

IM8 Mental Health-C

1. 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.
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2. A nurse in a psychiatric unit is caring for several clients. Which of the following clients should the nurse recommend for group therapy?
- A. A client who has been taking amitriptyline for 3 months for depression
 - B. A client exhibiting psychotic behavior
 - C. A client admitted 12 hr ago for acute mania
 - D. A client who is experiencing alcohol intoxication
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3. A nurse is caring for a client who has bipolar disorder and is in the manic phase. The client says he is bored. Which of the following activities is appropriate for the nurse to suggest to this client?
- A. Watching a video with a group in the day room
 - B. Walking with the nurse in the courtyard
 - C. Participating in a basketball game in the gym
 - D. Joining a group discussion about a local election
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4. 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

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5. 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
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6. A nurse is caring for a client who is hospitalized for the treatment of severe depression. Which of the following nursing approaches is therapeutic to include in the client's plan of care?
- A. Encouraging decision-making
 - B. Giving the client choices of activities
 - C. Playing a game of chess with the client
 - D. Spending time sitting with the client
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7. A nurse is caring for a hospitalized client who tells lies about other clients. The other clients on the unit frequently complain to the nursing staff about the client's disruptive behaviors. Which of the following initial actions should the nurse take?
- A. Talk to the client and identify the specific limits that are required of the client's behavior.
 - B. Discuss the problem in a community meeting with the other clients on the unit present.
 - C. Escort the client to her room each time the nurse observes the client socializing with other clients.
 - D. Tell the other clients to ignore the client's lies.
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8. A nurse in the emergency department is caring for a client who reports chest pain, headache, and shortness of breath. He continues to state, "I don't know why my wife left me." The client receives a diagnosis of anxiety. The nurse realizes the client's findings support which level of anxiety?
- A. Mild
 - B. Moderate
 - C. Severe
 - D. Panic

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9. A nurse is caring for a client who has an eating disorder. The nurse is practicing which of the following ethical concepts when the client refuses to drink a between meal protein and calorie supplement?

- A. Autonomy
 - B. Beneficence
 - C. Veracity
 - D. Fidelity
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10. A nurse is assessing an adolescent female client who has anorexia nervosa. Which of the following findings should the nurse expect?

- A. Tachycardia
 - B. Constipation
 - C. Metrorrhagia
 - D. Hyperkalemia
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11. A nurse in a mental health clinic is assessing a client who was brought in by her adult daughter stating that her mother has not been able to leave her home for weeks because she is afraid to be outdoors alone. The nurse should anticipate planning care for managing which of the following phobias?

- A. Xenophobia
 - B. Acrophobia
 - C. Mysophobia
 - D. Agoraphobia
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12. A nurse is caring for a client who is experiencing acute alcohol withdrawal. Which of the following findings should the nurse expect?

- A. Hand tremors
 - B. Stuporous level of consciousness
 - C. Bradycardia
 - D. Hypotension
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13. A nurse is teaching a community education course about the physical complications related to substance use disorder. Which of the following findings should the nurse include in the discussion as a health risk of heroin use?

- A. Acute pancreatitis
 - B. Slowed breathing
 - C. Nasal septum perforation
 - D. Permanent short-term memory loss
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14. A nurse is teaching a community education course about the physical complications related to substance use disorder. Which of the following findings should the nurse identify as the primary cause of liver cirrhosis?

- A. Alcohol
 - B. Caffeine
 - C. Cocaine
 - D. Inhalants
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15. A nurse is caring for a client who has a new diagnosis of human immunodeficiency virus (HIV). He states, "I don't care what the doctors say, there is no way I can have HIV, and I don't need treatment for something I don't have." The nurse identifies that the client is experiencing which of the following types of crisis?

- A. Adventitious
 - B. Internal
 - C. Maturation
 - D. Situational
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16. A nurse is caring for a client who has bipolar disorder. The client states, "I feel like Superman. I can do anything. I can fly home today and then become a U.S. Senator." Which of the following findings is this client exhibiting?

- A. Flight of ideas
 - B. Grandiosity
 - C. Reality testing
 - D. Derealization
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17. A nurse is reading the medical record for a client who has schizophrenia which indicates that the client exhibits depersonalization. Which of the following statements by the client confirms that she is experiencing depersonalization?
- A. "I have broken off all my past relationships because my friends and family are trying to kill me."
 - B. "I hear voices telling me that I have been bad."
 - C. "My hands and feet are much smaller than they used to be."
 - D. "Everything in this room has changed and I don't recognize it anymore."
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18. 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.
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19. 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
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20. A nurse is caring for a client who has bipolar disorder and a new prescription for valproate. Which of the following instructions should the nurse give the client about the use of this medication?
- A. Thyroid function tests should be performed every 6 months.
 - B. A pretreatment electroencephalogram (EEG) will be done.
 - C. Liver function tests must be monitored.

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D. High serum sodium levels can cause toxic levels of valproate.

21. A nurse is preparing to teach a client about his prescription of lithium for the treatment of bipolar disorder. Which of the following statements should the nurse include in the teaching?

- A. "You will need to consume a low-salt diet while on this medication."
 - B. "You will need your blood levels drawn weekly during the first month."
 - C. "You will need to take this medication on an empty stomach."
 - D. "You will need to stop this medication if you experience diarrhea."
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22. A nurse is caring for a young adult client who has acute schizophrenic disorder and tells the nurse, "Yester noon the sun moon went over the rover to see the lawnmower." Which of the following manifestations is the client exhibiting?

- A. Delusional disorder
 - B. Associative looseness
 - C. Hallucination
 - D. Anhedonia
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23. A nurse is caring for a client who was admitted with delirium tremens five days ago. The client seeks permission from the nurse before performing activities of daily living. This behavior indicates which of the following findings to the nurse?

- A. The client is ready for discharge.
 - B. The client may be having a recurrence of delirium tremens.
 - C. The client is able to function independently.
 - D. The client is exhibiting dependency.
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24. A nurse is speaking with the parents of a 4-year-old child who has a terminal illness. The parents tell the nurse they have taken their son's name off the list for little league baseball next season. Which of the following responses should the nurse make?

- A. "It must be frustrating for you to have to cancel an activity your son enjoyed."
 - B. "Baseball can be a dangerous sport for children anyway."
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- C. "You never know. He could be ready for baseball by the spring."
 - D. "Why did you feel you needed to do that at this time?"
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25. A nurse notices that a client who has moderate anxiety is pacing the hall and mumbling. As the nurse approaches the client, he states, "I am at the end of my rope. I don't think I can take any more bad news." Which of the following responses should the nurse make?

- A. "Most clients with anxiety issues benefit from lying down."
 - B. "Come with me to an area where we can talk without interruption."
 - C. "Providers usually recommend relaxation exercises for clients who are as upset as you are."
 - D. "An antianxiety pill works best for situations like this."
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26. A nurse on an inpatient eating disorders unit is caring for a client who has anorexia nervosa and has a body mass index of 17.2. Which of the following actions should the nurse take? (Select all that apply.)

- A. Provide the client with small meals frequently.
 - B. Monitor the client's weight daily.
 - C. Allow the client to choose the meals she will eat.
 - D. Stay with the client during meals and for 1 hr afterward.
 - E. Offer specific privileges for sustained weight gain.
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27. A nurse is admitting a client who has multiple injuries following a motor vehicle crash. Shortly after admission, the client's partner arrives. He is distraught and blames himself for the accident. Which of the following responses should the nurse make?

- A. "Do not worry about that. Your wife will be fine."
 - B. "I think you should calm down a little before you see your partner."
 - C. "Why do you think the crash is your fault?"
 - D. "Tell me more about your feelings about what happened to your partner."
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28. A charge nurse is providing teaching to a staff nurse about assisting the provider with electroconvulsive therapy (ECT). Which of the following responses by the staff nurse indicates understanding of the teaching?

- A. "ECT is an effective treatment for personality disorders."
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- B. "I should monitor the client closely for hypotension following ECT."
 - C. "Informed consent should be obtained prior to ECT."
 - D. "It is a myth that clients experience seizures during ECT."
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29. A nurse is caring for a 48-year-old client who is grieving following the death of her husband seven months ago. The client reports that she has lost 30 lb, and is having difficulty sleeping. Which of the following factors indicate the client is experiencing maladaptive grieving?

- A. The client is 48 years old.
 - B. The client's husband died seven months ago.
 - C. The client has lost 30 lb.
 - D. The client is having difficulty sleeping.
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30. A nurse in an emergency department is assessing a client who has traumatic injuries following an assault. The client sits quietly and calmly in the examination room and states, "I'm fine." The nurse should recognize the client's behavior as which of the following reactions?

- A. Denial
 - B. Displacement
 - C. Projection
 - D. Undoing
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