

1. A client with human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) has been hospitalized and his caregiver does not know the HIV status. Which response by the nurse is best?
- "Would you like me to help you tell them?"
 - "The information you provide is not confidential."
 - "I must share this information with your family."
 - "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?
- Canary
 - Fish
 - Goldfish
 - Guinea pig
3. An elderly client is being educated to amputee surgery for cancer resection. The client has several diamond rings. The nurse should explain to the client that:
- The rings will be taped before the surgery.
 - The rings will be placed in an envelope, the client will sign the envelope, and the envelope will be placed in a safe.
 - The rings will be locked in the narcotic box.
 - The nursing supervisor will hold onto the rings during the surgery.
4. When an infant receives taking oral feedings after surgery to correct intussusception, the parent comments that the child seems to suck on the pacifier more since the surgery. The nurse explains that sucking on a pacifier:
- Provides an outlet for emotional tension.
 - Indicates readiness to take solid foods.
 - Indicates intellectual maturity.
 - Is an attempt to get attention from the parents.
5. Under which circumstance may a nurse communicate medical information without the client's consent?
- When certifying the client's absence from work.
 - When requested by the client's family.
 - When treating the client with a sexually transmitted disease.
 - When prescribed by another physician.

6. A 25-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 decubitus pressure. Which of the following is appropriate for obtaining permission to place a catheter for intracranial pressure (ICP) monitoring?
- 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.
 - The physician will get a consultation from another physician and proceed with placement of the ICP catheter and the family arrives to sign the consent.
 - Two nurses will receive a verbal consent by telephone from the client's sister before inserting the catheter.
 - 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?
- "The usual follow-up is chest x-ray and liver function tests every 3 months."
 - "The follow-up for your father will be a chest x-ray and a computed tomography scan of the abdomen every year."
 - "No follow-up is needed at this time."
 - "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:
- Microdrip chamber filter.
 - Standard blood administration set.
 - Special leukocyte-poor filter.
 - Microdrip administration set.

9. During the health history interview, which of the following questions is the most effective to use to help clients take an active role in their health care decisions?
- Ask clients to complete a questionnaire.
 - Provide clients with written instructions.
 - Ask clients for their views of their health and health care.
 - Ask clients if they have any questions about their health.
10. The nurse is planning care for a client who shows the signs of confusion. Before applying nursing measures, the nurse could try which of the following interventions? Select all that apply.
- Ask the client to rub lotion over the hands every day after bathing.
 - Encourage physical activity, such as ambulation.
 - Provide frequent contacts for communication and socialization.
 - Provide family education.
 - 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?
- Hallucination
 - Delusion
 - Delirium
 - Paranoia
12. When a client wants to read the chart, the nurse should:
- Call the health care provider to obtain permission.
 - Give the client the chart and advise the client's questions.
 - Tell the client to read the chart when the doctor makes rounds.
 - 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 pairs?
- Two-point gait.
 - Four-point gait.
 - Three-point gait.
 - 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?
- "Are you thinking about killing yourself?"
 - "Things will get better, you know."
 - "Why do you think that way?"
 - "You shouldn't feel that way."

15. A client with bipolar I disorder has been prescribed olanzapine (Zyprexa) 5 mg two times a day and lamotrigine (Lamictal) 20 mg two times a day. Which of the following adverse effects should the nurse report to the physician immediately? Select all that apply.
- Rash
 - Nausea
 - Sedation
 - Hypotension
 - 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?
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?
- Folic acid
 - Vitamin C
 - Magnesium
 - Calcium
18. Which of the following statements made by a pregnant woman in the last trimester are consistent with this stage of pregnancy? Select all that apply.
- "My husband told his friends we will have to give up the baby for a minute."
 - "Oh my, how did this happen? I don't need the sex."
 - "I can't wait to see my baby. Do you think I will have my blond hair and blue eyes?"
 - "I used a urinary catheter for decorating the room."
 - "I wonder how I will feel to buy maternity clothes and be fat."
 - "My mom is the mail person to buy a gift and dressing table."
19. The nurse is teaching a client about using topical gentamicin sulfate (Gentak). Which of the following comments by the client indicates the need for additional teaching?
- "I will avoid being out in the sun for long periods."
 - "I should stop applying it near the infected area bands."
 - "I'll call the physician if the condition worsens."
 - "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.
- Muscle twitching
 - Abdominal cramping
 - Dizziness
 - Confusion
 - Lethargy
 - 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?
- "Your brother is experiencing a very serious depression."
 - "It'll be sure to ease your concerns to his physician."
 - "It takes 2 to 4 weeks for the drug to reach its full effect."
 - "Perhaps we need to change his medication."
22. Which interventions should the nurse use to assist the client with grief/loss? Select all that apply.
- Accepting the client while not going with the delusion.
 - Focusing on the feelings or meaning of the delusion.
 - Focusing on events and topics based in reality.
 - Confronting the client's beliefs.
 - 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 egocentric, intrusive, and interrupts other clients engaged in conversations in the unit when they get up and leave or walk away?
- "When you interrupt others, they leave the area."
 - "You are being rude and uncaring."
 - "You should remember to use your manners."
 - "You know better than to interrupt others."
24. At what time should the blood be drawn in relation to the administration of the IV dose of penicillin sodium (Garamycin)?
- 2 hours before the administration of the next IV dose.
 - 1 hour before the administration of the next IV dose.
 - 4 hours before the administration of the next IV dose.
 - 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)?
- Delayed puberty
 - Chest pain with dyspnea
 - Poor weight gain
 - Large foul-smelling bulky stools
26. A 4-year-old is brought to the emergency department with sudden onset of a temperature of 102°F (38.9°C), sore throat, and refusal to drink. The child will not sit down and prefers to lie down. Which of the following should the nurse do next?
- Give 600 mg of acetaminophen (Tylenol) orally as prescribed.
 - Inspect the child's throat for redness and swelling.
 - Have an appropriate-sized tracheotomy tube readily available.
 - 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?
- Withhold the lithium and obtain a lithium level to determine therapeutic effectiveness.
 - Continue the lithium and reassure family that the physician about the assessment findings.
 - Continue the lithium and reassure the client that these temporary side effects will subside.
 - Withhold the lithium and monitor the client for signs and symptoms of increasing toxicity.
28. A client asks the nurse how long it will be necessary to take the medicine for hypothyroidism. The nurse's response is based on the knowledge that:
- Lifelong daily medicine is necessary.
 - The medication is expensive, and the dose can be reduced in a few months.
 - The medication can be gradually withdrawn in 1 to 2 years.
 - 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?
- A client who continues work as a computer programmer.
 - A client who attends college classes.
 - A client who can now care for her children.
 - 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:
- "If I think I have a bladder infection, I need to see my obstetrician."
 - "If I have contractions, I should contact my health care provider."
 - "Drinking water may help prevent early labor for me."
 - "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 8.1 g/dL (81 g/L), and blood pressure is 100/70 mm Hg. The client and family state that their religious beliefs do not support the use of blood products and refuse blood transfusion as a treatment for the bleeding. The nurse should collaborate with the physician and family to meet:
- Discontinue all measures.
 - Notify the hospital attorney.
 - Attempt to stabilize the client through the use of fluid replacement.
 - 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:
- A disease carrier also has the disease.
 - Two parents who are carriers may produce a child who has the disease.
 - A disease carrier and an affected person will never have children with the disease.
 - 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:
- The refrigerator.
 - A cool, moist place.
 - A dark container to shield from light.
 - 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:
- Increased urination.
 - Slowed thinking.
 - Sedation.
 - Weight loss.

35. An infant is born with facial abnormalities, growth retardation, neural malformation, and vision abnormalities. These abnormalities are likely caused by maternal:
- Alcohol consumption
 - Varicella B. infection
 - Vitamin A deficiency
 - 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:
- Take NSAIDs at least three times per day.
 - Exercise the joints at least 1 hour after taking the medication.
 - Take acetaminol 1 hour after taking NSAIDs.
 - Take NSAIDs with food.
37. The nurse should suspect that the client taking divalproex (Depakote) has ingested alcohol when the client exhibits which of the following symptoms?
- Severe throat and muscle aches.
 - Nausea and flushing of the face and neck.
 - Fever and muscle aches.
 - 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:
- Seal off the track left by the needle in the tissue.
 - Spread the spread of the medication in the tissue.
 - Avoid the dislodgment of the needle pulling on the skin.
 - 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 of the following conditions should the nurse assess to determine whether the activity is appropriate for the client?
- Edema.
 - Cyanosis.
 - Dyspnea.
 - Weight loss.

40. The nurse is conducting a counseling session with a client experiencing postmenstrual stress disorder (PMDD) using a 3-way video telehealth system from the hospital in 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 the client? Select all that apply. The client will:

1. Save travel time from the home to the health care facility.
2. Avoid missing 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.

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 says and then asking the client about plans for staying sober.

42. The nurse is caring for a middle-aged patient hospitalized for respiratory syncytial virus (RSV). In what order should the nurse remove personal protective equipment (PPE)?

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

3
2
4
1

43. The nurse is preparing a teaching plan for a 65-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 leading 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 (Vanocin) 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 liberal 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 location 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 discusses that the client needs further instructions when he says low sperm counts may be caused by which of the following?

1. Vasectomy.
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 leaving their vital signs assessment and a fourth client is on her way to the unit from the emergency department in which order of priority should the nurse stage these clients?

1. The client with clear vesicles and brown vaginal discharge at 35 weeks gestation.
2. The client with right lower quadrant pain at 30 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.

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 feelings with a support group.
4. The injured staff member has decided whether or not to talk to the executive client.
5. A plan has been arranged to facilitate the return of the injured staff member to work.

3
4
1
2

52. A client with severe osteoarthritis and decreased mobility is hospitalized in an assisted living facility. The nurse notices that the client smokes of alcohol, exhibits an unsteady gait, and has no wine bottles in the trash. The client tells the nurse, "These 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 drink 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 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 germs from spreading."
3. "Useless 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 at her eighth month of pregnancy. The nurse is preparing the client as shown below. Which of the following statements 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 sources 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 talcum 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 expect which of the following in the health care provider?

1. Hypertensive blood readings
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. Hypertension 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 collection of time and client safety, the nurse should make rounds on which of the following clients first?

1. The client who is reported to be stable.
2. The mother with a 4-hour-old infant with maternal blood glucose of 33 mg/dL (1.8 mmol/L) and new 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 (104.2 $\mu\text{mol/L}$) 30 minutes ago and is now in a "bili-blanket" at the mother's bedside.

61. When performing chest percussion on a child, which of the following is **incorrect** for the nurse to do?

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 clavicles.
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 (lb) (kilograms) would the client lose in 1 week?

5 lbs

64. A multigravid 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 1 week.
4. Take two pills tonight before bedtime.

70. The nurse on the postpartum unit is caring for four clients. There will be a new admission in 20 minutes. The new client is a G4 P4. Spanish-speaking only client with an illness 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 stable, Spanish speaking only.
2. A G4 P1 who is 1 day postpartum with an infant in the SCN.
3. A G4 P4 who gave birth 4 hours ago by C/S for fetal distress, stable at bedside.
4. A G1 P1 who is a non-Spanish 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 transfusion 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. Documented use of stool softeners.
2. Followed a low-residue diet.
3. Performed abdominal tightening exercises.
4. Signed a list with and witnessed.

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 2 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 a different area of the stool than 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 an orthopharyngeal-mouth (NPO) status is routinely asking for a drink of water. Which of the following is the most appropriate nursing intervention?

1. Explain why it is not possible to have a drink of water.
2. Offer one sip every hour to decrease thirst.
3. Offer the client frequent and sipped oral care.
4. Direct 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 usual nursing assessment reveals brittle nails, dry hair, constipation, and puffy eyes. 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 with 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, menarche typically occurs within which of the following time frames?

- 1. 8 months
- 2. 12 months
- 3. 20 months
- 4. 36 months

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

- 1. Epstein's pearls
- 2. Punctate teeth
- 3. Thrush buds

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

- 1. Cyanotic frothy sputum
- 2. Episodes of cyanosis
- 3. Several loose stools
- 4. Irritable weight loss
- 5. Poor gag reflex

79. Which of the following factors is most important for leading an infected dermal 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 rate is normally 75 to 78 bpm. After assessing the apical pulse for 1 minute and finding it to be 80 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 program client yell, "Oh my! The baby is coming!" After placing the client in a supine position and trying to maintain calm, yet with the nurse sees that the woman's head is being born. Which of the following should the nurse do first?

- 1. Position the mouth with two fingers
- 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 tibia. The client asks the nurse how quickly the fracture 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 trauma."
- 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."

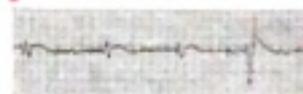
83. A client with delirium becomes very agitated and says, "I can't stop when it happens in me. Make it stop, please!" Which of the following is the nurse's most appropriate response?

- 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 30 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 the rhythm is:



86. The physician has prescribed a chemotherapeutic drug to be administered to a client every day for the next week. The client is an adult medical-surgical client, 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 response for a client with rheumatoid arthritis?

- 1. The client will manage joint pain and fatigue by performing 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 fluid 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 post-exposure 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 1-year-old child, the nurse should pull the pinna to 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. Dyspnea

94. The son of a client with Alzheimer's disease anxiously tells the nurse, "Mom was saying 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. Seal the specimen with the test 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 10-year-old client is in the emergency department for treatment of minor injuries from a car accident. A nurse nurse is with the client because the client became hysterical and was yelling, "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 yelling."

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 infectious than men to seek medical treatment
- 2. Gonorrhea is not easily transmitted to women who are asymptomatic
- 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 the information?

- 1. Antiviral lesions within 28 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 multiparous client at 34 weeks gestation who is leaking amniotic fluid has just been hospitalized with a diagnosis of premature rupture of membrane and protein leak. The client's contractions are 30 minutes apart, lasting 30 to 35 seconds. Her cervix is dilated to 2 cm. The nurse notices the physician prescribes latex cast. Which of the following prescriptions should the nurse initiate first?

- 1. Serial vital and connection monitoring
- 2. Start the intravenous infusion
- 3. Obtain the urine specimen
- 4. Administer betamethasone

Physician Prescription

Continue external vital and connection monitoring at 20-30 min @ 12-16 hr.

100 mg betamethasone for amniotic and culture and sensitivity

Betamethasone 12 mg IM daily x 3 days

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 130 bpm, a respiratory rate of 48 breaths/min, and blood pressure of 100/90 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 Brudzinksi sign
- 4. Increase the flow rate of intravenous fluids

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

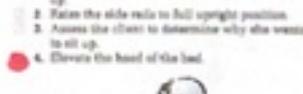
- 1. Maintain a quiet environment
- 2. Play background music
- 3. Avoid caffeine and nicotine
- 4. Take a mild sedative

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 bilateral tonsillitis. The child's temperature is 104.7 (40.4)°C and the apical pulse is 140 bpm. The white blood cell count is 18,000/mm³ (18 x 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. Which of the following baseline laboratory data should be established before a client is started on (acute) digoxin or atropine treatment (Atropine)?

- 1. Potassium level
- 2. Low white blood count
- 3. Hemoglobin level, hematocrit, and platelet count
- 4. Blood glucose level

107. The nurse is developing an education plan for clients with hyperemesis. Which of the following long-term goals is most appropriate for the nurse to implement?

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

108. The nurse should consider which of the following priorities 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

109. After explaining to a multiparous client at 28 weeks gestation who is diagnosed with severe hypertension about the possible complications of the condition, which of the following statements indicates that the client needs further instruction?

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

110. An obese diabetic client has bilateral leg aching and is in need of a remedial 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 air machine
- 4. Interval training on the stair climber

111. 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

113. The nurse is assigned to a client with ileostomy and reviews the following data: poor appetite, nausea, and two episodes of stools in the past 3 hours. The client reports having opened to the stomach soon. The nurse should develop a care plan for which of the following health problems first?

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

114. Which of the following is recommended procedure 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-vitamin/dietary diet

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

- 1. Urination
- 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 corticosteroid ointment to relieve the dryness."

117. A patient is experiencing respiratory distress and is using a nasal cannula to open their airway. An unlicensed nursing personnel has positioned the oxygen mask as shown below. The nurse is assessing the cannula and determines that the mask is inappropriate for the patient.

- 1. It is too large because it covers the patient's eyes
- 2. It is too small because it is obstructing the mouth
- 3. It 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. Side position
- 3. Prone position without a pillow
- 4. Sitting forward with the arms supported on the bedside table

119. The etiologies for hepatitis are:

- 1. Vitamin K
- 2. Wucheria (Coccidial)
- 3. Toxemia
- 4. Parasitic infection

120. Which of the following actions is most appropriate when dealing with a client who is experiencing anger verbally, in passing, and/or indirectly?

- 1. Conveying empathy and encouraging ventilation
- 2. Using calm, firm statements to get the client in 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. Ambulate the client a brief period

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 swelling on the skin
- 2. Decreased bruising
- 3. Improved circulation to the area
- 4. Decreased swelling to the area

123. While assessing the pharynx with an otoscope on a 10-year-old child at 18 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. Inoculation infection
- 2. Fungal otitis media
- 3. Erythrocyte debris
- 4. Normal mucous fluid

124. The nurse instructs the unlicensed nursing 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 on Monday and end at 7 on Tuesday?

- 1. Collect and save the urine voided at 7 on 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 on 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 albumin albuminemia
- 2. Hypoalbuminemia
- 3. Hyperkalemia
- 4. Decreased elastic aneurysm

126. An infant is to receive the diphtheria, tetanus, and acellular pertussis (DTaP) and inactivated polio vaccine (IPV) immunizations. The child is receiving breast a solid and is stable. 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 sibling 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 non-specific health care system?

- 1. Encourage legislation to enact 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 increased otitis-prone history. Which of the following nursing interventions has the highest priority in postoperative care for the client?

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

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 eye and withdrawal behaviors
- 3. Saying "dada" by age 8 months
- 4. Absence of responding to eye 4 months

130. A client who had a myocardial infarction of the anterior (T-AMI) 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 prevent bleeding in the bladder
- 2. To wash prostatic tissue into the bladder
- 3. To keep the bladder free from clot obstruction
- 4. To prevent bladder distention

131. Which of the following words should the nurse expect to hear when discussing a thymic disorder?

- 1. Hypertension
- 2. Tremors
- 3. Dyspnea
- 4. Flashes

132. A trip has been postponed on an evil trip. Many passengers are injured, but there are no fatalities. While the emergency department nurse prepares for treating the injured, the nurse also tells the other 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 set 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 legs elevated
- 4. Right side, with legs 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. Observe 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 hospitalized 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 admission 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 room will be small
- 3. The room will be back in school in 1 week
- 4. Antisepsis 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 vital signs 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. Hypoglycemia
- 4. Infection

139. When assessing for signs of a blood urea nitrogen (BUN) level with dark skin, the nurse should assess for which of the following?

- 1. Hypertension
- 2. Dysphoria
- 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

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 assessing a client's tracheostomy tube, the nurse should do which of the following?

- 1. Oxygenate the client before ventilating
- 2. Insert the suction catheter about 2 inches (5.1 cm) into the trachea
- 3. Use a bulb 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 parent?

- 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 6 feet (180 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 admission checks the bar reflexes in a client for Status II that apply.

- 1. Stern throat
- 2. Malign
- 3. Weight loss
- 4. Red
- 5. Swollen lymph glands

147. While assessing the fundus of a multiparous client on the first postpartum day, the nurse performs fundus 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 bent
- 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 woman palpates stimulate the client to void

148. A nulliparous client with gestational diabetes tells the nurse that she had a reactive neonatal test 2 days ago and asks, "What does that mean?" The nurse explains that a reactive neonatal test indicates which of the following about the fetus?

- 1. Evidence of acute compromise that will require additional care
- 2. Fetal well-being at this point in the pregnancy
- 3. Evidence of late decelerations occurring during the test
- 4. No acute compromise demonstrated within a 30-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. Cramps
- 3. Dependent edema
- 4. Crackles

150. To help prevent hip flexion deformities associated with immobilized extremities, the nurse should help the client assume which of the following positions to 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 nulliparous client in active labor?

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

152. Assessment of a nulliparous client in active labor reveals the following: moderate (Dawson) cervix dilated 1 cm, 9 station, and completely effaced and fetal heart rate of 138 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. Monitor 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. Hypertension
- 2. Hypomagnesemia
- 3. Hypocalcemia
- 4. Hypokalemia

154. After abdominal surgery, a client has a prescription for morphine (Demoran) 10 mg every 3 to 4 hours and acetaminophen (Tylenol) with codeine 30 mg. The client has been taking morphine every 4 hours for the past 48 hours but tells the nurse that the morphine is no longer helping 4 hours and that the client needs to have it every 2 hours. Which of the following nursing actions is most appropriate?

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

155. The nurse examines 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 crying of grief. 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. Initiative vs. guilt
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 incontinent, is continuously 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 white 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 unkempt face, unshowered body odor, visible sores on the chest and penis, slow movements, gazing at the floor, and a flat affect. Which of the following should the nurse interpret as indicating psychosis or schizophrenia?

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 hydrocele if which of the following occurs?

1. The scrotal 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. Cradle 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 student on the prevention of postoperative pulmonary complications. Which of the following statements indicates that the student 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 8 to 10 deep breaths every hour."

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

1. Extremity warm to touch
2. Improved respiratory status
3. Decreased pulse rate with activity
4. Participation in self-care measures
5. Long time to ambulation

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. Reduced hypoglycemia
4. Malnutrition

167. While assessing the psychosocial aspects of a postoperative client at 20 weeks' gestation, which of the following feelings are expected?

1. Vulnerability
2. Confusion
3. Ambivalence
4. Body image disturbances

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 neuropathy associated with constant administration, the nurse should teach the client to

1. Avoid excessive sun exposure
2. Follow a low-calorie diet
3. Clean extra toes
4. Supplement the diet with pyridoxine (vitamin B₆)

170. A usually reliable caregiver 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 put to rest in the clinic. The nurse has judged the caregiver's arrival time. Which of the following should the nurse do next?

1. Continue with the examination
2. Reassure the infant's appointment for later in the week
3. Ask the mother to stay longer in the hope that the caregiver 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 have God for that God." 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 so 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, delivery, and postpartum unit. Which of these clients should the nurse assess first?

1. An 18-year-old single primigravida client, in labor for 8 hours, with cervical dilation at 6 cm, 0 station, contractions occurring every 3 minutes, and receiving epidural anesthesia
2. A 24-year-old postpartum client who gave vaginal birth to a 7 lb, 3-oz (3,200-g) baby 1 hour ago, has a firm fundus and warm lochia rubra, and is attempting to breast feed
3. A 28-year-old multigravida client, in labor for 8 hours, with cervical dilation at 3 cm, 1+ station, contractions every 2 to 3 minutes, and receiving no analgesia
4. A 30-year-old multigravida who gave birth to a 6 lb, 9-oz (3,000-g) girl by cesarean section in total delivery 2 hours ago, has a firm fundus and warm 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 eating 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 prescription regarding insulin drugs
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 whose tube is to be removed by the physician. Which of the following items should the nurse have ready to be present directly over the wound when the client tube is removed?

1. Emesis dressing
2. Montgomery strip
3. Fine mesh gauze dressing
4. Petroleum gauze dressing

176. The nurse observes that the client with multiple sclerosis looks unwell 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 hypoglycemia, and the physician has prescribed insulin (Demoran) a beta blocker. When performing discharge teaching, it is important for the client to recognize that the addition of Demoran 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 ketonuria
4. A decrease in the incidence of ketonuria

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 moving 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 of 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 educated for chest pain. The client has had one previous myocardial infarction 2 years ago and has been taking aspirin 81 mg for the last 2 years. After reviewing the lab results for the client's cholesterol level (see chart below), the nurse should

Lab report	Result	Units	Reference Range
Cholesterol total	200	mg/dL	<200
Triglycerides	98	mg/dL	<150
HDL cholesterol	40	mg/dL	>35

1. Ask if the client is taking the aspirin as prescribed
2. Tell the client that the cholesterol levels are within normal limits
3. Instruct the client to lower the amount of 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 contraceptive (Orbitrol) to control seizures. The nurse determines teaching is effective when the client says

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 gains 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 sodium consumed each day to 1,000
3. Increase fluid intake to 2,000 mL each day
4. Control the amount of protein intake to 50 to 70 g/day

185. An elderly client admitted with non-crust cellulitis, headache, and bounding pulse has been receiving empiric antibiotic and vasoconstrictor therapy. The nurse reviews the lab results (see chart). Which of the abnormal lab values is consistent with the client's diagnosis?

Lab Values	Result	Reference Range
Serum creatinine	3.8 mmol/L	0.75-1.25 mmol/L mg/dL
Protein urine	12	100-400 mg/dL
Serum sodium	153 mmol/L	135-145 mmol/L
Urine specific gravity	1.04	1.000-1.030

1. Serum creatinine
2. Protein urine
3. Serum sodium
4. Urine specific gravity

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

1. Reassure the woman and warn with nonpharmacologic pain interventions
2. Assess intensity of consciousness 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 exercises 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 the clinic
- 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 whom they have some authority, making it easier for them to associate the child with special favors or attention
- 2. Child molesters resort to seduction because they have had childhoods in which they felt that can help them decrease their marketing
- 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 work long hours, making the extra attention initially welcomed by the child
- 5. Child molesters maintain the secrecy of their actions by making threats of offering attention and favors but so if the child is close to revealing the secret

189. Sequential compression therapy is to be used prophylactically on the client's legs. The nurse must select which of the following across her 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 on 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, incontinence or vision impairment	Yes	0
	No	20
2. Secondary diagnosis	Yes	0
	No	10
3. Ambulatory aid	Bed rest/acute care	0
	Crutches/cane/walker	10
	None	20
4. Inpatient Look	Yes	0
	No	20
5. Gait/transferring	Unimpaired	0
	Weak	10
	Impaired	20
6. Mental status	Oriented to own ability	0
	Altered	10

Score: 35 Risk: High Moderate

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 30 degrees
- 2. Obtain daily cultures
- 3. Cover with protective dressing
- 4. Reposition the client every 2 hours
- 5. Request for alternating pressure mattress