

LVN-RN Med-Surg NCLEX Practice

1. A nurse in the emergency department is implementing a plan of care for a conscious client who has a suspected cervical cord injury. Which of the following immediate interventions should the nurse implement? (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 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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3. 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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4. 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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5. 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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6. 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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7. 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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8. 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
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D. WBC 5,000/mm³

9. 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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10. 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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11. 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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12. 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.
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D. Begin active range of motion.

13. 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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14. 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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15. 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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16. 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.
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- C. Remove the PICC line.
 - D. Apply a cold pack to the client's upper arm.
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17. 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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18. 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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19. 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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20. 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
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- C. Urine output
 - D. Weight
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21. 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
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22. 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
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23. 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.
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24. A nurse is caring for a client who is undergoing a lumbar puncture. Which of the following is the priority action for the nurse take to maintain privacy for the client?

- A. Close the door to the client's room.
 - B. Pull the curtains around the client's bed.
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- C. Ask family members to leave the room.
 - D. Use sterile drapes to cover the client.
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25. A nurse is caring for a client who has Cushing's syndrome. The nurse should recognize that which of the following are manifestations of Cushing's syndrome? (Select all that apply.)

- A. Alopecia
 - B. Tremors
 - C. Moon face
 - D. Purple striations
 - E. Buffalo hump
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26. A nurse is caring for a middle adult female client who reports that her menstrual periods have become irregular and she has been having hot flashes. The nurse should expect the client to have which of the following manifestations associated with early menopause?

- A. Urinary retention
 - B. Decreased blood pressure
 - C. Dryness with intercourse
 - D. Elevation in body temperature above 37.8° C (100° F)
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27. 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
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28. A nurse is caring for a client who is being treated with a cesium implant. The client tells the nurse, "I feel so isolated and alone in this room." After acknowledging the client's feelings of loneliness, which of the following responses should the nurse provide?

- A. "I will come and sit with you for 10 minutes each hour."
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- B. "Do you have a cell phone you can talk to friends and family on?"
 - C. "I'll ask the charge nurse to admit someone to your room for company."
 - D. "You're scheduled for discharge in 2 days so this isolation will be over soon."
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29. 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.
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30. 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
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31. 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
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32. 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
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- B. Weakness
 - C. Increased intracranial pressure
 - D. Increased urinary output
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33. 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
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34. 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
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35. 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
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36. 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.

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- 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.
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37. A nurse is caring for a client following an abdominal surgery. The client has a prescription for dressing changes every 4 hr and as needed. Which of the following objects should the nurse use to reduce skin irritation around the incision area?

- A. Montgomery straps
 - B. Enzymes
 - C. Alcohol swabs
 - D. A transparent dressing
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38. 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.
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39. 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
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40. A nurse is assessing a client who is receiving one unit of packed RBCs to treat intraoperative blood loss. The client reports chills and back pain, and the client's blood pressure is 80/64 mm Hg. Which of the following actions

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should the nurse take first?

- A. Stop the infusion of blood.
 - B. Inform the provider.
 - C. Obtain a urine specimen.
 - D. Notify the laboratory.
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41. 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
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42. A nurse is assessing a client who has a long history of smoking and is suspected of having laryngeal cancer. The nurse should anticipate that the client will report that her earliest manifestation was

- A. dysphagia.
 - B. hoarseness.
 - C. dyspnea.
 - D. weight loss.
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43. A nurse is teaching the partner of a client who had an acute myocardial infarction (MI) about the reason blood was drawn from the client. Which of the following statements should the nurse make regarding cardiac enzymes studies?

- A. "These tests help determine the degree of damage to the heart tissues."
 - B. "Cardiac enzymes will identify the location of the MI."
 - C. "These tests will enable the provider to determine the heart structure and mobility of the heart valves."
 - D. "Cardiac enzymes assist in diagnosing the presence of pulmonary congestion."
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44. A nurse is caring for a client who was admitted with bleeding esophageal varices and has an esophagogastric

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balloon tamponade with a Sengstaken-Blakemore tube to control the bleeding. Which of the following actions should the nurse take?

- A. Ambulate the client four times per day.
 - B. Encourage the client to consume clear liquids.
 - C. Provide frequent oral and nares care.
 - D. Keep the client in a supine position.
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45. A nurse is planning care for a client who has end-stage cirrhosis of the liver with encephalopathy. Which of the following interventions should the nurse plan to implement to decrease the client's ammonia level?

- A. Administer diuretics.
 - B. Restrict the client's intake of fluids.
 - C. Reduce the client's intake of protein.
 - D. Administer vitamin K.
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46. A nurse is caring for a client who has a Jackson-Pratt (JP) drain in place after surgery for an open reduction and internal fixation. The nurse should understand that the JP drain was placed for which of the following purposes?

- A. To prevent fluid from accumulating in the wound
 - B. To limit the amount of bleeding from the surgical site
 - C. To provide a means for medication administration
 - D. To eliminate the need for wound irrigations
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47. A nurse is caring for a client who is scheduled to have a magnetic resonance imaging (MRI) scan. The client asks the nurse what to expect during the procedure. Which of the following statements should the nurse make?

- A. "An MRI scan is not distorted by movement, so you do not have to lie still."
 - B. "An MRI scan is a short procedure and should take no longer than 30 minutes."
 - C. "The MRI contrast dye contains iodine and can cause your skin to itch."
 - D. "An MRI scan is very noisy, and you will be allowed to wear earplugs while in the scanner."
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48. A nurse in a clinic is assessing a client who has AIDS and a significantly decreased CD4-T-cell count. The nurse

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should recognize that the client is at risk for developing which of the following infectious oral conditions?

- A. Halitosis
 - B. Gingivitis
 - C. Xerostomia
 - D. Candidiasis
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49. A nurse is caring for a client who has an indwelling urinary catheter. Which of the following actions should the nurse take to prevent infection?

- A. Replace the catheter every 3 days.
 - B. Check the catheter tubing for kinks or twisting.
 - C. Irrigate the catheter once each shift.
 - D. Clean the perineal area with an antiseptic solution daily.
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50. A nurse is caring for a client who is being admitted for an acute exacerbation of ulcerative colitis. Which of the following actions should the nurse take first?

- A. Review the client's electrolyte values.
 - B. Check the client's perianal skin integrity.
 - C. Investigate the client's emotional concerns.
 - D. Obtain a dietary history from the client.
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