse is assessing an older adult client who lives with a family member. The nurse identifies several bruises in various stages of healing. The client and family member explain that the bruises are a result of clumsiness. However, based on the distribution of the bruises, the nurse suspects abuse. Which of the following actions should the nurse take first?

- A. Document the bruises in the client's chart.
 - B. Report the findings to a supervisor.
 - C. Provide the client with a crisis hotline number.
 - D. Discuss respite care with the client's family.
-

170. A community health nurse is developing a pamphlet about breast self-examination (BSE) for a local health fair. Which of the following instructions should the nurse include?

- A. Expect some breast dimpling or discharge with age.
 - B. For those who have a menstrual cycle, perform a BSE every month, 2 or 3 days before menstruation.
 - C. Using the palm of the hand, feel for lumps using a circular motion.
 - D. Breasts can be examined in the shower with soapy hands.
-

Comp Predictor Practice

171. A community health nurse in a pediatric clinic is reviewing the history of a 12-year-old client. Which of the following immunizations should the nurse expect to administer?

- A. Meningococcal conjugate
 - B. Herpes zoster
 - C. Rotavirus
 - F. Pneumococcal polysaccharide
-

172. A community health nurse is conducting an educational program on various environmental pollutants. The nurse should emphasize that clients who have which of the following disorders are especially vulnerable to ozone effects?

- A. Osteoarthritis
 - B. Basal cell carcinoma
 - C. Asthma
 - D. Hypothyroidism
-

173. A nurse working for a home health agency is assessing an older adult male client. Which of the following findings is the priority for the nurse to address?

- A. Swollen gums
 - B. Pruritus
 - C. Urinary hesitancy
 - D. Dysphagia
-

174. A nurse is preparing a community health program for adults at risk for cardiovascular disease. Which of the following should the nurse include as a modifiable risk factor?

- A. Diagnosis of diabetes mellitus
 - B. Family history of cardiac disease
 - C. Increasing age
 - D. Cigarette smoking
-

Comp Predictor Practice

175. A school nurse is teaching a group of nurses newly hired to work in the school system about pediculosis capitis (head lice). Which of the following information is appropriate to include in the teaching?

- A. Family pets can contribute to the transmission of lice.
 - B. Children from lower socioeconomic areas are more likely to have lice.
 - C. Nits that are shed into the environment are capable of hatching for up to 10 days.
 - D. Infestation often appears as grayish brown, threadlike burrows along the skin behind the ears.
-

176. An older adult client who lives alone tells a clinic nurse that he is unable to drive himself to the store and is afraid to cook on the stove. Which of the following community resources should the nurse recommend for this client?

- A. Hospice care
 - B. Meals on Wheels
 - C. A rehabilitation facility
 - D. Temporary Assistance for Needy Families (TANF)
-

177. A nurse is working with an interdisciplinary disaster committee to develop a community-wide emergency response plan in the event of a nonbiological or chemical incident. The nurse should include which of the following agencies to be notified immediately after calling 911?

- A. Office of Emergency Management (OEM)
 - B. Federal Emergency Management Agency (FEMA)
 - C. American Red Cross (ARC)
 - D. U.S. Department of Homeland Security (DHS)
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178. An occupational health nurse in the clinic of an industrial plant is developing a guidebook for clinic workers. Which of the following actions should the nurse include as a secondary prevention strategy?

- A. Teach plant workers about proper lifting techniques.
- B. Set up an influenza immunization campaign.
- C. Help plant workers identify signs of carpal tunnel syndrome.
- D. Collaborate with physical therapists to develop programs for injured employees to return to work.

Comp Predictor Practice

179. A school nurse receives a call that some children and teachers report being exposed to an undetermined noxious gas odor presenting in the classrooms and are experiencing dizziness. Which of the following actions should the nurse take?
- A. Have students evacuated from the school and establish a triage area in the school parking lot.
 - B. Move individuals who are reporting symptoms to one of the affected classrooms and create a triage area inside the room.
 - C. Arrange for client transportation to the nearest emergency department and tell the group triage will occur there.
 - D. Transport all children and school personnel to the nearest medical facility using school buses.
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