

COMPREHENSIVE

TEST

1

1. A client with human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome confides that he is homosexual and his employer does not know his HIV status. Which response by the nurse is best?

- 1. "Would you like me to help you tell them?"
- 2. "The information you confide in me is confidential."
- 3. "I must share this information with your family."
- 4. "I must share this information with your employer."

2. The mother of a child with bronchial asthma tells the nurse that the child wants a pet. Which of the following pets is most appropriate?

- 1. Cat.
- 2. Fish.
- 3. Gerbil.
- 4. Canary.

3. An elderly client is being admitted to same-day surgery for cataract extraction. The client has several diamond rings. The nurse should explain to the client that:

- 1. The rings will be taped before the surgery.
- 2. The rings will be placed in an envelope, the client will sign the envelope, and the envelope will be placed in a safe.
- 3. The rings will be locked in the narcotics box.
- 4. The nursing supervisor will hold onto the rings during the surgery.

4. When an infant resumes taking oral feedings after surgery to correct intussusception, the parents comment that the child seems to suck on the pacifier more since the surgery. The nurse explains that sucking on a pacifier:

- 1. Provides an outlet for emotional tension.
- 2. Indicates readiness to take solid foods.
- 3. Indicates intestinal motility.
- 4. Is an attempt to get attention from the parents.

5. Under which circumstance may a nurse communicate medical information without the client's consent?

- 1. When certifying the client's absence from work.
- 2. When requested by the client's family.
- 3. When treating the client with a sexually transmitted disease.
- 4. When prescribed by another physician.

6. A 22-year-old client is brought to the emergency department with his fiancée after being involved in a serious motor vehicle accident. His Glasgow Coma Scale score is 7, and he demonstrates evidence of decorticate posturing. Which of the following is appropriate for obtaining permission to place a catheter for intracranial pressure (ICP) monitoring?

- 1. The nurse will obtain a signed consent from the client's fiancée because he is of legal age and they are engaged to be married.
- 2. The physician will get a consultation from another physician and proceed with placement of the ICP catheter until the family arrives to sign the consent.
- 3. Two nurses will receive a verbal consent by telephone from the client's next of kin before inserting the catheter.
- 4. The physician will document the emergency nature of the client's condition and that an ICP catheter for monitoring was placed without a consent.

7. A 68-year-old client's daughter is asking about the follow-up evaluation for her father after his pneumonectomy for primary lung cancer. The nurse's best response is which of the following?

- 1. "The usual follow-up is chest x-ray and liver function tests every 3 months."
- 2. "The follow-up for your father will be a chest x-ray and a computed tomography scan of the abdomen every year."
- 3. "No follow-up is needed at this time."
- 4. "The follow-up for your father will be a chest x-ray every 6 months."

8. The nurse is preparing to administer blood to a client who requires postoperative blood replacement. The nurse should use a blood administration set that has a:

- 1. Micron mesh filter.
- 2. Nonfiltered blood administration set.
- 3. Special leukocyte-poor filter.
- 4. Microdrip administration set.

9. During the health history interview, which of the following strategies is the **most** effective for the nurse to use to help clients take an active role in their health care?

- 1. Ask clients to complete a questionnaire.
- 2. Provide clients with written instructions.
- 3. Ask clients for their views of their health and health care.
- 4. Ask clients if they have any questions about their health.

10. The nurse is planning care for a client who chews the fingers constantly. Before applying mitten restraints, the nurse could try which of the following interventions? Select all that apply.

- 1. Ask the client to rub lotion over the hands every day after bathing.
- 2. Encourage physical activity, such as ambulation.
- 3. Provide frequent contacts for communication and socialization.
- 4. Provide family education.
- 5. Encourage involvement of family and friends.

11. A client with severe depression states, "My heart has stopped and my blood is black ash." The nurse interprets this statement to be evidence of which of the following?

- 1. Hallucination.
- 2. Illusion.
- 3. Delusion.
- 4. Paranoia.

12. When a client wants to read the chart, the nurse should:

- 1. Call the health care provider to obtain permission.
- 2. Give the client the chart and answer the client's questions.
- 3. Tell the client to read the chart when the doctor makes rounds.
- 4. Answer any questions the client has without giving the client the chart.

13. A client with a fractured leg has been instructed to ambulate without weight bearing on the affected leg. The nurse evaluates that the client is ambulating correctly if the client uses which of the following crutch-walking gaits?

- 1. Two-point gait.
- 2. Four-point gait.
- 3. Three-point gait.
- 4. Swing-to gait.

14. A client with major depression states, "Life isn't worth living anymore. Nothing matters." Which of the following responses by the nurse is **best**?

- 1. "Are you thinking about killing yourself?"
- 2. "Things will get better, you know."
- 3. "Why do you think that way?"
- 4. "You shouldn't feel that way."

15. A client with bipolar 1 disorder has been prescribed olanzapine (Zyprexa) 5 mg two times a day and lamotrigine (Lamictal) 25 mg two times a day. Which of the following adverse effects should the nurse report to the physician immediately? Select all that apply.

- 1. Rash.
- 2. Nausea.
- 3. Sedation.
- 4. Hyperthermia.
- 5. Muscle rigidity.

16. A client is prescribed atropine 0.4 mg intramuscularly. The atropine vial is labeled 0.5 mg/mL. How many milliliters should the nurse plan to administer?

0.8 mL.

17. A multiparous client tells the nurse that she is using medroxyprogesterone (Depo-Provera) for contraception. The nurse should instruct the client to increase her intake of which of the following?

- 1. Folic acid.
- 2. Vitamin C.
- 3. Magnesium.
- 4. Calcium.

18. Which of the following statements made by a pregnant woman in the first trimester are consistent with this stage of pregnancy? Select all that apply.

- 1. "My husband told his friends we will have to give up the Mustang for a minivan."
- 2. "Oh my, how did this happen? I don't need this now."
- 3. "I can't wait to see my baby. Do you think it will have my blond hair and blue eyes?"
- 4. "I used a Disney theme for decorating the room."
- 5. "I wonder how it will feel to buy maternity clothes and be fat."
- 6. "We went to the mall yesterday to buy a crib and dressing table."

19. The nurse is teaching a client about using topical gentamicin sulfate (Garamycin). Which of the following comments by the client indicates the need for additional teaching?

- 1. "I will avoid being out in the sun for long periods."
- 2. "I should stop applying it once the infected area heals."
- 3. "I'll call the physician if the condition worsens."
- 4. "I should apply it to large open areas."

20. A client takes hydrochlorothiazide (HCTZ) for treatment of hypertension. The nurse should instruct the client to report which of the following? Select all that apply.

- 1. Muscle twitching.
- 2. Abdominal cramping.
- 3. Diarrhea.
- 4. Confusion.
- 5. Lethargy.
- 6. Muscle weakness.

21. A client has been taking imipramine (Tofranil) for depression for 2 days. His sister asks the nurse, "Why is he still so depressed?" Which of the following responses by the nurse is most appropriate?

- 1. "Your brother is experiencing a very serious depression."
- 2. "I'll be sure to convey your concern to his physician."
- 3. "It takes 2 to 4 weeks for the drug to reach its full effect."
- 4. "Perhaps we need to change his medication."

22. Which interventions should the nurse use to assist the client with grandiose delusions? Select all that apply.

- 1. Accepting the client while not arguing with the delusion.
- 2. Focusing on the feelings or meaning of the delusion.
- 3. Focusing on events and topics based in reality.
- 4. Confronting the client's beliefs.
- 5. Interacting with the client only when the client is based in reality.

23. Which of the following responses is most helpful for a client who is euphoric, intrusive, and interrupts other clients engaged in conversations to the point where they get up and leave or walk away?

- 1. "When you interrupt others, they leave the area."
- 2. "You are being rude and uncaring."
- 3. "You should remember to use your manners."
- 4. "You know better than to interrupt someone."

24. At what time should the blood be drawn in relation to the administration of the IV dose of gentamicin sulfate (Garamycin)?

- 1. 2 hours before the administration of the next IV dose.
- 2. 3 hours before the administration of the next IV dose.
- 3. 4 hours before the administration of the next IV dose.
- 4. Just before the administration of the next IV dose.

25. Which finding requires immediate intervention when planning care for an adolescent with cystic fibrosis (CF)?

- 1. Delayed puberty.
- 2. Chest pain with dyspnea.
- 3. Poor weight gain.
- 4. Large foul-smelling bulky stools.

26. A 4-year-old is brought to the emergency department with sudden onset of a temperature of 103°F (39.5°C), sore throat, and refusal to drink. The child will not lie down and prefers to lean forward while sitting up. Which of the following should the nurse do next?

- 1. Give 600 mg of acetaminophen (Tylenol) rectally, as prescribed.
- 2. Inspect the child's throat for redness and swelling.
- 3. Have an appropriate-sized tracheostomy tube readily available.
- 4. Obtain a specimen for a throat culture.

27. Assessment of a client taking lithium reveals dry mouth, nausea, thirst, and mild hand tremor. Based on an analysis of these findings, which of the following should the nurse do next?

- 1. Withhold the lithium and obtain a lithium level to determine therapeutic effectiveness.
- 2. Continue the lithium and immediately notify the physician about the assessment findings.
- 3. Continue the lithium and reassure the client that these temporary side effects will subside.
- 4. Withhold the lithium and monitor the client for signs and symptoms of increasing toxicity.

28. A client asks the nurse how long will it be necessary to take the medicine for hypothyroidism. The nurse's response is based on the knowledge that:

- 1. Lifelong daily medicine is necessary.
- 2. The medication is expensive, and the dose can be reduced in a few months.
- 3. The medication can be gradually withdrawn in 1 to 2 years.
- 4. The medication can be discontinued after the client's thyroid-stimulating hormone (TSH) level is normal.

29. The nurse should advise which of the following clients who is taking lithium to consult with the physician regarding a potential adjustment in lithium dosage?

- 1. A client who continues work as a computer programmer.
- 2. A client who attends college classes.
- 3. A client who can now care for her children.
- 4. A client who is beginning training for a tennis team.

30. The nurse is discharging a client who has been hospitalized for preterm labor. The client needs further instruction when she says:

- 1. "If I think I have a bladder infection, I need to see my obstetrician."
- 2. "If I have contractions, I should contact my health care provider."
- 3. "Drinking water may help prevent early labor for me."
- 4. "If I travel on long trips, I need to get out of the car every 4 hours."

31. A client admitted with a gastric ulcer has been vomiting bright red blood. The hemoglobin level is 5.11 g/dL (51 g/L), and blood pressure is 100/50 mm Hg. The client and family state that their religious beliefs do not support the use of blood products and refuse blood transfusions as a treatment for the bleeding. The nurse should collaborate with the physician and family to next:

- 1. Discontinue all measures.
- 2. Notify the hospital attorney.
- 3. Attempt to stabilize the client through the use of fluid replacement.
- 4. Give enough blood to keep the client from dying.

32. The parents of a child with cystic fibrosis express concern about how the disease was transmitted to their child. The nurse should explain that:

- 1. A disease carrier also has the disease.
- 2. Two parents who are carriers may produce a child who has the disease.
- 3. A disease carrier and an affected person will never have children with the disease.
- 4. A disease carrier and an affected person will have a child with the disease.

33. A client with angina shows the nurse the nitroglycerin (Nitrostat) that the client carries in a plastic bag in a pocket. The nurse instructs the client that nitroglycerin should be kept in:

- 1. The refrigerator.
- 2. A cool, moist place.
- 3. A dark container to shield from light.
- 4. A plastic pill container where it is readily available.

34. When teaching a client with bipolar disorder who has started to take valproic acid about possible side effects of this medication, the nurse should instruct the client to report:

- 1. Increased urination.
- 2. Slowed thinking.
- 3. Sedation.
- 4. Weight loss.

35. An infant is born with facial abnormalities, growth retardation, mental retardation, and vision abnormalities. These abnormalities are likely caused by maternal:

- 1. Alcohol consumption.
- 2. Vitamin B₆ deficiency.
- 3. Vitamin A deficiency.
- 4. Folic acid deficiency.

36. Nonsteroidal anti-inflammatory drugs (NSAIDs) are commonly used in the treatment of musculoskeletal conditions. It is important for the nurse to remind the client to:

- 1. Take NSAIDs at least three times per day.
- 2. Exercise the joints at least 1 hour after taking the medication.
- 3. Take antacids 1 hour after taking NSAIDs.
- 4. Take NSAIDs with food.

37. The nurse should suspect that the client taking disulfiram (Antabuse) has ingested alcohol when the client exhibits which of the following symptoms?

- 1. Sore throat and muscle aches.
- 2. Nausea and flushing of the face and neck.
- 3. Fever and muscle soreness.
- 4. Bradycardia and vertigo.

38. The nurse holds the gauze pledget against an IM injection site while removing the needle from the muscle. This technique helps to:

- 1. Seal off the track left by the needle in the tissue.
- 2. Speed the spread of the medication in the tissue.
- 3. Avoid the discomfort of the needle pulling on the skin.
- 4. Prevent organisms from entering the body through the skin puncture.

39. A client whose condition remains stable after a myocardial infarction gradually increases activity. Which the following conditions should the nurse assess to determine whether the activity is appropriate for the client?

- 1. Edema.
- 2. Cyanosis.
- 3. Dyspnea.
- 4. Weight loss.

40. The nurse is conducting a counseling session with a client experiencing posttraumatic stress disorder (PTSD) using a 2-way video telehealth system from the hospital to the client's home, which is 2 hours away from the nearest mental health facility. Which of the following are expected outcomes of using telehealth as a venue to provide health care to this client? Select all that apply. The client will:

- 1. Save travel time from the house to the health care facility.
- 2. Avoid reliving a traumatic event that might be precipitated by visiting a health care facility.
- 3. Experience a shorter recovery time than being treated on-site at a health care facility.
- 4. Receive health care for this mental health problem.
- 5. Obtain group support from others with a similar health problem.

41. When a client with alcohol dependency begins to talk about not having a problem with alcohol, the nurse should use which of the following approaches?

- 1. Questioning the client about how much alcohol the client consumes each day.
- 2. Confronting the client about being intoxicated 2 days ago.
- 3. Pointing out how alcohol has gotten the client into trouble.
- 4. Listening to what the client states and then asking the client about plans for staying sober.

42. The nurse is caring for a toddler in contact isolation for respiratory syncytial virus (RSV). In what order should the nurse remove personal protective equipment (PPE)?

- 1. Gloves.
- 2. Goggles.
- 3. Gown.
- 4. Mask.

Handwritten notes for question 42:
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43. The nurse is preparing a teaching plan for a 45-year-old client recently diagnosed with type 2 diabetes mellitus. What is the first step in this process?

- 1. Establish goals.
- 2. Choose video materials and brochures.
- 3. Assess the client's learning needs.
- 4. Set priorities of learning needs.

44. A loading dose of digoxin (Lanoxin) is given to a client newly diagnosed with atrial fibrillation. The nurse instructs the client about the medication and the importance of monitoring his heart rate. An expected outcome of this instruction is:

- 1. A return demonstration of palpating the radial pulse.
- 2. A return demonstration of how to take the medication.
- 3. Verbalization of why the client has atrial fibrillation.
- 4. Verbalization of the need for the medication.

45. A multigravid client is scheduled for a percutaneous umbilical blood sampling procedure. The nurse instructs the client that this procedure is useful for diagnosing which of the following?

- 1. Twin pregnancies.
- 2. Fetal lung maturation.
- 3. Rh disease.
- 4. Alpha fetoprotein level.

46. Which of the following is an adverse effect of vancomycin (Vancocin) and needs to be reported promptly?

- 1. Vertigo.
- 2. Tinnitus.
- 3. Muscle stiffness.
- 4. Ataxia.

47. Which of the following statements indicates that the client with a peptic ulcer understands the dietary modifications to follow at home?

- 1. "I should eat a bland, soft diet."
- 2. "It is important to eat six small meals a day."
- 3. "I should drink several glasses of milk a day."
- 4. "I should avoid alcohol and caffeine."

48. The client with a nasogastric (NG) tube has abdominal distention. Which of the following measures should the nurse do first?

- 1. Call the physician.
- 2. Irrigate the NG tube.
- 3. Check the function of the suction equipment.
- 4. Reposition the NG tube.

49. A male client has been diagnosed as having a low sperm count during infertility studies. After instructions by the nurse about some causes of low sperm counts, the nurse determines that the client needs further instructions when he says low sperm counts may be caused by which of the following?

- 1. Varicocele.
- 2. Frequent use of saunas.
- 3. Endocrine imbalances.
- 4. Decreased body temperature.

50. A nurse is relieving the triage nurse in the labor and birth unit who is going to lunch. The report indicates that there are three clients having their vital signs assessed and a fourth client is on her way to the unit from the emergency department. In which order of priority should the nurse manage these clients?

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|---------------------------------------------------------------------------------------------------------|
| 1. The client with clear vesicles and brown vaginal discharge at 16 weeks' gestation. |
| 2. The client with right lower quadrant pain at 10 weeks' gestation. |
| 3. The client who is at term and has had no fetal movement for 2 days. |
| 4. The client from the emergency department at term and screaming loudly because of labor contractions. |

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51. During the process of restraining a client, a staff member is injured. The nurse manager would conclude that a peer support program has been helpful for the injured staff member if which of the following outcomes had been achieved? Select all that apply.

- 1. The injured staff member has debriefed with the other staff involved in the restraint.
- 2. Legal action has been taken against the client.
- 3. The injured staff member had the opportunity to express his or her feeling with a support group.
- 4. The injured staff member has decided whether or not to talk to the assaultive client.
- 5. A plan has been arranged to facilitate the return of the injured staff member to work.

52. A client with severe osteoarthritis and decreased mobility is transferred to an assisted living facility. The nurse notices that the client smells of alcohol, exhibits an unsteady gait, and has six wine bottles in the trash. The client tells the nurse, "Those are my other pain medicines." Which of the following statements by the nurse are most appropriate? Select all that apply.

- 1. "I didn't realize that your pain was not being managed with your current medications."
- 2. "It is important for me to know how many bottles of wine you drank this week."
- 3. "I'm worried about the amount of wine you are drinking and its effects on your balance."
- 4. "How are you getting all this wine?"
- 5. "I am calling your doctor to have all of us to talk about better pain control without the wine."

53. When teaching unlicensed assistive personnel (UAP) about the importance of handwashing in preventing disease, the nurse should instruct the UAP that:

- 1. "It is not necessary to wash your hands as long as you use gloves."
- 2. "Hand washing is the best method for preventing cross-contamination."
- 3. "Waterless commercial products are not effective for killing organisms."
- 4. "The hands do not serve as a source of infection."

54. The nurse is performing Leopold's maneuvers on a woman who is in her eighth month of pregnancy. The nurse is palpating the uterus as shown below. Which of the following maneuvers is the nurse performing?

- 1. First maneuver.
- 2. Second maneuver.
- 3. Third maneuver.
- 4. Fourth maneuver.



55. A client in cardiac rehabilitation would like to eat the right foods to ensure adequate endurance on the treadmill. Which of the following nutrients is most helpful for promoting endurance during sustained activity?

- 1. Protein.
- 2. Carbohydrate.
- 3. Fat.
- 4. Water.

56. A client's chest tube is connected to a drainage system with a water seal. The nurse notes that the fluid in the water-seal column is fluctuating with each breath that the client takes. The fluctuation means that:

- 1. There is an obstruction in the chest tube.
- 2. The client is developing subcutaneous emphysema.
- 3. The chest tube system is functioning properly.
- 4. There is a leak in the chest tube system.

57. A client with diabetes is explaining to the nurse how to care for the feet at home. Which statement indicates that the client understands proper foot care?

- 1. "When I injure my toe, I will plan to put iodine on it."
- 2. "I should inspect my feet at least once a week."
- 3. "It is okay to go barefoot in the house."
- 4. "It is important to dry my feet carefully after my bath."

58. The nurse assesses a client with diverticulitis. The nurse should report which of the following to the health care provider?

- 1. Hyperactive bowel sounds.
- 2. Rigid abdominal wall.
- 3. Explosive diarrhea.
- 4. Excessive flatulence.

59. A nurse is assessing a client who has a potential diagnosis of pancreatitis. Which risk factors predispose the client to pancreatitis? Select all that apply.

- 1. Excessive alcohol use.
- 2. Gallstones.
- 3. Abdominal trauma.
- 4. Hypertension.
- 5. Hyperlipidemia with excessive triglycerides.
- 6. Hypothyroidism.

60. The nurse is beginning the shift and is planning care for 6 clients on the postpartum unit. Three of the clients have immediate needs and three of the clients are listed as "stable." For the best utilization of time and client safety, the nurse should make rounds on which of the following clients first?

- 1. The three clients who are reported to be stable.
- 2. The mother with a 4-hour-old infant with initial blood glucose of 33 mg/dL (1.8 mmol/L) and now at 45 mg/dL (2.5 mmol/L) breastfeeding her infant.
- 3. A mother who had a spontaneous vaginal birth (SVB) and received carboprost 1 hour ago for increased bleeding.
- 4. A mother with a 3-day-old who had a bilirubin level of 13 mg/dL (1149.2 μmol/L) 30 minutes ago and is now in a "biliblanket" at the mother's bedside.

61. When performing chest percussion on a child, which of the following techniques should the nurse use?

- 1. Firmly but gently striking the chest wall to make a popping sound.
- 2. Gently striking the chest wall to make a slapping sound.
- 3. Percussing over an area from the umbilicus to the clavicle.
- 4. Placing a blanket between the nurse's hand and the child's chest.

62. The nurse walks into the room of a client who has a "do not resuscitate" prescription and finds the client without a pulse, respirations, or blood pressure. The nurse should first?

- 1. Stay in the room and call the nursing team for assistance.
- 2. Push the emergency alarm to call a code.
- 3. Page the client's physician.
- 4. Pull the curtain and leave the room.

63. A client is trying to lose weight at a moderate pace. If the client eliminates 1,000 cal/day from his normal intake, how many pounds (or kilograms) would the client lose in 1 week?

3 _____ lbs/kgs.

64. A nulligravid client calls the clinic and tells the nurse that she forgot to take her oral contraceptive this morning. Which of the following should the nurse instruct the client to do?

- 1. Take the medication immediately.
- 2. Restart the medication in the morning.
- 3. Use another form of contraception for 2 weeks.
- 4. Take two pills tonight before bedtime.

65. The nurse recognizes that a client with pain disorder is improving when the client says which of the following?

- 1. "I need to have a good cry about all the pain I've been in and then not dwell on it."
- 2. "I need to find another physician who can accurately diagnose my condition."
- 3. "The pain medicine that you gave me helps me to relax."
- 4. "I'm angry with all of the doctors I've seen who don't know what they're doing."

66. A client admitted in an acute psychotic state hears terrible voices in the head and thinks a neighbor is upset with the client. Which of the following is the nurse's best response?

- 1. "What has your neighbor been doing that bothers you?"
- 2. "How long have you been hearing these terrible voices?"
- 3. "We won't let your neighbor visit, so you'll be safe."
- 4. "What exactly are these terrible voices saying to you?"

67. The nurse should assess the client with severe diarrhea for which acid-base imbalance?

- 1. Respiratory acidosis.
- 2. Respiratory alkalosis.
- 3. Metabolic acidosis.
- 4. Metabolic alkalosis.

68. A nurse is planning care for a client who has heart failure. Which goal is appropriate for a client with excess fluid volume?

- 1. A weight reduction of 10% will occur.
- 2. Pain will be controlled effectively.
- 3. Arterial blood gas values will be within normal limits.
- 4. Serum osmolality will be within normal limits.

69. A 7-year-old child is admitted to the hospital with the diagnosis of acute rheumatic fever. Which of the following laboratory blood findings confirms that the child has had a streptococcal infection?

- 1. High leukocyte count.
- 2. Low hemoglobin count.
- 3. Elevated antibody concentration.
- 4. Low erythrocyte sedimentation rate.

70. The nurse on the postpartum unit is caring for four couplets. There will be a new admission in 30 minutes. The new client is a G4 P4, Spanish-speaking only client with an infant who is in the special care nursery (SCN) for fetal distress. The nurse should place the new client in a room with which of the following clients?

- 1. A G4 P4 who is 2 days postpartum with infant, Spanish speaking only.
- 2. A G1 P1 who is 1 day postpartum with an infant in the SCN.
- 3. A G6 P6 who gave birth 4 hours ago by C/S for fetal distress, infant at bedside.
- 4. A G1 P1 who is a non-English-speaking client with infant in SCN for fetal distress.

71. A client scheduled for hip replacement surgery wishes to receive his own blood for the upcoming surgery. The nurse should:

- 1. Document the client's request on the chart.
- 2. Notify the hematology laboratory.
- 3. Notify the surgeon's office.
- 4. Call the blood bank.

72. A client is scheduled to have surgery to relieve an intestinal obstruction. Prior to surgery the nurse should verify that the client has:

- 1. Discontinued use of blood thinners.
- 2. Followed a low-residue diet.
- 3. Performed abdominal tightening exercises.
- 4. Signed a last will and testament.

73. After teaching a client about collecting a stool sample for occult testing, which client statement indicates effective teaching? Select all that apply.

- 1. "I will avoid eating meat for 1 to 3 days before getting a stool sample."
- 2. "I need to eat foods low in fiber a few days before collecting the sample."
- 3. "I'll take the sample from different areas of the stool that I have passed."
- 4. "I need to send the stool sample to the lab in a covered container right away."
- 5. "I can continue to take all of my regular medications at home."

74. A client who is on nothing-by-mouth (NPO) status is constantly asking for a drink of water. Which of the following is the most appropriate nursing intervention?

- 1. Reexplain why it is not possible to have a drink of water.
- 2. Offer ice chips every hour to decrease thirst.
- 3. Offer the client frequent oral hygiene care.
- 4. Divert the client's attention by turning on the television.

75. A female client is admitted with fatigue, cold intolerance, weight gain, and muscle weakness. The initial nursing assessment reveals brittle nails, dry hair, constipation, and possible goiter. The nurse should conduct a focused assessment for further signs of:

- 1. Cushing's disease.
- 2. Hypothyroidism.
- 3. Hyperthyroidism.
- 4. A pituitary tumor.

76. A mother tells the nurse that her 10-year-old daughter has an increase in hair growth and breast enlargement. The nurse explains to the mother and daughter that after the symptoms of puberty are noticed, menstruation typically occurs within which of the following time frames?

- 1. 6 months.
- 2. 12 months.
- 3. 30 months.
- 4. 36 months.

77. While a mother is feeding her full-term neonate 1 hour after birth, she asks the nurse, "What are these white dots in my baby's mouth? I tried to wash them out, but they're still there." After assessing the neonate's mouth, the nurse explains that these spots are which of the following?

- 1. Koplik's spots.
- 2. Epstein's pearls.
- 3. Precocious teeth.
- 4. Thrush curds.

78. The nurse should assess a newborn with esophageal atresia and tracheoesophageal fistula (TEF) for which of the following? Select all that apply.

- 1. Copious frothy mucus.
- 2. Episodes of cyanosis.
- 3. Several loose stools.
- 4. Initial weight loss.
- 5. Poor gag reflex.

79. Which of the following factors is most important for healing an infected decubitus ulcer?

- 1. Adequate circulatory status.
- 2. Scheduled periods of rest.
- 3. Balanced nutritional diet.
- 4. Fluid intake of 1,500 mL/day.

80. A client is receiving digoxin (Lanoxin) and the pulse range is normally 70 to 76 bpm. After assessing the apical pulse for 1 minute and finding it to be 60 bpm, the nurse should first:

- 1. Notify the physician.
- 2. Withhold the digoxin.
- 3. Administer the digoxin.
- 4. Notify the charge nurse.

81. The nurse hears a pregnant client yell, "Oh my! The baby's coming!" After placing the client in a supine position and trying to maintain some privacy, the nurse sees that the neonate's head is being born. Which of the following should the nurse do first?

- 1. Suction the mouth with two fingertips.
- 2. Check for presence of a cord around the neck.
- 3. Tell the client to bear down with force.
- 4. Advise the mother that help is on the way.

82. The nurse is preparing a discharge plan for a 16-year-old who has fractured the femur and ulna. The client asks the nurse how quickly the fractures will heal. Which of the following responses is most appropriate for the nurse to make?

- 1. "The healing of your leg will be delayed because you have had skeletal traction."
- 2. "It will take your arm about 12 weeks to heal completely, but it will take your leg about 24 weeks."
- 3. "Because you are young and healthy, your bones should heal in less than 12 weeks."
- 4. "You will require long-term rehabilitation and should expect it to take at least 8 months for your bones to heal."

83. A client with delirium becomes very anxious and says, "I can't stop what is happening to me. Make it stop, please!" Which of the following is the nurse's most appropriate response?

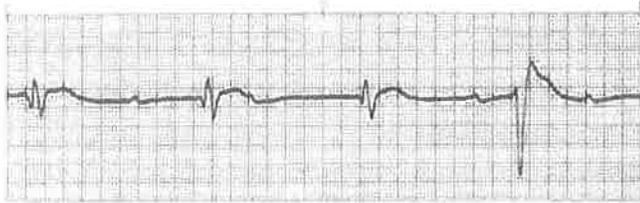
- 1. "I'll get you some medicine to help you relax. The more you worry, the worse it will get."
- 2. "As soon as we know what's causing this, we can try to stop it. I'll get you some medicine to help you relax."
- 3. "I wish I could do something to make it stop, but unfortunately I can't."
- 4. "I'll sit with you until you calm down a little."

84. After teaching a primigravid client at 10 weeks' gestation about the recommendations for exercise during pregnancy, which of the following client statements indicates successful teaching?

- 1. "While pregnant, I should avoid contact sports."
- 2. "Even though I'm pregnant, I can learn to ski next month."
- 3. "While we are on vacation next month, I can continue to scuba dive."
- 4. "Sitting in a hot tub after exercise will help me to relax."

85. The nurse is assessing a client who has had a myocardial infarction. The nurse notes the cardiac rhythm shown below. The nurse identifies that this rhythm is:

- 1. Atrial fibrillation.
- 2. Ventricular tachycardia.
- 3. Premature ventricular contractions.
- 4. Third-degree heart block.



86. The physician has prescribed a chemotherapy drug to be administered to a client every day for the next week. The client is on an adult medical-surgical floor, but the nurse assigned to the client has not been trained to handle chemotherapy agents. What is the nurse's most appropriate response?

- 1. Send the client to the oncology floor for administration of the medication.
- 2. Ask a nurse from the oncology floor to come to the client and administer the medication.
- 3. Ask another nurse to help mix the chemotherapy agent.
- 4. Ask the pharmacy to mix the chemotherapy agent and administer it.

87. Which of the following is a **priority** goal after surgical repair of a cleft lip?

- 1. Managing pain.
- 2. Preventing infection.
- 3. Increasing mobility.
- 4. Developing parenting skills.

88. Which of the following is an appropriate outcome for a client with rheumatoid arthritis?

- 1. The client will manage joint pain and fatigue to perform activities of daily living.
- 2. The client will maintain full range of motion in joints.
- 3. The client will prevent the development of further pain and joint deformity.
- 4. The client will take anti-inflammatory medications as indicated by the presence of disease symptoms.

89. A client's burn wounds are being cleaned twice a day in a hydrotherapy tub. Which of the following interventions should be included in the plan of care before a hydrotherapy treatment is initiated?

- 1. Limit food and fluids 45 minutes before therapy to prevent nausea and vomiting.
- 2. Increase the IV flow rate to offset fluids lost through the therapy.
- 3. Apply a topical antibiotic cream to burns to prevent infection.
- 4. Administer pain medication 30 minutes before therapy to help manage pain.

90. A health care provider has been exposed to hepatitis B through a needlestick. Which of the following drugs should the nurse anticipate administering as postexposure prophylaxis?

- 1. Hepatitis B immune globulin.
- 2. Interferon.
- 3. Hepatitis B surface antigen.
- 4. Amphotericin B.

91. When performing an otoscopic examination of the tympanic membrane of a 2-year-old child, the nurse should pull the pinna in which of the following directions?

- 1. Down and back.
- 2. Down and slightly forward.
- 3. Up and back.
- 4. Up and forward.

92. Which of the following findings should the nurse note in the client who is in the compensatory stage of shock?

- 1. Decreased urinary output.
- 2. Significant hypotension.
- 3. Tachycardia.
- 4. Mental confusion.

93. A client has been prescribed hydrochlorothiazide (HydroDIURIL) to treat heart failure. For which of the following symptoms should the nurse monitor the client?

- 1. Urinary retention.
- 2. Muscle weakness.
- 3. Confusion.
- 4. Diaphoresis.

94. The son of a client with Alzheimer's disease excitedly tells the nurse, "Mom was singing one of her favorite old songs. I think she's getting her memory back!" Which of the following responses by the nurse is most appropriate?

- 1. "She still has long-term memory, but her short-term memory will not return."
- 2. "I'm so happy to hear that. Maybe she is getting better."
- 3. "Don't get your hopes up. This is only a temporary improvement."
- 4. "I'm glad she can sing even if she can't talk to you."

95. The nurse collects a urine specimen from a client for a culture and sensitivity analysis. Which of the following is the correct care of the specimen?

- 1. Promptly send the specimen to the laboratory.
- 2. Send the specimen with the next pickup.
- 3. Send the specimen the next time a nursing assistant is available.
- 4. Store the specimen in the refrigerator until it can be sent to the laboratory.

96. A 16-year-old client is in the emergency department for treatment of minor injuries from a car accident. A crisis nurse is with the client because the client became hysterical and was saying, "It's my fault. My Mom is going to kill me. I don't even have a way home." Which of the following should be the nurse's initial intervention?

- 1. Hold her hands and say, "Slow down. Take a deep breath."
- 2. Say, "Calm down. The police can take you home."
- 3. Put a hand on her shoulder and say, "It wasn't your fault."
- 4. Say, "Your mother is not going to kill you. Stop worrying."

97. The nurse is developing a community health education program about sexually transmitted diseases. Which information about women who acquire gonorrhea should be included?

- 1. Women are more reluctant than men to seek medical treatment.
- 2. Gonorrhea is not easily transmitted to women who are menopausal.
- 3. Women with gonorrhea are usually asymptomatic.
- 4. Gonorrhea is usually a mild disease for women.

98. A client has the leg immobilized in a long leg cast. Which of the following assessments indicates the early beginning of circulatory impairment?

- 1. Inability to move toes.
- 2. Cyanosis of toes.
- 3. Sensation of cast tightness.
- 4. Tingling of toes.

99. A client tells the nurse that she has had sexual contact with someone whom she suspects has genital herpes. Which of the following instructions should the nurse give the client in response to this information?

- 1. Anticipate lesions within 25 to 30 days.
- 2. Continue sexual activity unless lesions are present.
- 3. Report any difficulty urinating.
- 4. Drink extra fluids to prevent lesions from forming.

100. A multigravid client at 34 weeks' gestation who is leaking amniotic fluid has just been hospitalized with a diagnosis of preterm premature rupture of membranes and preterm labor. The client's contractions are 20 minutes apart, lasting 20 to 30 seconds. Her cervix is dilated to 2 cm. The nurse reviews the physician prescriptions (see chart). Which of the following prescriptions should the nurse initiate first?

Physician Prescription

Continuous external fetal and contraction monitoring
IV of D5LR @ 125 mL/h
I & O catheterization for urinalysis and culture and sensitivity
Betamethasone 12 mg IM daily × 2 days

- 1. Initiate fetal and contraction monitoring.
- 2. Start the intravenous infusion.
- 3. Obtain the urine specimen.
- 4. Administer betamethasone.

101. The nurse is assessing a client with irreversible shock. The nurse should document which of the following?

- 1. Increased alertness.
- 2. Circulatory collapse.
- 3. Hypertension.
- 4. Diuresis.

102. The nurse is caring for a client who has been diagnosed with deep vein thrombosis. When assessing the client's vital signs, the nurse notes an apical pulse of 150 bpm, a respiratory rate of 46 breaths/min, and blood pressure of 100/60 mm Hg. The client appears anxious and restless. What should be the nurse's first course of action?

- 1. Notify the physician.
- 2. Administer a sedative.
- 3. Try to elicit a positive Homans' sign.
- 4. Increase the flow rate of intravenous fluids.

103. A client who has Ménière's disease is trying to cope with chronic tinnitus. Which of the following interventions is most appropriate for the nurse to suggest for coping with the tinnitus?

- 1. Maintain a quiet environment.
- 2. Play background music.
- 3. Avoid caffeine and nicotine.
- 4. Take a mild sedative.

104. A 4-year-old child who has been ill for 4 hours is admitted to the hospital with difficulty swallowing, a sore throat, and severe substernal retractions. The child's temperature is 104°F (40°C), and the apical pulse is 140 bpm. The white blood cell count is 16,000/mm³ (16 × 10⁹/L). Which of the following is the **priority** for nursing intervention?

- 1. Anxiety.
- 2. Airway obstruction.
- 3. Difficulty breathing.
- 4. Potential for aspiration.

105. The nurse is conducting walking rounds and observes the client (see figure). The nurse should do which of the following?

- 1. Loosen the bed restraints so the client can sit up.
- 2. Raise the side rails to full upright position.
- 3. Assess the client to determine why she wants to sit up.
- 4. Elevate the head of the bed.



106. The nurse caring for a client with diabetes realizes that the client has a higher risk of developing cataracts and should also assess the client for indications of:

- 1. Background retinopathy.
- 2. Proliferative retinopathy.
- 3. Neuropathy.
- 4. Diabetic retinopathy.

107. Of the following clients, which client is at **greatest risk for falling**?

- 1. A 22-year-old man with three fractured ribs and a fractured left arm.
- 2. A 70-year-old woman with episodes of syncope.
- 3. A 50-year-old man with angina.
- 4. A 30-year-old woman with a fractured ankle.

108. Which of the following baseline laboratory data should be established before a client is started on tissue plasminogen activator or alteplase recombinant (Activase)?

- 1. Potassium level.
- 2. Lee-White clotting time.
- 3. Hemoglobin level, hematocrit, and platelet count.
- 4. Blood glucose level.

109. The nurse is developing an education plan for clients with hypertension. Which of the following long-term goals is **most appropriate** for the nurse to emphasize?

- 1. Develop a plan to limit stress.
- 2. Participate in a weight reduction program.
- 3. Commit to lifelong therapy.
- 4. Monitor blood pressure regularly.

110. The nurse should consider which of the following principles when developing a plan of care to manage a client's pain from cancer?

- 1. Individualize the pain medication regimen for the client.
- 2. Select medications that are least likely to lead to addiction.
- 3. Administer pain medication as soon as the client requests it.
- 4. Change pain medications periodically to avoid drug tolerance.

111. After explaining to a multigravid client at 36 weeks' gestation who is diagnosed with severe hydramnios about the possible complications of this condition, which of the following statements indicates that the client needs further instruction?

- 1. "Because I have hydramnios, I may gain weight."
- 2. "Hydramnios has been associated with gastrointestinal disorders in the fetus."
- 3. "I should continue to eat high-fiber foods and avoid constipation."
- 4. "I can continue to work at my job at the automobile factory until labor starts."

112. An obese diabetic client has bilateral leg aching and is to start a cardiac rehabilitation to start an exercise program. Which of the following activities is **most helpful** for the client?

- 1. Interval training on the stationary bicycle.
- 2. Interval training on the treadmill.
- 3. Interval training on a commercial ski machine.
- 4. Interval training on the stair climber.

113. The nurse is assigned to a client with jaundice and collects the following data: poor appetite, nausea, and two episodes of emesis in the past 2 hours. The client reports having spasms in the stomach area. The nurse should develop a care plan for which of the following health problems first?

- 1. Nausea.
- 2. Poor appetite.
- 3. Jaundice.
- 4. Abdominal spasms.

114. Which of the following is recommended protocol for all clients who are at risk for pressure sore development?

- 1. Identify at-risk clients on admission to the health care facility.
- 2. Place at-risk clients on an every-2-hour turning schedule.
- 3. Automatically place clients in specialty beds.
- 4. Provide at-risk clients with a high-protein, high-carbohydrate diet.

115. A client has been prescribed digoxin (Lanoxin). Which of the following symptoms should the nurse tell the client to report as a potential indication of digoxin toxicity?

- 1. Urticaria.
- 2. Shortness of breath.
- 3. Visual disturbances.
- 4. Hypertension.

116. The nurse is instructing a client on how to care for skin that has become dry after radiation therapy. Which of the following statements by the client indicates that the client understands the teaching?

- 1. "I should take antihistamines to decrease the itching I am experiencing."
- 2. "It is safe to apply a nonperfumed lotion to my skin."
- 3. "A heating pad, set on the lowest setting, will help decrease my discomfort."
- 4. "I can apply an over-the-counter cortisone ointment to relieve the dryness."

117. A neonate is experiencing respiratory distress and is using a neonatal oxygen mask. An unlicensed assistive personnel has positioned the oxygen mask as shown below. The nurse is assessing the neonate and determines that the mask:

- 1. Is appropriate for the neonate.
- 2. Is too large because it covers the neonate's eyes.
- 3. Is too small because it is obstructing the nose.
- 4. Should be covered with a soft cloth before being placed against the skin.



118. The nurse is preparing a client for a thoracentesis. How should the nurse position the client for the procedure?

- 1. Supine with the arms over the head.
- 2. Sims' position.
- 3. Prone position without a pillow.
- 4. Sitting forward with the arms supported on the bedside table.

119. The antidote for heparin is:

- 1. Vitamin K.
- 2. Warfarin (Coumadin).
- 3. Thrombin.
- 4. Protamine sulfate.

120. Which of the following actions is most appropriate when dealing with a client who is expressing anger verbally, is pacing, and is irritable?

- 1. Conveying empathy and encouraging ventilation.
- 2. Using calm, firm directions to get the client to a quiet room.
- 3. Putting the client in restraints.
- 4. Discussing alternative strategies for when the client is angry in the future.

121. Which of the following measures should be implemented promptly after a client's nasogastric (NG) tube has been removed?

- 1. Provide the client with oral hygiene.
- 2. Offer the client liquids to drink.
- 3. Encourage the client to cough and deep breathe.
- 4. Auscultate the client's bowel sounds.

122. The nurse applies warm compresses to a client's leg. To determine effectiveness of the compresses, the nurse should determine if there is:

- 1. Less scaling on the skin.
- 2. Decreased bruising.
- 3. Improved circulation to the area.
- 4. Decreased swelling in the area.

123. While assisting the physician with an amniocentesis on a multigravid client at 38 weeks' gestation, the nurse observes that the fluid is very cloudy and thick. The nurse interprets this finding as indicating which of the following?

- 1. Intrauterine infection.
- 2. Fetal meconium staining.
- 3. Erythroblastosis fetalis.
- 4. Normal amniotic fluid.

124. The nurse instructs the unlicensed assistive personnel on how to collect a 24-hour urine specimen. Which of the following instructions is correct for a collection that is scheduled to start at 7 AM Monday and end at 7 AM Tuesday?

- 1. Collect and save the urine voided at 7 AM on Monday.
- 2. Send the first voided urine specimen on Monday to the laboratory for culture.
- 3. Collect and save the urine voided at 7 AM on Tuesday.
- 4. Keep each day's urine collection in separate containers.

125. Which of the following laboratory values for a client with cirrhosis who has developed ascites should the nurse report to the health care provider?

- 1. Decreased aspartate aminotransferase.
- 2. Hypoalbuminemia.
- 3. Hyperkalemia.
- 4. Decreased alanine aminotransferase.

126. An infant is to receive the diphtheria, tetanus, and acellular pertussis (DTaP) and inactivated polio vaccine (IPV) immunizations. The child is recovering from a cold and is afebrile. The child's sibling has cancer and is receiving chemotherapy. Which of the following actions is **most** appropriate?

- 1. Giving the DTaP and withholding the IPV.
- 2. Administering the DTaP and IPV immunizations.
- 3. Postponing both immunizations until the sibling is in remission.
- 4. Withholding both immunizations until the infant is well.

127. When creating a program to decrease the primary cause of disability and death in children, which of the following is **most** effective for the community health nurse to do?

- 1. Encourage legislators to draft legislation to promote prenatal care.
- 2. Require all children to be immunized.
- 3. Teach accident prevention and safety practices to children and their parents.
- 4. Hire a nurse practitioner for each of the schools in the community.

128. A client has had an incisional cholecystectomy. Which of the following nursing interventions has the **highest** priority in postoperative care for this client?

- 1. Using incentive spirometry every 2 hours while awake.
- 2. Performing leg exercises every shift.
- 3. Maintaining a weight reduction diet.
- 4. Promoting incisional healing.

129. The nurse is evaluating an infant for auditory ability. Which of the following is the expected response in an infant with normal hearing?

- 1. Blinking and stopping body movements when sound is introduced.
- 2. Evidence of shy and withdrawn behaviors.
- 3. Saying "da-da" by age 5 months.
- 4. Absence of squealing by age 4 months.

130. A client who had a transurethral resection of the prostate (TURP) 1 day earlier has a three-way Foley catheter inserted for continuous bladder irrigation. Which of the following statements **best** explains why continuous irrigation is used after TURP?

- 1. To control bleeding in the bladder.
- 2. To instill antibiotics into the bladder.
- 3. To keep the catheter free from clot obstruction.
- 4. To prevent bladder distention.

131. Which of the following sounds should the nurse expect to hear when percussing a distended bladder?

- 1. Hyperresonance.
- 2. Tympany.
- 3. Dullness.
- 4. Flatness.

132. A tour bus has overturned on an exit ramp. Many passengers are injured, but there are no fatalities. While the emergency department nurse prepares for treating the injured, the nurse also calls the crisis nurse based on the understanding about which of the following?

- 1. The accident victims will be experiencing grief and mourning.
- 2. Many of the passengers may be experiencing feelings of victimization.
- 3. There is a need for someone to coordinate calls from relatives about the passengers.
- 4. Some of the passengers will need psychiatric hospitalization.

133. A postoperative nursing goal for the infant who has had surgery to correct imperforate anus is to prevent tension on the perineum. To achieve this goal, the nurse should not place the neonate on the:

- 1. Abdomen, with legs pulled up under the body.
- 2. Back, with legs suspended at a 90-degree angle.
- 3. Left side, with hips elevated.
- 4. Right side, with hips elevated.

134. A child with meningococcal meningitis is being admitted to the pediatric unit. In preparation for the child's arrival, the nurse should first:

- 1. Institute droplet precautions.
- 2. Obtain the child's vital signs.
- 3. Ask the parent about medication allergies.
- 4. Inquire about the health of siblings at home.

135. When developing the plan of care for a 14-year-old boy who is bored due to being immobilized in a cast, which of the following activities is **most** appropriate?

- 1. Playing a card game with a boy the same age.
- 2. Putting together a puzzle with his mother.
- 3. Playing video games with a 9-year-old.
- 4. Watching a movie with his younger brother.

136. An adolescent is being prepared for an emergency appendectomy. What should the nurse tell the client? Select all that apply.

- 1. Friends can visit whenever they want.
- 2. The scar will be small.
- 3. The teen will be back in school in 1 week.
- 4. Antibiotics will be given to prevent an infection.
- 5. A dressing will stay in place for 1 week.

137. A client receives morphine for postoperative pain. Which of the following assessments should the nurse include in the client's plan of care?

- 1. Take apical heart rate after each dose of morphine.
- 2. Assess urinary output every 8 hours.
- 3. Assess mental status every shift.
- 4. Check for pedal edema every 4 hours.

138. When infusing total parenteral nutrition (TPN), the nurse should assess the client for which of the following complications?

- 1. Essential amino acid deficiency.
- 2. Essential fatty acid deficiency.
- 3. Hyperglycemia.
- 4. Infection.

139. When assessing for signs of a blood transfusion reaction in a client with dark skin, the nurse should assess for which of the following?

- 1. Hypertension.
- 2. Diaphoresis.
- 3. Polyuria.
- 4. Warm skin.

140. The nurse is caring for a child with a head injury. Place the following assessments in order of priority, starting with the nursing assessment the nurse should perform **first**.

1. Vital signs.
2. Decreased urine output.
3. Level of consciousness.
4. Motor strength.
③ LOC
① VS
② DUO
④ MS

141. After surgery to create a urinary diversion, the client is at risk for a urinary tract infection. The nurse should plan to incorporate which of the following interventions into the client's care?

- 1. Clamp the urinary appliance at night.
- 2. Empty the urinary appliance when one-third full.
- 3. Administer prophylactic antibiotics.
- 4. Change the urinary appliance daily.

142. When suctioning a client's tracheostomy tube, the nurse should do which of the following?

- 1. Oxygenate the client before suctioning.
- 2. Insert the suction catheter about 2 inches (5.1 cm) into the cannula.
- 3. Use a bolus of sterile water to stimulate cough.
- 4. Use clean gloves during the procedure.

143. A 14-month-old child has a severe diaper rash. Which of the following recommendations should the nurse provide to the parents?

- 1. Continue to use the baby wipes.
- 2. Change the diaper every 4 to 6 hours.
- 3. Wash the buttocks using mild soap.
- 4. Apply powder to the diaper area.

144. On entering a toddler's room, the nurse finds the mother sitting about 8 feet (240 cm) from the child and watching television while the toddler is screaming. Which of the following is the **most** appropriate response by the nurse?

- 1. "What happened between you and your child?"
- 2. "Why is your child screaming?"
- 3. "Did something cause your child to be upset?"
- 4. "Have you tried to calm down your child?"

145. A client has a total hip replacement. Which of the following client statements indicates a need for further teaching before discharge?

- 1. "I will implement my exercise program as soon as I get home."
- 2. "I will be careful not to cross my legs."
- 3. "I will need an elevated toilet seat."
- 4. "I can't wait to take a tub bath when I get home."

146. An adolescent thinks she has infectious mononucleosis. The nurse should **next** assess the client for: Select all that apply.

- 1. Sore throat.
- 2. Malaise.
- 3. Weight loss.
- 4. Rash.
- 5. Swollen lymph glands.

147. While assessing the fundus of a multiparous client on the first postpartum day, the nurse performs hand washing and puts on clean gloves. Which of the following should the nurse do next?

- 1. Place the nondominant hand above the symphysis pubis and the dominant hand at the umbilicus.
- 2. Ask the client to assume a side-lying position with the knees flexed.
- 3. Perform massage vigorously at the level of the umbilicus if the fundus feels boggy.
- 4. Place the client on a bedpan in case the uterine palpation stimulates the client to void.

148. A nulligravid client with gestational diabetes tells the nurse that she had a reactive nonstress test 3 days ago and asks, "What does that mean?" The nurse explains that a reactive nonstress test indicates which of the following about the fetus?

- 1. Evidence of some compromise that will require childbirth soon.
- 2. Fetal well-being at this point in the pregnancy.
- 3. Evidence of late decelerations occurring during the test.
- 4. No accelerations demonstrated within a 20-minute period.

149. A client has been diagnosed with right-sided heart failure. The nurse should assess the client further for:

- 1. Intermittent claudication.
- 2. Dyspnea.
- 3. Dependent edema.
- 4. Crackles.

150. To help prevent hip flexion deformities associated with rheumatoid arthritis, the nurse should help the client assume which of the following positions in bed several times a day?

- 1. Prone.
- 2. Very low Fowler's.
- 3. Modified Trendelenburg.
- 4. Side-lying.

151. Which of the following should be the nurse's priority assessment after an epidural anesthetic has been given to a nulligravid client in active labor?

- 1. Level of consciousness.
- 2. Blood pressure.
- 3. Cognitive function.
- 4. Contraction pattern.

152. Assessment of a nulligravid client in active labor reveals the following: moderate discomfort; cervix dilated 3 cm, 0 station, and completely effaced; and fetal heart rate of 136 bpm. Which of the following should the nurse plan to do **next**?

- 1. Assist the client with comfort measures and breathing techniques.
- 2. Turn the client from the left side-lying position to the right side-lying position.
- 3. Prepare the client for epidural anesthesia to relieve pain.
- 4. Instruct the client that internal fetal monitoring is necessary.

153. The nurse monitors the serum electrolyte levels of a client who is taking digoxin (Lanoxin). Which of the following electrolyte imbalances is a common cause of digoxin toxicity?

- 1. Hyponatremia.
- 2. Hypomagnesemia.
- 3. Hypocalcemia.
- 4. Hypokalemia.

154. After abdominal surgery, a client has a prescription for meperidine (Demerol) IM 100 mg every 3 to 4 hours and acetaminophen (Tylenol) with codeine 30 mg. The client has been taking meperidine every 4 hours for the past 48 hours but tells the nurse that the meperidine is no longer lasting 4 hours and that the client needs to have it every 3 hours. Which of the following nursing actions is most appropriate?

- 1. Realizing that the client is developing tolerance to the meperidine, the nurse administers the meperidine every 3 hours.
- 2. The nurse urges the client to take the acetaminophen with codeine to prevent addiction to the meperidine.
- 3. The nurse requests a prescription from the physician to change the dose to an equianalgesic dose of morphine.
- 4. The nurse encourages the client to do relaxation exercises to provide distraction from the pain.

155. The nurse assesses a 7-month-old infant's growth and development. Which behavior should the nurse consider unusual?

- 1. Drinking from a cup and spilling little of the liquid.
- 2. Raising the chest and upper abdomen off the bed with the hands.
- 3. Imitating sounds that the nurse makes.
- 4. Crying loudly in protest when the mother leaves the room.

156. A 13-year-old client is dying of cancer. When providing care for this client, the nurse should incorporate the developmental tasks for this age. According to Erikson's developmental model, the child normally is expected to be working on which of the following psychosocial issues?

- 1. Lifetime vocation.
- 2. Social conscience.
- 3. Personal values.
- 4. Sense of competence.

157. The physician has prescribed amiodarone (Cordarone) for a client with cardiomyopathy. The nurse should monitor the client's electrocardiogram to determine the effectiveness of the medication in controlling:

- 1. Sinus node dysfunction.
- 2. Heart block.
- 3. Severe bradycardia.
- 4. Life-threatening ventricular dysrhythmias.

158. An 18-year-old female client who is sexually active with her boyfriend has a purulent vaginal discharge that is sometimes frothy. The nurse interprets this as suggesting which of the following?

- 1. Sexually transmitted disease.
- 2. Normal variations in vaginal discharge.
- 3. Need for vaginal douching.
- 4. Change in birth control method.

159. An elderly client has been bedridden since a cerebrovascular accident that resulted in total right-sided paralysis. The client has become increasingly confused, is occasionally incontinent of urine, and is refusing to eat. In planning the client's care, which of the following factors should the nurse consider as most critical in contributing to skin breakdown in this client?

- 1. Nutritional status.
- 2. Urinary incontinence.
- 3. Episodes of confusion.
- 4. Right-sided paralysis.

160. Assessment of a client who has just been admitted to the inpatient psychiatric unit reveals an unshaven face, noticeable body odor, visible spots on the shirt and pants, slow movements, gazing at the floor, and a flat affect. Which of the following should the nurse interpret as indicating psychomotor retardation?

- 1. Slow movements.
- 2. Flat affect.
- 3. Unkempt appearance.
- 4. Avoidance of eye contact.

161. A nurse notices that a newborn has a swelling in the scrotal area. The nurse interprets this swelling as indicative of hydrocoele if which of the following occurs?

- 1. The swollen bulge can be reduced.
- 2. The increase in scrotal size is bilateral.
- 3. The scrotal sac can be transilluminated.
- 4. The bulge appears during crying.

162. When cleaning the skin around an incision and drain site, which of the following procedures should the nurse follow?

- 1. Clean the incision and drain site separately.
- 2. Clean from the incision to the drain site.
- 3. Clean from the drain site to the incision.
- 4. Clean the incision and drain site simultaneously.

163. A woman who speaks Spanish only and is very upset brings her child to the clinic with bleeding from the mouth. Which of the following is the most appropriate action by the nurse who does not speak Spanish?

- 1. Call for the Spanish interpreter.
- 2. Grab the child and take the child to the treatment room.
- 3. Immediately apply ice to the child's mouth.
- 4. Give the ice to the mother and demonstrate what to do.

164. The nurse is instructing a nursing assistant on the prevention of postoperative pulmonary complications. Which of the following statements indicates that the assistant has understood the nurse's instructions?

- 1. "I will turn the client every 4 hours."
- 2. "I will keep the client's head elevated."
- 3. "I should suction the client every 2 hours."
- 4. "I will have the client take 5 to 10 deep breaths every hour."

165. Which of the following outcomes is desired when a client with arterial insufficiency has poor tissue perfusion in the extremities? Select all that apply.

- 1. Extremities warm to touch.
- 2. Improved respiratory status.
- 3. Decreased muscle pain with activity.
- 4. Participation in self-care measures.
- 5. Lungs clear to auscultation.

166. The infusion rate of total parenteral nutrition (TPN) is tapered before being discontinued. This is done to prevent which of the following complications?

- 1. Essential fatty acid deficiency.
- 2. Dehydration.
- 3. Rebound hypoglycemia.
- 4. Malnutrition.

167. While assessing the psychosocial aspects of a primigravid client at 30 weeks' gestation, which of the following feelings are expected?

- 1. Vulnerability.
- 2. Confirmation.
- 3. Ambivalence.
- 4. Body image disturbance.

168. The nurse teaches a client scheduled for an IV pyelogram what to expect when the dye is injected. The client has correctly understood what was taught when the client states that there may be which of the following sensations when the dye is injected?

- 1. A metallic taste.
- 2. Flushing of the face.
- 3. Cold chills.
- 4. Chest pain.

169. To prevent development of peripheral neuropathies associated with isoniazid administration, the nurse should teach the client to:

- 1. Avoid excessive sun exposure.
- 2. Follow a low-cholesterol diet.
- 3. Obtain extra rest.
- 4. Supplement the diet with pyridoxine (vitamin B₆).

170. A usually reliable interpreter called by the nurse to help communicate with a mother of a child who does not speak English and has brought her child in for a routine visit has yet to arrive in the clinic. The nurse has paged the interpreter several times. Which of the following should the nurse do next?

- 1. Continue with the examination.
- 2. Reschedule the infant's appointment for later in the week.
- 3. Ask the mother to stay longer in the hope that the interpreter arrives.
- 4. Page the interpreter one more time.

171. Before discharge from the hospital after a myocardial infarction, a client is taught to exercise by gradually increasing the distance walked. Which vital sign should the nurse teach the client to monitor to determine whether to increase or decrease the exercise level?

- 1. Pulse rate.
- 2. Blood pressure.
- 3. Body temperature.
- 4. Respiratory rate.

172. During an appointment with the nurse, a client says, "I could hate God for that flood." The nurse responds, "Oh, don't feel that way. We're making progress in these sessions." The nurse's statement demonstrates a failure to do which of the following?

- 1. Look for meaning in what the client says.
- 2. Explain to the client why he may think as he does.
- 3. Add to the strength of the client's support system.
- 4. Give the client credit for solving his own problems.

173. The nurse has just received the change of shift report on the following clients on the labor, birth, recovery, and postpartum unit. Which of these clients should the nurse assess first?

- 1. An 18-year-old single primigravid client, in labor for 9 hours, with cervical dilation at 6 cm, 0 station, contractions occurring every 5 minutes, and receiving epidural anesthesia.
- 2. A 24-year-old primiparous client who gave vaginal birth to a 7-lb, 3-oz (3,260-g) boy 1 hour ago, has a firm fundus and scant lochia rubra, and is attempting to breast-feed.
- 3. A 26-year-old multigravid client, in labor for 8 hours, with cervical dilation at 8 cm, 1+ station, contractions every 3 to 4 minutes, and receiving no anesthesia.
- 4. A 30-year-old multipara who gave birth to a 6-lb, 5-oz (2,863-g) girl by cesarean owing to fetal distress 3 hours ago, has a firm fundus and scant lochia rubra, and is receiving morphine by patient-controlled analgesia.

174. A client with type 1 diabetes mellitus is scheduled to have surgery. The client has been nothing-by-mouth (NPO) since midnight. In the morning, the nurse notices that the client's daily insulin has not been prescribed. Which action should the nurse do first?

- 1. Obtain the client's blood glucose level at the bedside.
- 2. Contact the physician for further prescriptions regarding insulin dosage.
- 3. Give the client's usual morning dose of insulin.
- 4. Inform the Post Anesthesia Care Unit (PACU) staff to obtain the insulin prescription.

175. A client's chest tube is to be removed by the physician. Which of the following items should the nurse have ready to be placed directly over the wound when the chest tube is removed?

- 1. Butterfly dressing.
- 2. Montgomery strap.
- 3. Fine mesh gauze dressing.
- 4. Petrolatum gauze dressing.

176. The nurse observes that the client with multiple sclerosis looks untidy and sad. The client suddenly says, "I can't even find the strength to comb my hair," and bursts into tears. Which of the following responses by the nurse is best?

- 1. "It must be frustrating not to be able to care for yourself."
- 2. "How many days have you been unable to comb your hair?"
- 3. "Why hasn't your husband been helping you?"
- 4. "Tell me more about how you're feeling."

177. A client newly diagnosed with bulimia is attending a nurse-led group at the mental health center. She tells the group that she only came because her husband said he would divorce her if she didn't get help. Which of the following responses by the nurse is most appropriate?

- 1. "You sound angry with your husband. Is that correct?"
- 2. "You will find that you like coming to group. These people are a lot of fun."
- 3. "Tell me more about why you are here and how you feel about that."
- 4. "Tell me something about what has caused you to be bulimic."

178. A diabetic client has been diagnosed with hypertension, and the physician has prescribed atenolol (Tenormin), a beta-blocker. When performing discharge teaching, it is important for the client to recognize that the addition of Tenormin can cause:

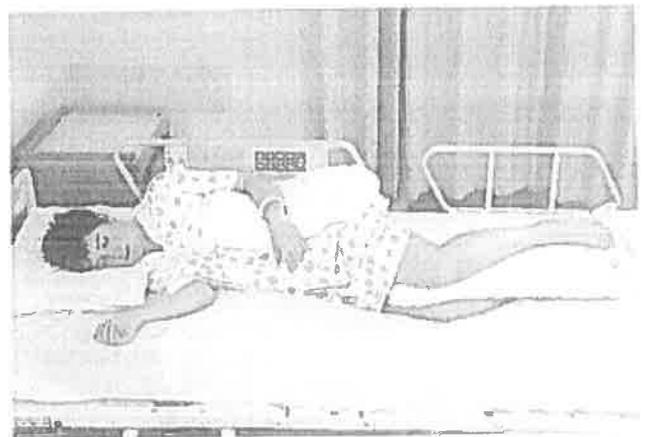
- 1. A decrease in the hypoglycemic effects of insulin.
- 2. An increase in the hypoglycemic effects of insulin.
- 3. An increase in the incidence of ketoacidosis.
- 4. A decrease in the incidence of ketoacidosis.

179. The parent of a child who is taking an antibiotic for bilateral otitis media tells the nurse that they have stopped the medicine since the child is better and are saving the rest of the medication to use the next time the child gets sick. Which of the following is the nurse's best response?

- 1. "It is important to give the medicine as prescribed."
- 2. "How do you know your child's ears are cured?"
- 3. "Your child needs all of the medicine so that the infection clears."
- 4. "Stopping the medicine is not what's best for your child!"

180. The nurse is making rounds and observes a client who is unconscious (see figure). The nursing assistant has just turned the client from lying on her back. Before raising the side rail, the nurse should:

- 1. Elevate the head of the bed to 30 degrees.
- 2. Ask the nursing assistant to add a pillow under the right arm.
- 3. Inspect the skin at pressure points from the back-lying position.
- 4. Help the nursing assistant move the client closer to the head of the bed.



181. The nurse is preparing a teaching plan for a client who is being discharged after being admitted for chest pain. The client has had one previous myocardial infarction 2 years ago and has been taking simvastatin 40 mg for the last 2 years. After reviewing the lab results for the client's cholesterol levels (see chart below), the nurse should:

lab report

Test	Result	Units	Reference Range
Cholesterol total	200	mg/dL	<200
Triglycerides	106	mg/dL	<150
HDL-cholesterol	69	mg/dL	>39

- 1. Ask if the client is taking the simvastatin regularly.
- 2. Tell the client that the cholesterol levels are within normal limits.
- 3. Instruct the client to lower the saturated fat in the diet.
- 4. Review the chart for lab reports of hemoglobin and hematocrit.

182. Sodium polystyrene sulfonate (Kayexalate) is prescribed for a client following crush injury. The drug is effective if:

- 1. The pulse is weak and irregular.
- 2. The serum potassium is 4.0 mEq/L (4.0 mmol/L).
- 3. The ECG is showing tall, peaked T waves.
- 4. There is muscle weakness on physical examination.

183. The nurse is teaching a young female about using oxcarbazepine (Trileptal) to control seizures. The nurse determines teaching is effective when the client states:

- 1. "I will use one of the barrier methods of contraception."
- 2. "I will need a higher dose of oral contraceptive when on this drug."
- 3. "Since I am 28 years old, I should not delay starting a family."
- 4. "I must weigh myself weekly to check for sudden gain in weight."

184. A client diagnosed with chronic renal failure is undergoing hemodialysis. Postdialysis, the client weighs 59 kg. The nurse should teach the client to:

- 1. Increase the amount of sodium in the diet to 4 g/day.
- 2. Limit the total amount of calories consumed each day to 1,000.
- 3. Increase fluid intake to 3,000 mL each day.
- 4. Control the amount of protein intake to 59 to 70 g/day.

185. An elderly client admitted with new-onset confusion, headache, and bounding pulse has been drinking copious amounts of water and voiding frequently. The nurse reviews the lab results (see chart). Which of the abnormal lab values is consistent with the client's symptoms?

Lab Values

	Result	Reference Range
Serum osmolality	325 mmol/kg H ₂ O	(275–295 mmol/kg H ₂ O)
Platelet count	122	(150–400 × 10 ⁹ /L)
Serum sodium	122 mmol/L	(135–145 mmol/L)
Urine specific gravity	1.041	(1.003–1.035)

- 1. Serum osmolality.
- 2. Platelet count.
- 3. Serum sodium.
- 4. Urine specific gravity.

186. A term primigravida was involved in a car accident 3 hours ago. She is having labor contractions every 4 minutes and her cervix is 3/100/-1. She is crying uncontrollably and states her pain is constant and severe rating it at 10/10. The priority action by the nurse is to:

- 1. Reassure the woman and assist with nonpharmacologic pain interventions.
- 2. Assess intensity of contractions and determine if she would like an epidural.
- 3. Notify the provider of the pain and request an assessment for potential abortion.
- 4. Perform a vaginal exam and coach the woman with breathing exercise for pain control.

187. A school nurse interviews the parent of a middle school student, who is exhibiting behavioral problems, including substance abuse, following a sibling's suicide. The parent says, "I am a single parent who has to work hard to support my family and now, I've lost my only son and my daughter is acting out and making me crazy! I just can't take all this stress!" Which of the following issues is the priority?

- 1. Parent's ability to emotionally support the adolescent in this crisis.
- 2. Potential suicidal thoughts/plans of both family members.
- 3. The adolescent's anger.
- 4. The parent's frustration.

188. When creating an educational program about safety, what information should the nurse include about sexual predators? Select all that apply.

- 1. Child molesters pick children or teens over which they have some authority, making it easier for them to manipulate the child with special favors or attention.
- 2. Child molesters resort to molestation because they have bad childhoods, so understanding that can help them decrease their molesting.
- 3. Child molesters gain the child's trust before making sexual advances so the child feels obligated to comply with sex.
- 4. Child molesters often choose children whose parents must work long hours, making the extra attention initially welcomed by the child.
- 5. Child molesters maintain the secrecy of their actions by making threats if offering attention and favors fail or if the child is close to revealing the secret.

189. Sequential compression therapy is to be used postoperatively on the client's legs. The nurse must take which of the following actions first when the client returns to the room?

- 1. Confirm the client's identity using two client identifiers.
- 2. Wash hands.
- 3. Explain the sequential compression therapy to the client.
- 4. Determine the size of sleeve that is needed.

190. The nurse is caring for a previously healthy, independent 28-year-old client who is alert and oriented and is being admitted to the hospital for unexplained vomiting and abdominal pain. The client has intravenous fluids infusing through a saline lock and has been ambulating in the hallway with a steady gait. Using the Morse Fall Risk Scale (see chart), what is this client's total score and risk level?

Morse Fall Risk/Scale		
Item	Scale	Scoring
1. History of falling, immediate or within 3 months	No <input checked="" type="radio"/> Yes 25	
2. Secondary diagnosis	No <input checked="" type="radio"/> Yes 15	
3. Ambulatory aid Bed rest/nurse assist Crutches/cane/walker Furniture	<input checked="" type="radio"/> 15 30	
4. IV/heparin Lock	No 0 Yes <input checked="" type="radio"/> 20	
5. Gait/transferring Normal/bed rest/ Immobile Weak Impaired	<input checked="" type="radio"/> 10 20	
6. Mental status Oriented to own ability Forgets limitations	<input checked="" type="radio"/> 15	

Score 20 Risk LOW

191. The nurse is planning care for an 80-year-old client with a pressure ulcer (see figure). The nurse should do which of the following? Select all that apply.



- 1. Elevate the head of the bed to 50 degrees.
- 2. Obtain daily cultures.
- 3. Cover with protective dressing.
- 4. Reposition the client every 2 hours.
- 5. Request an alternating-pressure mattress.