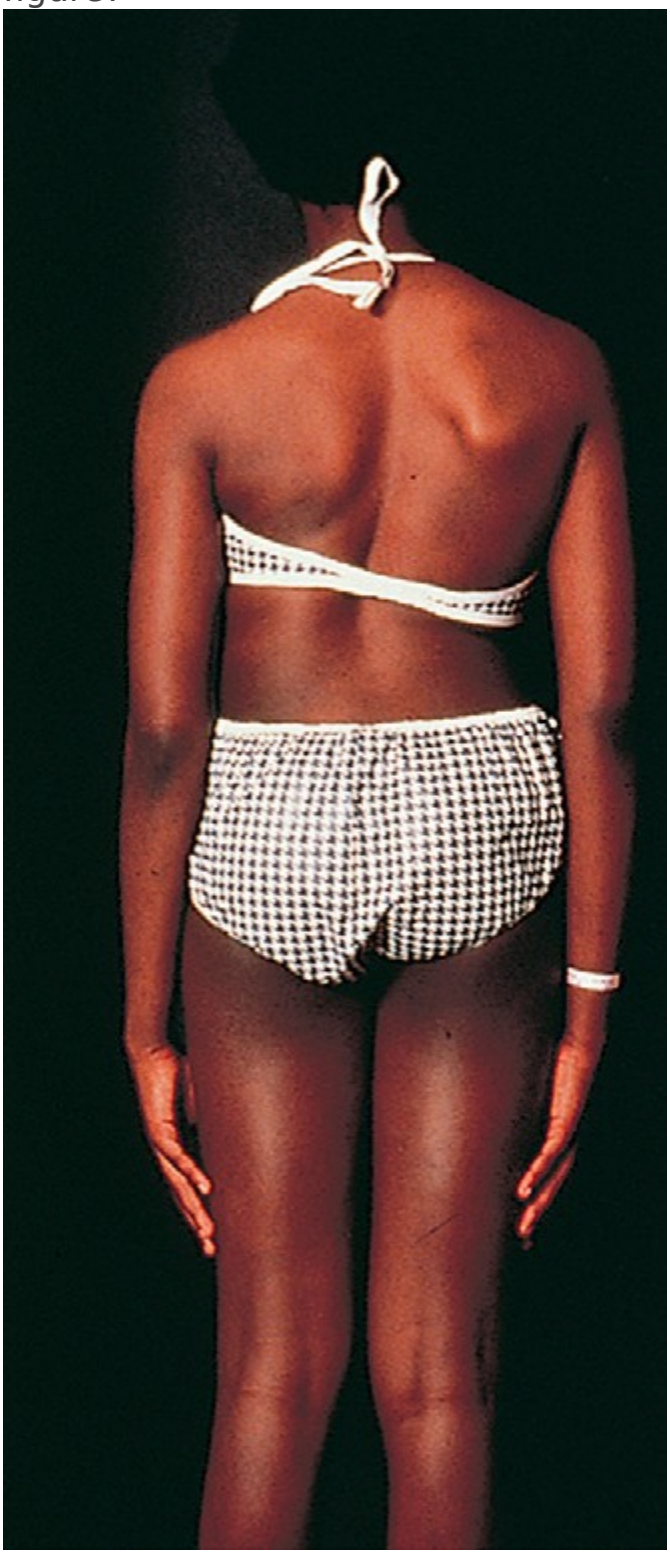
1. Upon assessment of a female client the nurse finds the following (see image). Which musculoskeletal deformity is illustrated in the figure?



Correct 1

Scoliosis

2

Kyphosis

3

Torticollis

4

Pes planus

Scoliosis is a lateral S-shaped curvature of the thoracic and lumbar spine. A client with scoliosis has unequal shoulder and scapular height when observed from the back. Kyphosis is an excessive outward curvature of the spine. Torticollis is the twisting of the neck in an unusual position to one side. Pes planus is an abnormal flatness of the sole and arch of the foot.

91% of students nationwide answered this question correctly.

2.

The healthcare provider prescribes theophylline to be given intravenously for the client experiencing an acute asthma attack. What does the nurse teach the client is the function of this medication?

1

Antibiotic

2

Antihistamine

Correct 3

Bronchodilator

4

Expectorant

Theophylline is a **bronchodilator**. It relaxes the smooth muscles in the bronchial airway and relieves bronchospasms. This in turn improves air exchange. An antibiotic is used to treat a bacterial infection. An antihistamine blocks the action of histamine. An expectorant is used to loosen mucus in the lungs. An antibiotic, an antihistamine, or an expectorant will not relax the smooth muscles in the bronchial airway for clients experiencing an acute episode.

STUDY TIP: Determine whether you are a "lark" or an "owl." Larks, day people, do best getting up early and studying during daylight hours. Owls, night people, are more alert after dark and can remain up late at night studying, catching up on needed sleep during daylight hours. It is better to work with natural biorhythms than to try to conform to an arbitrary schedule. You will absorb material more quickly and retain it better if you use your most alert periods of each day

for study. Of course, it is necessary to work around class and clinical schedules. Owls should attempt to register in afternoon or evening lectures and clinical sections; larks do better with morning lectures and day clinical sections.

90% of students nationwide answered this question correctly.

3. A client with heart failure has anxiety. Which effect of anxiety makes it particularly important for the nurse to reduce the anxiety of this client?

Correct 1

Increases the cardiac workload

2

Interferes with usual respirations

3

Produces an elevation in temperature

4

Decreases the amount of oxygen used

Irritability and restlessness associated with anxiety increase the metabolic rate, heart rate, and blood pressure; these complicate heart failure. Anxiety does not directly interfere with respirations; an increase in cardiac workload will increase respirations. Anxiety alone usually does not elevate the body temperature. Anxiety can cause an increase in the amount of oxygen used and leads to an increased respiratory rate.

80% of students nationwide answered this question correctly.

4. A client presents to the emergency room with coughing and sudden wheezing. The nurse notes the client is progressing quickly into respiratory distress. The nurse identifies that the client is experiencing what problem?

Correct 1

An acute asthma attack

Incorrect 2

Acute bronchitis

3

Left-sided heart failure

4

Cor pulmonale

Symptoms for an **acute asthma attack** often are wheezing, coughing, dyspnea, and chest tightness. Cough, fever, and fatigue are often symptoms exhibited with acute bronchitis. Fatigue, breathlessness, weakness, shortness of breath, and fluid accumulation in the lungs are often signs of left-sided heart failure. Tiring easily, shortness of breath with exertion, lower leg edema, chest pain, and heart palpitations often are exhibited with cor pulmonale.

86% of students nationwide answered this question correctly.

5. Which deformity indicates the client has ulnar drift?

Incorrect 1

2

Correct 3

4

Rheumatoid arthritis progresses to inflammation and fibrosis of the joint capsule and supporting structures, which in turn leads to deformity and disability. Zigzag deformity of the hand (option 3) is termed *ulnar drift* (fingers drift toward the ulnar side). Option 1 shows swan neck deformity. Option 2 illustrates hallux valgus. Option 4 is boutonnière deformity.

77% of students nationwide answered this question correctly.

6.The nurse is providing postoperative care to a client who had surgery in which a hip prosthesis was inserted. An abductor splint is in place. When should the nurse remove the splint?

1

When the client gets up to sit in a chair

2

If the client needs a change of position

3

Once the client's edema and pain have ceased

Correct 4

During the client's skin care and physical therapy

Until the prescription is written to discontinue the abduction splint, it is only removed for mobility such as physical therapy and hygiene; adduction to or beyond the midline is not permitted until allowed by the primary healthcare provider. When the client gets up to sit in a chair, the splint is needed unless the client can be trusted to maintain abduction; flexing the hip with a prosthesis cannot be beyond 60 degrees for up to 10 days; from then on it cannot be beyond 90 degrees until permitted by the primary healthcare provider. If the client needs a change of position, a splint helps to maintain position and keep the hip prosthesis in the hip socket. It is inappropriate to remove the splint once the client's edema and pain have ceased; there are no criteria for discontinuing abduction of the affected extremity.

73% of students nationwide answered this question correctly.

7.What is the nurse's **primary** consideration when caring for a client with rheumatoid arthritis?

1
Surgery

Correct 2
Comfort

3
Education

4
Motivation

Because pain is an all-encompassing and often demoralizing experience, the client should be kept as pain-free as possible. Surgery is used to correct deformities and facilitate movement, which is not the priority. Concentration and motivation are difficult when a client is in severe pain.

91% of students nationwide answered this question correctly.

8.What is the normal value of inspiratory reserve volume?

1
0.5 L

2
1.0 L

Incorrect 3
1.5 L

Correct 4
3.0 L

The **normal value of inspiratory reserve volume** is 3.0 L. The normal value of tidal volume is 0.5 L. The normal value of expiratory reserve volume is 1.0 L. The normal value of residual volume is 1.5 L.

39% of students nationwide answered this question correctly.

9.The x-ray report of a client shows the presence of a greenstick fracture. What is a greenstick fracture?

1

A fracture with more than two fragments

Correct 2

An incomplete fracture with one side bent

3

A spontaneous fracture at the site of bone disease

4

A fracture that extends across the longitudinal axis of the bone shaft

An incomplete fracture with one side splintered and the other side bent indicates a greenstick fracture. A fracture with more than two fragments that appear to be floating is known as a comminuted fracture. A pathological fracture is a spontaneous fracture found at the site of bone disease. A transverse fracture extends across the longitudinal axis of the bone shaft.

72% of students nationwide answered this question correctly.

10.A nurse is taking the blood pressure of a client with hypertension. The first sound is heard at 140 mm Hg; the second sound is a swishing sound heard at 130 mm Hg; a tapping sound is heard at 100 mm Hg; a muffled sound is heard at 90 mm Hg; the sound disappears at 72 mm Hg. When recording just the systolic and diastolic readings, what is the diastolic pressure?

Correct 1

72 mm Hg

2

90 mm Hg

3

100 mm Hg

4

130 mm Hg

When the sound disappears at 72 mm Hg, it is known as phase five of Korotkoff sounds; this reflects the diastolic pressure when the artery is no longer compressed and blood flows freely. 90 mm Hg is recorded as the diastolic pressure in adolescents and adults. The muffled sound heard at 90 mm Hg is phase four of Korotkoff sounds; the muffled sound represents the point at which the cuff pressure falls below the pressure within the arterial wall. This number is recorded as the diastolic pressure in infants and children. The tapping sound heard at 100 mm Hg is known as phase three of Korotkoff sounds; this reflects blood flow through an increasingly open artery as constriction of the cuff decreases. The swishing sound heard at 130 mm Hg is phase two of Korotkoff sounds; this is caused by blood turbulence.

85% of students nationwide answered this question correctly.

11.A client’s tibia is fractured in a motor vehicle accident, and a cast is applied. The nurse should assess for which manifestation indicating damage to major blood vessels caused by the fractured tibia?

1
Increased blood pressure

2
Prolonged edema in the thigh

3
Increased skin temperature of the foot

Correct 4
Prolonged reperfusion of the toes after blanching

Damage to the blood vessels may decrease circulatory perfusion of the toes. Damage to the major blood vessels will more likely cause a decrease in blood pressure. The fracture is between the knee and the ankle, not in the thigh. Decreased circulatory perfusion of the foot causes the skin temperature to decrease.

Test-Taking Tip: Pace yourself while taking a quiz or exam. Read the entire question and all answer choices before answering the question. Do not assume that you know what the question is asking without reading it entirely.

74% of students nationwide answered this question correctly.

12.The nurse is caring for a client in the postanesthesia care unit immediately after the client had a subtotal gastrectomy. The nurse identifies small blood clots in the client's gastric drainage. What action should the nurse take?

1
Clamp the tube.

Correct 2
Consider this an expected event.

3
Instill the tube with iced normal saline.

4
Notify the surgeon immediately.

As a result of the trauma of surgery, some bleeding can be expected for four to five hours. Clamping the tube will cause increased pressure on the gastric sutures from a buildup of gas and fluid. Iced saline rarely is used because it causes vasoconstriction, local ischemia, and a reduction in body temperature. Notifying the client's surgeon of this finding is not necessary; this is an expected occurrence.

Test-Taking Tip: Calm yourself by closing your eyes, putting down your pencil (or computer mouse), and relaxing. Deep-breathe for a few minutes (or as needed, if you feel especially tense) to relax your body and to relieve tension.

65% of students nationwide answered this question correctly.

13.A nurse is providing postoperative care for a client one hour after an adrenalectomy. Maintenance steroid therapy has not begun yet. The nurse should monitor the client for which complication?

Correct 1
Hypotension

2
Hyperglycemia

Incorrect 3
Sodium retention

4
Potassium excretion

Because of instability of the vascular system and the lability of circulating adrenal hormones after an adrenalectomy, hypotension frequently occurs until the hormonal level is controlled by replacement therapy. Hyperglycemia is a sign of excessive adrenal hormones; after an adrenalectomy, adrenal hormones are not secreted. Sodium retention is a sign of hyperadrenalism; it does not occur after the adrenals are removed. Potassium excretion is a response to excessive adrenal hormones; after an adrenalectomy is performed, adrenal hormones are lowered until replacement therapy is regulated.

50% of students nationwide answered this question correctly.

14.Which parameter should the nurse consider while assessing the psychologic status of a client with acquired immune deficiency syndrome (AIDS)?

1
Sleep pattern

2
Severity of pain

Incorrect 3
Cognitive changes

Correct 4
Presence of anxiety

Presence of anxiety should be considered while assessing the psychologic status of a client with AIDS. Sleep patterns and severity of pain are related to the assessment of activity and rest, a physical status. Cognitive changes are related to the assessment of neurologic status.

50% of students nationwide answered this question correctly.

15.A nurse discusses the potential for cross-contamination with the nursing assistants on a surgical unit. What does the nurse explain that standard precautions are designed to do?

Correct 1

Decrease the risk of transmitting unidentified pathogens

2

Be used when clients are suspected of having a communicable disease

3

Ensure that hygiene practices by clients are performed in a universal way

4

Create categories in which certain additional precautions must be followed

Standard precautions are used for all clients in all settings, regardless of their diagnosis or presumed infectiousness. Practices associated with standard precautions require healthcare providers, not a client, to use hand washing and personal protective equipment to protect themselves and others from body fluids. Transmission-based precautions, known as airborne, droplet, and contact precautions, are based on a client's diagnosed infection.

Test-Taking Tip: Calm yourself by closing your eyes, putting down your pencil (or computer mouse), and relaxing. Take deep breaths for a few minutes (or as needed if you feel especially tense) to relax your body and relieve tension.

76% of students nationwide answered this question correctly.

16.While assessing the skin of a client, the nurse observes a lesion that has a wavy border. Which type of lesion is present in the client?

1

Annular

2

Circinate

3

Coalesced

Correct 4

Serpiginous

A lesion with a wavy border indicates a serpiginous lesion. A lesion that is ringlike with raised borders around a flat, clear center indicates an annular lesion. A circular lesion indicates a circinate lesion. A lesion that merges with another and appears confluent indicates a coalesced lesion.

56% of students nationwide answered this question correctly.

17.After abdominal surgery a client suddenly reports numbness in the right leg and a "funny feeling" in the toes. What should the nurse do first?

1
Tell the client to drink more fluids.

Correct 2
Instruct the client to remain in bed.

3
Gently rub the client's legs for circulation.

4
Tell the client about the dangers of prolonged bed rest.

Localized sensory changes may indicate nerve damage, impaired circulation, or thrombophlebitis. Activity should be limited. Bed rest is indicated to prevent the possibility of further damage. Symptoms indicate a possible problem with thrombus formation. While fluids may be helpful to prevent hemoconcentration and the resulting risk of thrombus formation, fluids should be held in case a surgical procedure or diagnostic test is performed that requires the client to refrain from oral intake. Rubbing or massaging the legs is contraindicated because of possible dislodging of a thrombus if present.

Test-Taking Tip: Make educated guesses when necessary.

47% of students nationwide answered this question correctly.

18.A nurse assesses a client and observes the condition depicted in the image. How will the nurse chart this finding?

1
Otorrhea present

2
Halo sign present

3
Rhinorrhea present

Correct 4
Battle's sign present

The condition depicted in the figure is Battle's sign, which is characterized by postauricular ecchymosis. Otorrhea is the leakage of cerebrospinal fluid from the ear. A halo sign indicates the presence of blood in the cerebrospinal fluid. Rhinorrhea is the leakage of cerebrospinal fluid from the nose.

Test-Taking Tip: Some clinical manifestations are also seen after several hours of fractures, which may be due to cranial nerve defects. Observe clearly for the indication in the figure to choose a correct answer option.

71% of students nationwide answered this question correctly.

19.When a disaster occurs, the nurse may have to **first** treat mass hysteria that is indicated by what response?

Correct 1

Panic

2

Coma

3

Euphoria

4

Depression

People in a panic may initiate a group panic reaction even in those who appear to be in control. Comatose individuals will not cause panic in others. Euphoric individuals will not adversely affect others. Depressed people will be quiet and not affect others.

STUDY TIP: A word of warning: *do not* expect to achieve the maximum benefits of this review tool by cramming a few days before the examination. *It doesn't work!* Instead, organize planned study sessions in an environment that you find relaxing, free of stress, and supportive of the learning process.

92% of students nationwide answered this question correctly.

20.Which antimicrobial medication acts on susceptible pathogens by inhibiting nucleic acid synthesis?

1

Penicillin

Correct 2

Actinomycin

3

Erythromycin

4

Cephalosporin

Actinomycin is an antimicrobial medication that acts on susceptible pathogens by inhibiting nucleic acid synthesis. Penicillin acts on susceptible pathogens by inhibiting cell wall synthesis. Erythromycin acts on susceptible pathogens by inhibiting biosynthesis and reproduction. Cephalosporin acts on susceptible pathogens by inhibiting cell wall synthesis.

23% of students nationwide answered this question correctly.

21.What is the nurse **primarily** attempting to prevent when caring for a client in the initial stages of chronic lymphocytic leukemia (CLL)?

1

Injury

2

Fatigue

Correct 3

Infection

4

Cachexia

Although **lymphocytosis** is always present, defects in humoral and cellular immunity increase the risk for infection. Injury becomes an issue later in the disease when thrombocytopenia may develop. Fatigue becomes an issue later in the disease when anemia may develop. Although excessive weight loss is a concern, it does not pose the same threat as infection for clients with CLL.

84% of students nationwide answered this question correctly.

22.What must the nurse do to determine a client's pulse pressure?

1

Multiply the heart rate by the stroke volume.

Correct 2

Subtract the diastolic from the systolic reading.

3

Determine the mean blood pressure by averaging the two.

4

Calculate the difference between the apical and radial rate.

Pulse pressure is obtained by subtracting the diastolic from the systolic reading after the blood pressure has been recorded. Multiplying the heart rate by the stroke volume is the definition of cardiac output; it is not the pulse pressure. Determining the mean blood pressure by averaging the two is not pulse pressure. Calculating the difference between the apical and radial rate is the pulse deficit.

62% of students nationwide answered this question correctly.

23.Which beta-adrenergic blocker is used to reduce a client's intraocular pressure?

Correct 1

Timolol

2

Travopost

3
Carbachol

4
Apraclonidine

Glaucoma is manifested by increased intraocular pressure. Timolol is a beta-adrenergic blocker used in the treatment of glaucoma. Carbachol is a cholinergic agonist used to treat glaucoma. Travopost is a prostaglandin agonist, and apraclonidine is an adrenergic agonist used in the treatment of glaucoma.

75% of students nationwide answered this question correctly.

24.A nurse administers oxygen at 2 L/min via nasal cannula to a client with chronic obstructive pulmonary disease (COPD). By administering a low concentration of oxygen to this client, the nurse is preventing which physiologic response?

1
Decrease in red cell formation

2
Rupture of emphysematous bullae

Correct 3
Depression in the respiratory center

4
Excessive drying of the respiratory mucosa

It is believed that clients with COPD should be given low concentrations of oxygen because a decreased oxygen blood level is the stimulus for breathing for these clients. However, the results of a recent study of clients with stable COPD indicate that the hypercarbic drive is preserved with oxygen concentrations higher than 2 L/min. More research is needed before this theory is applied clinically. Prolonged hypoxia stimulates erythrocyte production; the goal of therapy is to relieve hypoxia. The pressure, rather than the concentration, at which oxygen is administered increases the risk of rupture of emphysematous bullae. The concentration of oxygen is unrelated to its humidification. To prevent its drying effects on secretions and the mucosa, oxygen should be humidified.

72% of students nationwide answered this question correctly.

25.A client has inflammation of the facial nerve, causing facial paralysis on one side. Which diagnosis will the nurse **most** likely observe written in the medical record?

1
Botulism

Correct 2

Bell palsy

3

Trigeminal neuralgia

4

Guillain-Barré syndrome

Bell palsy is a cranial nerve disorder characterized by inflammation of the facial nerve on one side of the face. Botulism is a type of polyneuropathy caused by food poisoning due to *Clostridium botulinum* that can be fatal. Trigeminal neuralgia is a cranial nerve disorder characterized by pain in the distribution of the trigeminal nerve. Guillain-Barré syndrome is an acute, rapidly progressing, potentially fatal polyneuritis.

76% of students nationwide answered this question correctly.

26.A client with hemiparesis is reluctant to use a cane. How does the nurse explain the cane's purpose to the client?

Correct 1

Maintain balance to improve stability

2

Relieve pressure on weight-bearing joints

3

Prevent further injury to weakened muscles

4

Aid in controlling involuntary muscle movements

Hemiparesis creates instability. **Using a cane provides a wider base of support** and, therefore greater stability. Hemiparesis affects muscle strength on one side of the body; the joints are not directly affected. Activity should strengthen, not injure, weakened muscles. The use of a cane will not prevent involuntary movements if they are present.

Test-Taking Tip: Identify option components as correct or incorrect. This may help you identify a wrong answer. *Example: If you are being asked to identify a diet that is specific to a certain condition, your knowledge about that condition would help you choose the correct response (e.g., cholecystectomy = low-fat, high-protein, low-calorie diet*).

84% of students nationwide answered this question correctly.

27.Which client has the highest risk for human immunodeficiency virus (HIV) infection?

Incorrect 1

A client who is involved in mutual masturbation

2

A client who undergoes voluntary prenatal HIV testing

Correct 3

A client who shares equipment to snort or smoke drugs

4

A client who engages in insertive sex with a non-infective partner

Clients who use equipment to snort (straws) and smoke (pipes) drugs are at the highest risk for becoming infected with HIV as their judgment may be impaired regarding the high-risk behaviors. Safe activities that prevent the risk of contracting HIV include mutual masturbation, masturbation, and other activities that meet the "no contact" requirements. A client who undergoes perinatal HIV voluntary testing may reduce the chances of getting infected. Insertive sex between partners who are not infected with HIV are not at risk of becoming infected with HIV.

Test-Taking Tip: Identifying content and what is being asked about that content is critical to your choosing the correct response. Be alert for words in the stem of the item that are the same or similar in nature to those in one or two of the options.

68% of students nationwide answered this question correctly.

28. Which type of cranial surgery involves opening the cranium with a drill?

Correct 1

Burr hole

2

Craniotomy

3

Craniectomy

4

Cranioplasty

A burr hole involves the opening of the cranium using a drill. A craniotomy is a cranial surgery that involves opening the cranium with the removal of the bone flap and opening the dura to remove the lesion. A craniectomy is an excision into the cranium to cut away a bone flap. A cranioplasty is the repair of a cranial defect caused by trauma.

51% of students nationwide answered this question correctly.

29. A client with hepatic cirrhosis begins to develop slurred speech, confusion, drowsiness, and a flapping tremor. Which diet can the nurse expect will be prescribed for this client based upon the assessment?

1

No protein

Correct 2

Moderate protein

3

High protein

4

Strict protein restriction

Because the liver is unable to detoxify ammonia to urea and the client is experiencing impending hepatic encephalopathy coma, protein intake should be moderate. Strict protein and no protein restrictions are not required because clients need protein for healing. High protein is contraindicated in hepatic encephalopathy.

Test-Taking Tip: After choosing an answer, go back and reread the question stem along with your chosen answer. Does it fit correctly? The choice that grammatically fits the stem and contains the correct information is the best choice.

29% of students nationwide answered this question correctly.

30.Which cranial nerve is responsible for the client's equilibrium?

1

Vagus

2

Trochlear

Correct 3

Vestibulocochlear

4

Glossopharyngeal

The vestibulocochlear nerve located in the pons-medulla junction is responsible for equilibrium of the body. The vagus nerve located in the medulla is responsible for sensations from the pharynx, larynx, thoracic, and abdominal viscera. The trochlear nerve located in the lower midbrain is responsible for eye movement with superior oblique muscles. The glossopharyngeal nerve located in the medulla is responsible for taste and sensations from the posterior one third of the tongue and the pharynx.

82% of students nationwide answered this question correctly.