

1. The nurse in the holding area of the surgery department is interviewing a client who requests to keep his religious medal on during surgery. Which intervention should the nurse implement?

a. Tape the medal to the client and allow the client to wear the medal.

b. Request that the family member take the medal prior to surgery.

c. -

d. Explain that taking the medal to surgery is against the policy.

e. Notify the surgeon about the client's request to wear the medal.

2. The nurse must obtain surgical consent forms for the following clients who are scheduled for surgery. Which client would not be able to consent to surgery?

a. The 30-year-old client who does not understand English.

b. The 65-year-old client who cannot read or write.

c. **The 16-year-old client who has a fractured ankle.**

d. The 80-year-old client who is not oriented to the day..

e. -

3. Which nursing task can the nurse delegate to the unlicensed nursing assistant (NA)?

a. **Assist the client to remove clothing and jewelry.**

b. Assess the client's preoperative vital signs.

c. -

d. Teach the client about coughing and deep breathing..

e. Complete the preoperative checklist.

4. When completing the assessment for the client in the day surgery unit, the client states, "I am really afraid of having this surgery. I'm afraid of what they will find." Which statement would be the best therapeutic response by the nurse?

a. **"Tell me about your fears of having this surgery."**

b. "Tell me why you're worried about your surgery."

c. -

d. "I understand how you feel. Surgery is frightening."

e. "Don't worry about your surgery. It is safe."

5. The client is scheduled for total hip replacement. Which behavior indicates to the nurse the need for further preoperative teaching?

a. The client takes three slow, deep, breaths and coughs forcefully after inhaling for the third time.

b. The client uses the diaphragm and abdominal muscles to inhale through the nose and exhale through the mouth.

c. **The client gets out of bed by lifting straight upright from the waist and then swings both legs along the side of the bed.**

d. The client uses the incentive spirometer and inhales slowly and deeply so that the piston rises to the preset volume..

e. -

6. Which activities are the circulating nurse's responsibilities in the operating room?

a. Prepare the medications to be administered by the anesthesiologist and change the tubing for the anesthesia machine.

b. -

c. Give preoperative medication in the holding area and monitor the client's response to anesthesia.

d. Prepare sutures; set up the sterile field; and count all needles, sponges, and instruments.

e. **Monitor the position of the client, prepare the surgical site, and ensure the client's safety.**

7. While working in the operating room the circulating nurse observes the surgical scrub technician remove a sponge from the edge of the sterile field with a clamp and place the sponge and clamp in a designated area. Which action should the nurse implement?

a. Tell the technician not to waste supplies.

b. Place the sponge back where it was.

c. **Do nothing because this is the correct procedure.**

d. Take the sponge out of the room immediately.

e. -

8. While the circulating nurse compares the final sponge count with that of the scrub nurse, a discrepancy in the count is found. Which action should the circulating nurse take first?

a. Re-count all sponges.

b. Complete an Occurrence Report.

c. -

d. Contact the surgical manager..

e. Notify the client's surgeon.

9. Which violation of surgical asepsis would require immediate intervention by the circulating nurse?

a. The scrub nurse setting up the sterile field is wearing artificial nails.

b. The circulating nurse is wearing a long-sleeved sterile gown.

c. -

d. Masks covering the mouth and nose are being worn by the surgical team.

e. Surgical supplies were cleaned and sterilized prior to the case.

10. The nurse identifies the nursing diagnosis "risk for injury related to positioning" for the client in the operating room. Which nursing action should the nurse implement?

a. Check the chart for any prescription or over-the-counter medication use.

b. -

c. Avoid using the cautery unit that does not have a biomedical tag on it.

d. Apply a warming pad on the OR table before placing the client on the table.

e. Carefully pad the client's elbows before covering the client with a blanket.

11. Which situation demonstrates the circulating nurse acting as the client's advocate?

a. Calls the client by the first name when the client is recovering.

b. -

c. Plays the client's favorite audio book during surgery.

d. Keeps the family informed of the findings of the surgery.

e. Keeps the operating room door closed at all times.

12. Which statement would be an expected outcome when the circulating nurse evaluates the goal of the intraoperative client?

a. The client has no postoperative infection.

b. The client recovers from anesthesia.

c. -

d. The client has no injuries from the OR equipment.

e. The client has stable vital signs during surgery.

13. When making assignments for nurses working in the OR, which case would the manager assign to the new nurse?

a. The client having open-heart surgery.

b. The client having a laparoscopic knee repair.

c. -

d. The client having a biopsy of the breast.

e. The client having laser eye surgery.

14. When developing the plan of care for the surgical client having sedation, which intervention has highest priority for the nurse?

a. Monitor the client's urinary output.

b. Attempt to keep the client focused.

c. -

d. Assess the client's respiratory status.

e. Take a 12-lead ECG prior to injection.

15. Which data indicate the nursing care has been effective for the client who is one (1)day postoperative surgery?

a. Bowel sounds occur four (4) times per minute.

b. Urine output was 160 mL in the past eight (8) hours.

c. Lungs are clear bilaterally in all lobes.

d. T 99.0°F, P 98, R 20, and BP 100/60.

e. -

16. When working on the surgical floor, which task can the nurse delegate to the unlicensed nursing assistant (NA)?

a. -

b. Take vital signs every four (4) hours.

c. Hang the client's next IV bag.

d. Check the Jackson-Pratt insertion site.

e. Ensure that the client gets pain relief.

17. The charge nurse is making the shift assignments. Which postoperative client would be the most appropriate assignment to the graduate nurse?

a. A 24-year-old client who had an uncomplicated appendectomy the previous day.

b. The 74-year-old client with a repair of the left hip who is unable to ambulate.

c. -

d. An 80-year-old client with small bowel obstruction and congestive heart failure.

e. The four (4)-year-old client who had a tonsillectomy and is swallowing frequently.

18. Which statement would be an expected outcome for the postoperative client who had general anesthesia?

a. The client will have a urine output of 30 mL per hour.

b. The client will be able to sit in the chair for 30 minutes.

c. The client will have a pulse oximetry reading of 97% on room air.

d. The client will be able to distinguish sharp from dull sensations.

e. -

19. Which client problem would be priority for client who is one (1) day postoperative?

a. Potential for infection.

b. -

c. Potential for injury.

d. Potential for fluid volume excess.

e. Potential for hemorrhaging.

20. The unlicensed nursing assistant reports the vital signs for a first-day postoperative client of T 100.8°F, P 80, R 24, and B/P 148/80. Which intervention would be most appropriate for the nurse to implement?

a. Encourage the client to ambulate in the hall.

b. -

c. Administer the antibiotic earlier than scheduled.

d. Change the dressing over the wound.

e. Help the client turn, cough, and deep breathe every two (2) hours.

21. The client is complaining of left shoulder pain. Which response would be best for the nurse to assess the pain?

a. Ask if the client wants pain medication.

b. Inquire if the pain is intense, throbbing, or stabbing.

c. Request that the client describe the pain.

d. Instruct the client to complete the pain questionnaire.

e. -

22. When preparing the plan of care for the client in acute pain as a result of surgery, the nurse should include which intervention?

a. Use nonpharmacological methods to replace medications.

b. Instruct family members to administer medication with the PCA.

c. -

- d. Administer pain medication as soon as the time frame allows.
e. Use cryotherapy after heat therapy because it works faster.

23. Which situation is an example of the nurse fulfilling the role of client advocate?

- a. The nurse contacts the health-care provider when pain relief is not obtained.
b. The nurse collaborates with other disciplines during the care conference.
c. -
d. The nurse teaches the client to ask for medication before the pain gets to a "5."
e. The nurse brings the client pain medication when it is due.

24. Which statement would be an expected outcome for a client experiencing acute pain?

- a. The client will participate in self-care activities.
b. The client will use relaxation techniques.
c. -
d. The client will repeat instructions about medications.
e. The client will have decreased use of medication.

25. Which intervention has the highest priority when administering pain medication to a client experiencing acute pain?

- a. -
b. Discuss the pain with the client.

- c. Verify the time of the last dose.
d. Monitor the client's vital signs.
e. Check for the client's allergies.

26. Which intervention should the nurse delegate to the unlicensed nursing assistant when caring for the client experiencing acute pain?

- a. Observe the patient's ability to use the PCA.
b. -
c. Take the pain medication to the room.
d. Check on the client 30 minutes after he or she takes the pain medication.
e. Apply an ice pack to the site of pain.

27. Which intervention would be the best way for the nurse to assess a four (4)-year-old client for acute pain?

- a. Use words that a four (4)-year-old child can remember.
b. Administer the medication every four (4) hours.
c. -
d. Have the child point to the face that describes the pain.

- e. Explain the 0-10 pain scale to the child's parent.

28. While conducting an interview with a 75-year-old client admitted with acute pain, which question would have priority when assisting with pain management?

- a. -
b. "Have you ever had difficulty getting your pain controlled?"
c. "Have you ever been addicted to narcotics?"
d. "What types of surgery have you had in the last 10 years?"
e. "Do you have a list of your prescription medications?"

29. At the end of the shift, the nurse clears the PCA and discovers that the client has used only a small amount of medication. Which intervention should the nurse implement?

- a. Document the amount and take no action.
b. Contact the HCP and request oral medication.
c. -
d. Determine why the client is not using the PCA.

- e. Chart that the client is not having pain.

30. Which client problem would be most appropriate for the client experiencing acute physical pain?

- a. -

b. Alteration in comfort.

c. Potential for injury.

d. Ineffective coping.

e. Altered sensory input.

31. The nurse is taking the social history from a client diagnosed with small cell carcinoma of the lung. Which information is significant for this disease?

a. The client has no family history for this type of lung cancer.

b. The client worked with asbestos for a short time many years ago.

c. **The client has smoked two (2) packs of cigarettes a day for 20 years.**

d. The client has numerous tattoos covering both upper and lower arms.

e. -

32. The nurse is discussing cancer statistics with a group from the community. Which information about death rates from lung cancer is accurate?

a. Lung cancer is the number-two cause of cancer deaths in both men and women.

b. Lung cancer deaths have continued to increase in the male population.

c. -

d. Lung cancer is the number-one cause of cancer deaths in both men and women.

e. Lung cancer deaths are not significant in relation to other cancers.

33. The client diagnosed with lung cancer is in an investigational program and receiving a vaccine to treat the cancer. Which information regarding investigational regimens should the nurse teach?

a. Clients will be paid to participate in an investigational program.

b. Investigational regimens provide a better chance of survival for the client.

c. **Investigational treatments have not been proved helpful to clients.**

d. Only clients that are dying qualify for investigational treatments.

e. -

34. The staff on an oncology unit is interviewing applicants for a position as the unit manager. Which type of organizational structure does this represent?

a. -

b. Shared governance.

c. Decentralized decision-making.

d. Centralized decision-making.

e. Pyramid with filtered-down decisions.

35. The client diagnosed with lung cancer is being discharged. Which statement made by the client indicates that more teaching is needed?

a. "If I begin to run a fever I should notify the HCP."

b. "I should see the oncologist at my scheduled appointment."

c. **"It doesn't matter if I smoke now. I already have cancer."**

d. "I should plan for periods of rest throughout the day."

e. -

36. The nurse working in an outpatient clinic is interviewing clients. Which information provided by the client warrants further investigation?

a. **The client has been coughing up blood in the mornings.**

b. The client has had an appendectomy.

c. -

d. The client takes a multiple vitamin pill every day.

e. The client uses Vicks VapoRub every night before bed.

37. The client is admitted to the outpatient surgery center for a bronchoscopy to rule out cancer of the lung. Which information should the nurse teach?

a. The test will confirm the MRI results.

b. There is no discomfort associated with this procedure.

c. -

d. The HCP can do a biopsy of the tumor through the scope.

e. The client can eat and drink immediately after the test.

38. Which assessment data support the client's diagnosis of gastric ulcer?

a. Sharp pain in the upper abdomen after eating a heavy meal.

b. -

c. Presence of blood in the client's stool for the past month.

d. Complaints of a burning sensation that moves like a wave.

e. Comparison of complaints of pain with ingestion of food and sleep.

39. The client has been seen by the health-care provider and the suspected diagnosis is peptic ulcer disease. Which diagnostic test would confirm this diagnosis?

a. Occult blood test.

b. Magnetic resonance imaging (MRI).

c. Esophagogastroduodenoscopy (EGD).

d. Gastric acid stimulation.

e. -

40. When the nurse is conducting the initial interview, which specific data should the nurse obtain from the client who is suspected of having peptic ulcer disease?

a. Any known allergies to drugs and environmental factors.

b. History of side effects experienced from all medication.

c. Use of nonsteroidal anti-inflammatory drugs (NSAIDs).

d. Medical histories of at least three (3) generations.

e. -

41. When assessing the client with the diagnosis of peptic ulcer disease, which physical examination should the nurse implement first?

a. Percuss the abdominal borders to identify organs.

b. Palpate the abdominal area for tenderness.

c. Auscultate the client's bowel sounds in all four quadrants.

d. Assess the tender area progressing to nontender.

e. -

42. The client diagnosed with peptic ulcer disease is admitted into the hospital. Which nursing diagnosis should the nurse include in the plan of care to observe for physiological complications?

a. Inability to cope with changing family roles.

b. -

c. Alteration in bowel elimination patterns.

d. Knowledge deficit in the causes of ulcers.

e. Potential for alteration in gastric emptying.

43. When planning the care for a client diagnosed with peptic ulcer disease, which expected outcome should the nurse include?

a. -

b. The client maintains lifestyle modifications.

c. The client has no signs and symptoms of hemoptysis.

d. The client's pain is controlled with the use of NSAIDs.

e. The client takes antacids with each meal.

44. Which medication should the nurse question before administering to the client with peptic ulcer disease?

a. Tylenol, a nonnarcotic analgesic.

b. -

c. Prilosec, a proton pump inhibitor.

d. Flagyl, an antimicrobial agent.

e. E-mycin, an antibiotic.

45. The nurse has administered an antibiotic, a proton pump inhibitor, and Pepto-Bismol for peptic

ulcer disease secondary to H. pylori. Which data would indicate to the nurse that the medications are effective?

- a. -
- b. A decrease in gastric distress.**
- c. Maintaining a bland diet.
- d. A decrease in alcohol intake.
- e. A return to previous activities.

46. The client is admitted to the medical department with a diagnosis of R/O acute pancreatitis. Which laboratory value should the nurse monitor to confirm this diagnosis?

- a. Serum amylase and lipase.**
- b. Troponin and CPK-MB.
- c. -
- d. Serum bilirubin and calcium.
- e. Creatinine and BUN.

47. Which client problem has priority for the client diagnosed with acute pancreatitis?

- a. Alteration in comfort.**
- b. Imbalanced nutrition: less than body requirements.
- c. -
- d. Knowledge deficit.
- e. Risk for fluid volume deficit.

48. The nurse is preparing to administer A.M. medications to the following clients. Which medication should the nurse question before administering?

- a. -
- b. Pancreatic enzymes to the client who has finished breakfast.**
- c. The loop diuretic to the client who has a serum potassium level of 3.9 mEq/L.
- d. The pain medication, morphine, to the client who has a respiratory rate of 20.
- e. The beta blocker to the client who has an apical pulse of 68 bpm.

49. The client is diagnosed with acute pancreatitis. Which health-care provider's admitting order should the nurse question?

- a. -
- b. Low-fat, low-carbohydrate diet.**
- c. Initiate IV therapy at D5W 125 mL/hr.
- d. Bed rest with bathroom privileges.
- e. Weigh client daily.

50. The nurse is completing discharge teaching to the client diagnosed with acute pancreatitis. Which instruction should the nurse discuss with the client?

- a. -
- b. Discuss the importance of stopping smoking.**
- c. Explain the need to avoid all stress.
- d. Instruct the client to decrease alcohol intake.
- e. Teach the correct way to take pancreatic enzymes.

51. The male client diagnosed with chronic pancreatitis calls and reports to the clinic nurse that he has been having a lot of "gas," along with frothy and very foul-smelling stools. Which action should the nurse take?

- a. Arrange an appointment with the HCP for today.**
- b. Ask the client to bring in a stool specimen to the clinic.
- c. -
- d. Discuss the need to decrease fat in the diet so that this won't happen.
- e. Explain that this is common for chronic pancreatitis.

52. The nurse is discussing complications of chronic pancreatitis with a client diagnosed with the disease. Which complication should the nurse discuss with the client?

a. Diabetes insipidus.

b. Peritonitis.

c. -

d. Narcotic addiction.

e. Crohn's disease.

53. The client has just had an endoscopic retrograde cholangiopancreatogram (ERCP). Which post-procedure intervention should the nurse implement?

a. -

b. Assess gag reflex.

c. Increase fluid intake.

d. Assess for rectal bleeding.

e. Keep in supine position.

54. The client diagnosed with acute pancreatitis is in pain. Which position should the nurse assist the client to assume to help decrease the pain?

a. Place in side-lying position with knees flexed.

b. Maintain a tripod position over the bedside table.

c. -

d. Encourage a supine position with a pillow under the knee

e. Recommend lying in the prone position with legs extended.

55. The nurse is administering a pancreatic enzyme to the client diagnosed with chronic pancreatitis. Which statement best explains the rationale for administering this medication?

a. Pancreatic enzymes help break down fat in the small intestine.

b. -

c. This enzyme increases the number of bowel movements.

d. This medication breaks down in the stomach to help with digestion.

e. It is an exogenous source of protease, amylase, and lipase.

56. The client diagnosed with acute pancreatitis is being discharged home. Which statement by the client indicates the teaching has been effective?

a. "I should decrease my intake of coffee, tea, and cola."

b. "I will return to work tomorrow but take it easy."

c. -

d. "I will eat a low-fat diet and avoid spicy foods."

e. "I will check my amylase and lipase levels daily."

57. The nurse is assessing a client with complaints of vague upper abdominal pain that is worse at night but is relieved by sitting up and leaning forward. Which assessment question should the nurse ask next?

a. -

b. "Does the pain get worse when you eat a meal or snack?"

c. "Have you had your amylase and lipase checked recently?"

d. "Have you noticed a yellow haze when you look at things?"

e. "How much weight have you gained since you saw the HCP?"

58. The nurse caring for a client diagnosed with cancer of the pancreas writes the collaborative problem of "altered nutrition." Which intervention should the nurse include in the plan of care?

a. Refer to the dietitian.

b. Have the family bring in foods from home.

c. -

d. Assess for food preferences.

e. Continuous feedings via PEG tube.

59. The nurse is planning a program for clients at a health fair regarding the prevention and early detection of cancer of the pancreas. Which self-care activity should the nurse teach that is an example of primary nursing care?

a. -

b. Limit meat in the diet and eat a diet that is low in fats.

c. Inspect the skin and sclera of the eyes for a yellow tint.

d. Monitor for elevated blood glucose at random intervals.

e. Instruct the client with hyperglycemia about insulin injections.

60. The nurse and an unlicensed nursing assistant are caring for clients on an oncology floor. Which intervention should the nurse delegate to the assistant?

a. Monitor the Jackson Pratt drainage tube to make sure it is draining properly.

b. Empty the bedside commode of the client who has been having melena.

c. -

d. Assist the client with abdominal pain to turn to the side and flex the knees.

e. Check to see if the client is sleeping after pain medication is given.

61. The client diagnosed with cancer of the pancreas is being discharged to start chemotherapy in the HCP's office. Which statement made by the client indicates the client understands the discharge instructions?

a. -

b. "I should write down all my questions so I can ask them when I see the HCP."

c. "I am sure that this is not going to be a serious problem for me to deal with."

d. "I will have to see the HCP every day for six (6) weeks for my treatments."

e. "The nurse will give me an injection in my leg and I will get to go home."

62. The client is being admitted to the outpatient department prior to an endoscopic retrograde cholangiopancreatogram (ERCP) to rule out cancer of the pancreas. Which pre-procedure instruction should the nurse teach?

a. If done correctly, this procedure will correct the blockage of the stomach.

b. -

c. Prepare to be admitted to the hospital after the procedure for observation.

d. If something happens during the procedure, then emergency surgery will be done.

e. Do not eat or drink anything after midnight the night before the test.

63. The client is diagnosed with cancer of the head of the pancreas. When assessing the patient, which signs and symptoms would the nurse expect to find?

a. Left lower abdominal cramps and tenesmus.

b. Night sweats and fever.

c. Clay-colored stools and dark urine.

d. Nausea and coffee-ground emesis.

e. -

64. The client diagnosed with cancer of the head of the pancreas is two (2) days postpancreaticoduodenectomy (Whipple's procedure). Which nursing problem has the highest priority?

a. Altered nutrition.

b. -

c. Anticipatory grieving.

d. Acute incisional pain.

e. Fluid volume imbalance.

65. The client admitted to rule out pancreatic islet tumors complains of feeling weak, shaky, and sweaty. Which should be the first intervention implemented by the nurse?

a. -

b. Perform a bedside glucose check.

c. Notify the health-care provider.

d. Start an IV with D5W.

e. Give the client some orange juice.

66. The home health nurse is admitting a client diagnosed with cancer of the pancreas. Which information is the most important for the nurse to discuss with the client?

- a. Explain that the client should eat as much as possible.
- b. -
- c. Determine the client's food preferences.
- d. Find out about insurance/Medicare reimbursement.
- e. Ask the client if there is an advance directive.**

67. The nurse caring for a client diagnosed with cancer of the pancreas writes the nursing diagnosis of "risk for altered skin integrity related to pruritus." Which interventions should the nurse implement?

- a. Assess tissue turgor.
- b. Monitor bony prominences for breakdown.
- c. -
- d. Have the client keep the fingernails short.**
- e. Apply antifungal creams.

68. The nurse in a long-term care facility is teaching a group of new unlicensed assistive personnel. Which information regarding skin care should the nurse emphasize?

- a. Do not rub any lotion into the skin.
- b. Keep the skin moist by leaving the skin damp after the bath.
- c. Turn clients who are immobile at least every two (2) hours.**
- d. Only the licensed nursing staff may care for the client's skin.
- e. -

69. The nurse is caring for a client who has developed stage IV pressure ulcers on the left trochanter and coccyx. Which collaborative problem has the highest priority?

- a. Impaired cognition.
- b. Altered coping.
- c. -
- d. Altered nutrition.**
- e. Self-care deficit.

70. The nurse is caring for clients in a long-term care facility. Which is a modifiable risk factor for the development of pressure ulcers?

- a. -
- b. Constant perineal moisture.**
- c. Decreased elasticity of the skin.
- d. Ability of the clients to reposition themselves.
- e. Impaired cardiovascular perfusion of the periphery.

71. What is the scientific rationale for placing lift pads under an immobile client?

- a. -
- b. The pads will help prevent friction shearing when repositioning the client.**
- c. The pads will prevent the client from being diaphoretic.
- d. The pads will absorb any urinary incontinence and contain stool.
- e. The pads will keep the staff from workplace injuries such as a pulled muscle.

72. The nurse and unlicensed assistive personnel on a medical floor are caring for clients who are elderly and immobile. Which action by the assistant warrants immediate intervention by the nurse?

- a. The assistant mixes Thick-It® into the glass of water for a client who has difficulty swallowing.
- b. -
- c. The assistant elevates the head of the bed of a client that can feed himself with minimal assistance.
- d. The assistant restocks the rooms that need unsterile gloves before clocking out for the shift.
- e. The assistant asks to take a meal break before turning the clients at the two (2)-hour time limit.**

73. The nurse is developing a plan of care for a client diagnosed with left-sided paralysis secondary to a right-sided cerebrovascular accident (stroke). Which should be included in the interventions?

- a. Order a low air loss therapy bed immediately.

b. Order an occupational therapy consult for strength training.

c. -

d. Use a pillow to keep the heels off the bed when supine.

e. Prepare to insert a nasogastric feeding tube.

74. The client who is debilitated and has developed multiple pressure ulcers complains to the nurse during a dressing change that he is "tired of it all." Which is the nurse's best therapeutic response?

a. "Are you tired of the treatments and needing to be cared for?"

b. "Why would you say that? We are doing our best."

c. -

d. "Have you made out an advance directive to let the HCP know your wishes?"

e. "These wound can heal if we get enough protein into you."

75. The client diagnosed with stage IV infected pressure ulcers on the coccyx is scheduled for a fecal diversion operation. The nurse knows that client teaching has been effective when the client makes which statement?

a. "This surgery will get all the old black tissue out of the wound so it can heal."

b. "This surgery will create a skin flap to cover my wounds."

c. "Stool will come out an opening in my abdomen so it won't get in the sore."

d. "The surgery is important to allow oxygen to get to the tissue for healing to occur."

e. -

76. The school nurse is preparing to teach a health promotion class to high school seniors. Which information regarding self-care should be included in the teaching?

a. Try to stay out of the sun between 0300 and 0500 daily.

b. Wear a sunscreen with a protection factor of ten (10) or less when in the sun.

c. Perform a thorough skin check monthly.

d. Remember that caps and long sleeves do not help prevent skin cancer.

e. -

77. The female client admitted for an unrelated diagnosis asks the nurse to check her back because "it itches all the time in that one spot." When the nurse assesses the client's back, the nurse notes an irregular-shaped lesion with some scabbed-over areas surrounding the lesion. Which action should the nurse implement first?

a. -

b. Measure the lesion and note the color.

c. Apply lotion to the lesion.

d. Notify the HCP to check the lesion on rounds.

e. Instruct the client to make sure the HCP checks the lesion.

78. The nurse is caring for clients in an outpatient surgery clinic. Which client should be assessed first?

a. The client who needs to void prior to discharge.

b. The client who had surgery three (3) hours ago and is sleeping.

c. The client scheduled for a skin biopsy who is crying.

d. The client who has received discharge instructions and is ready to go home.

e. -

79. Which client is at the greatest risk for the development of skin cancer?

a. The elderly Hispanic female who moved from Mexico as a child.

b. The African American male who lives in the northeast.

c. The client with fair complexion who cannot get a tan.

d. The client who has a family history of basal cell carcinoma.

e. -

80. The client is prescribed phenytoin (Dilantin), an anticonvulsant, for a seizure disorder. Which statement indicates the client understands the discharge teaching concerning this medication?

a. "I will brush my teeth after every meal."

- b. "My urine will turn orange while on Dilantin."
- c. -
- d. "I won't have any seizures while on this medication."
- e. "I will check my Dilantin level daily."

81. Which statement by the female client indicates that the client understands factors that may precipitate seizure activity?

- a. "I should wear dark glasses when I am out in the sun."
- b. -
- c. "It is all right for me to drink coffee for breakfast."
- d. "My menstrual cycle will not affect my seizure disorder."
- e. "I am going to take a class in stress management."**

82. The nurse asks the male client with epilepsy if he has auras with his seizures. The client says, "I don't know what you mean. What are auras?" Which statement by the nurse would be the best response?

- a. "Some people have a warning that the seizure is about to start."**
- b. "You're concerned that you do not have auras before your seizures?"
- c. -
- d. "Auras usually cause you to be sleepy after you have a seizure."
- e. "Auras occur when you are physically and psychologically exhausted."

83. The nurse educator is presenting an in-service on seizures. Which disease process is the leading cause of seizures in the elderly?

- a. -
- b. Cerebral vascular accident (stroke).**
- c. Parkinson's disease.
- d. Alzheimer's disease.
- e. Brain atrophy due to aging.

84. The nurse instructs the client with a right BKA to lie on the stomach for at least 30 minutes a day. The client asks the nurse, "Why do I need to lie on my stomach?" Which statement would be the most appropriate statement by the nurse?

- a. "Lying on your stomach will help prevent contractures."**
- b. "Many times this will help decrease pain in the limb."
- c. -
- d. "The position will take pressure off your backside."
- e. "This position will help your lungs expand better."

85. The recovery room nurse is caring for a client that has just had a left BKA. Which intervention should the nurse implement?

- a. Perform passive range-of-motion exercises to the right leg.
- b. -
- c. Assess the client's surgical dressing every two (2) hours.
- d. Do not allow the client to see the residual limb.
- e. Keep a large tourniquet at the client's bedside**

86. The 62-year-old client diagnosed with Type 2 diabetes who has a gangrenous right toe is being admitted for a BKA amputation. Which nursing intervention should the nurse implement?

- a. Assess the client's nutritional status.**
- b. Determine if the client is allergic to IVP dye.
- c. -
- d. Start a 22-gauge Angiocath in the right arm.
- e. Refer the client to an occupational therapist.

87. The Jewish client with peripheral vascular disease is scheduled for a left AKA. Which question would be most important for the operating room nurse to ask the client?

- a. "What types of food would you like to eat while you're in the hospital?"

b. "Will you start checking your other foot at least once a day for cuts?"

c. -

d. "Have you made any special arrangements for your amputated limb?"

e. "Would like the rabbi to visit you while you are in the recovery room?"

88. The client is three (3) hours postoperative left AKA. The client tells the nurse, "My left foot is killing me. Please do something." Which intervention should the nurse implement?

a. Instruct the client on how to perform biofeedback exercises.

b. Explain to the client that his left leg has been amputated.

c. Medicate the client with a narcotic analgesic immediately.

d. Place the client's residual limb in the dependent position.

e. -

89. The nurse is caring for clients on a surgical unit. Which nursing task would be most appropriate for the nurse to delegate to an unlicensed nursing assistant?

a. -

b. Ask the assistant to take the client to the physical therapy department.

c. Request the assistant double-check a unit of blood that is being hung.

d. Help the client with a 2-day postop amputation put on the prosthesis

e. Change the surgical dressing on the client with a Syme amputation.

90. The client with a right AKA is being taught how to toughen the residual limb. Which intervention should the nurse implement?

a. -

b. Instruct the client to push the residual limb against a pillow.

c. Encourage the client to apply vitamin B12 to the surgical incision.

d. Demonstrate how to apply an elastic bandage around the residual limb.

e. Teach the client to elevate the residual limb at least three times a day.

91. The 27-year-old client has a right above-the-elbow amputation secondary to a boating accident. Which statement by the rehabilitation nurse indicates the client has accepted the amputation?

a. "The therapist is going to help me get retrained for another job."

b. "I decided not to get a prosthesis. I don't think I need it."

c. -

d. "My wife is so worried about me and I wish she wouldn't."

e. "I am going to sue the guy that hit my boat."

92. The nurse is preparing the preoperative client for a total hip replacement (THR). Which information should the nurse include concerning postoperative care?

a. Cough and deep breathe at least every four (4) to five (5) hours.

b. Keep abduction pillow in place between legs at all times.

c. Sit in a high-seated chair for a flexion of less than 90 degrees.

d. Turn to both sides every two (2) hours to prevent pressure ulcers.

e. -

93. The nurse is preparing the client who received a total hip replacement for discharge. Which statement would indicate that further teaching is needed?

a. -

b. "After three (3) weeks, I don't have to worry about infection."

c. "I will call my HCP if I have a sudden increase in pain."

d. "I should not cross my legs because my hip may come out of the socket."

e. "I will sit on a chair with arms and a firm seat."

94. When assessing the wound of a client who had a total hip replacement, the nurse finds small, fluid-filled lesions on the right side of the dressing. What explanation is the most probable rationale for this occurrence?

a. -

b. These are blisters from the tape used to anchor the dressing.

- c. These are papular wheals from herpes zoster.
- d. These were caused by the cautery unit in the operating room.
- e. These macular lesions are from a latex allergy.

95. The nurse is preparing a plan of care for the client who has had a total hip replacement. Which outcome would be most appropriate for this client?

- a. The client has limited amount of pain relief.
- b. The client will have hip instability for several months.
- c. -
- d. The client will have adequate hip joint motion.**
- e. The client will have limited ability to ambulate.

96. When preparing the client for the transition to home rehabilitation after having a total knee replacement, which information regarding discharge teaching would the nurse include?

- a. Procedure for emptying Jackson-Pratt drainage.
- b. Deep breathe and cough every two (2) hours.
- c. Modify the home for altered mobility.**

- d. Burning or frequency of urination is expected.
- e. -

97. The nurse is caring for the client who had a total knee replacement (TKR). Which data would the nurse observe to determine if the nursing interventions are effective?

- a. The client's knee has flexion of 45 degrees.
- b. The client's lungs have bilateral crackles.
- c. The client participates in self-care activities.**
- d. The client participates in self-care activities.
- e. -

98. The nurse is working on an orthopedic floor. Which client should the nurse assess first after the change of shift report?

- a. -
- b. The 64-year-old female who had a left total knee replacement with confusion.**
- c. The 88-year-old male who had a right total hip replacement with an abduction pillow.
- d. The 84-year-old female with a fractured right femoral neck in Buck's traction.
- e. The 50-year-old postoperative client who has a continuous passive motion (CPM) device.

99. Which client would the nurse identify as having the highest risk for developing postoperative complications?

- a. -
- b. The 67-year-old client who is obese, has diabetes, and takes insulin.**
- c. The 45-year-old client having abdominal surgery to remove the gallbladder.
- d. The 50-year-old client with arthritis taking nonsteroidal anti-inflammatory drugs.
- e. The 60-year-old client with anemia who smokes one (1) pack of cigarettes per day.

100. The nurse is completing the preoperative checklist on a client going to surgery. Which information should the nurse report to the surgeon?

- a. The client has mild levels of preoperative anxiety.
- b. -
- c. The client understands the purpose of the surgery.
- d. The client stopped taking aspirin three (3) weeks ago.
- e. The client uses the oral supplements licorice and garlic.**

101. Which statement explains the nurse's responsibility when obtaining a surgical permit for the client undergoing a surgical procedure?

- a. The nurse should inform the client of any legal consultation needed.
- b. The nurse should provide detailed information about the procedure.
- c. The nurse should ensure that the client is voluntarily giving consent.**
- d. The nurse should write a list of the risks for postoperative complications.

e. -

102. Which client outcome would the nurse identify for the preoperative client?

a. The client will demonstrate the use of a pillow to splint while deep breathing.

b. The nurse will develop a plan of care to prevent all postoperative complications.

c. -

d. The client will complete an advance directive before having the surgery.

e. The client's abnormal laboratory data will be reported to the anesthesiologist.

103. Which client problem would be appropriate for the preoperative client preparing for an ankle repair?

a. Alteration in gas exchange and pattern.

b. Alteration in skin integrity.

c. Knowledge deficit of postoperative care.

d. Alteration in urinary elimination.

e. -

104. The nurse and unlicensed nursing assistant (NA) are caring for clients in a surgery holding area.

Which nursing task could be delegated to the NA?

a. Explain to the client how to cough and deep breathe.

b. Determine the ability of the caregivers to provide postoperative care.

c. -

d. Perform the skin preparation with povidone-iodine (Betadine).

e. Discuss preoperative plans with the client and family.

105. Which action by the client would indicate that the preoperative teaching has been effective?

a. The client demonstrates how to use the incentive spirometer device.

b. The client names two (2) anesthesia agents that will be used.

c. -

d. The client ambulates down the hall to the nurse's station each hour.

e. The client demonstrates the use of the patient-controlled analgesia pump.

106. Which intervention has priority for the nurse in the surgical holding area?

a. Assist the client to the bathroom.

b. Prepare the client's surgical site.

c. Verify the surgical checklist.

d. Restrain the client on the surgery table.

e. -

107. The client in the surgical holding area tells the nurse "I am so scared. I have never had surgery before." Which statement would be the nurse's most appropriate response?

a. "Why are you afraid of the surgery?"

b. "There is no reason to be afraid."

c. -

d. "Does having surgery make you afraid?"

e. "This is the best hospital in the city."

108. The unlicensed nursing assistant (NA) can be overheard talking loudly to the scrub technologist discussing a problem that occurred during one (1) of the surgeries. Which intervention should the nurse implement?

a. Close the curtains around the client's stretcher.

b. Inform the client that the discussion was not about their surgeon.

c. -

d. Instruct the NA and scrub tech to stop the discussion.

e. Tell the surgeon on the case what the nurse overheard.

109. Which client problem would be appropriate for the client in the intraoperative phase of the surgery?

a. -

b. Risk for injury.

- c. Disuse syndrome.
- d. Alteration in comfort.
- e. Altered gas exchange.

110. The client has been placed in the lithotomy position during surgery. Which nursing intervention should be implemented to decrease the risk of developing hypotension?

a. Lower one leg at a time.

- b. Raise the foot of the stretcher.

c. -

- d. Administer epinephrine, a vasopressor.

- e. Increase the intravenous fluids.

111. The circulating nurse notices that a sponge is on the edge of the sterile field. Which action should the circulating nurse take?

- a. Take the sponge off the field with forceps.

- b. Don't include the sponge in the sponge count.

c. Tell the surgical technologist about the sponge.

- d. Throw the sponge in the sterile trashcan.

e. -

112. The nurse notes a discrepancy in the needle count. What action should the nurse implement first?

a. -

b. Inform the other members of the surgical team about the problem.

- c. Call the radiology department to perform a portable x-ray.

- d. Assume that the original count was wrong and change the record.

- e. Complete an occurrence report and notify the risk manager.

113. The client's serum sodium level is 128 mEq/L and serum potassium level is 2.8 mEq/L. Which hormonal problem is most likely to have caused this clinical situation?

- a. Increased aldosterone secretion

- b. Decreased ADH secretion

c. -

d. Increased ADH secretion

- e. Decreased aldosterone secretion

114. Which condition would trigger the release of natriuretic peptide (NP)?

- a. Hyperkalemia secondary to trauma

b. -

- c. Hypovolemia with interstitial edema formation

- d. Hypernatremia secondary to dehydration

e. Hypervolemia with increased venous return

115. What problem is likely to occur when a clients fluid intake is so low that his or her urine output is less than 400 mL/day?

- a. Expansion of the interstitial volume, with reduced plasma volume

- b. Cellular swelling and subsequent edema

c. Reduced excretion of body wastes, especially nitrogen

- d. Dilution of serum sodium levels to the extent that excitable membranes can no longer depolarize

e. -

116. Why is it important to keep the sodium level of the plasma volume so much higher than the sodium level of the intracellular volume?

a. -

b. Excitable membranes are dependent on sodium concentration differences for depolarization.

- c. Excess sodium displaces oxygen on the hemoglobin of red blood cells.

- d. Intracellular sodium is toxic to living human cells.

e. High plasma levels of sodium are needed to balance the high plasma levels of magnesium.

117. The client is taking a medication for an endocrine problem that inhibits aldosterone secretion and release. For what complications of this therapy should the nurse be alert?

a. -

b. Dehydration, hyperkalemia

c. Overhydration, hyponatremia

d. Dehydration, hypokalemia

e. Overhydration, hypernatremia

118. Edema over the coccyx of a bedridden client is a result of what type of pressures, forces, or influences?

a. Filtration from the plasma volume to the interstitial space as a result of decreased capillary hydrostatic pressure

b. Osmosis from the interstitial space to the plasma volume as a result of decreased cellular osmotic pressure

c. -

d. Filtration from the plasma volume to the interstitial space as a result of increased capillary hydrostatic pressure

e. Osmosis from the interstitial space to the plasma volume as a result of increased cellular osmotic pressure

119. What is the nurse's best action for the client whose serum chloride level is 101 mEq/L?

a. Notify the physician.

b. -

c. Assess the client's deep tendon reflexes.

d. Urge the client to drink more water.

e. Document the finding as the only action.

120. Which statement made by the 74-year-old client should alert the nurse to the possibility of fluid and electrolyte imbalances?

a. "My skin is always so dry, especially here in the Southwest."

b. "In addition to coffee, I drink at least one glass of water with each meal."

c. -

d. "I don't drink liquids after 5 PM so I don't have to get up at night."

e. "I often use a glycerin suppository for constipation."

121. The client has a chronic condition in which the kidney overexcretes calcium. What clinical manifestation should the nurse observe for as a result of this problem?

a. Hypertension

b. Decreased deep tendon reflexes

c. -

d. Increased bleeding tendency

e. Dependent edema

122. Which food item selections made by a client who needs to restrict sodium indicates correct understanding regarding the sodium content of food?

a. One cup of cottage cheese and a sliced chilled tomato

b. A ham and cheddar cheese sandwich on two slices of whole wheat bread

c. -

d. A chicken leg, one slice of whole wheat bread with butter, and ? cup of steamed carrots

e. A grilled American cheese sandwich on two slices of white bread

123. The client who is being treated with radiation for cervical cancer asks if she should bother having a mammogram, especially because she is currently being exposed to radiation. What is the nurse's best response?

a. "Absolutely do not have the mammogram this year, because you are already over the limit for safe exposure levels to radiation."

- b. "Although you should delay the mammogram until your therapy is finished, perform a breast self-exam monthly."
- c. **"Being treated for one kind of cancer does not prevent the development of another type of cancer. Have the mammogram."**
- d. "The radiation therapy you are receiving will protect you against other cancer development, so it is okay to skip the mammogram this year."
- e. -
- 124. Which surgery is considered a type of rehabilitative surgery for cancer?**
- a. Removing a wedge of tissue for cytologic examination from a lung lesion of uncertain origin
- b. -
- c. Creation of a colostomy during surgery for colorectal cancer
- d. Removal of a mole that is present in area of constant irritation
- e. Creation of a new vagina following radical therapy for pelvic cancer**
- 125. How does surgery for cure differ from surgery for palliation?**
- a. Palliative surgery is less painful than surgery for cure.
- b. Curative surgery prevents cancer.
- c. -
- d. Palliative surgery may not extend the clients survival time.**
- e. Curative surgery increases physical function.
- 126. The client who has just had a mastectomy for breast cancer is crying as the nurse enters the room. When asked why she is crying, the client responds "I know I shouldn't cry because this surgery may well save my life, but I was so pleased with my figure before and I know that things will not be the same." What is the nurse's best response?**
- a. "How have you coped with difficult situations in the past?"
- b. -
- c. "You're right. It is silly to carry on like this when a prosthesis is available."
- d. "Would you like to talk to someone who also has had a mastectomy?"
- e. "It is all right to cry. Mourning this loss is important in getting past this point."**
- 127. For which types of cancer is radiation therapy most effective?**
- a. Cancers of the blood, such as leukemia
- b. Cancers that are large, with evidence of distant metastasis
- c. -
- d. Cancers that are localized to one tissue or body area**
- e. Superficial cancers on the outside of the body
- 128. What is the most important precaution or advice the nurse should teach the client receiving radiation therapy for thyroid cancer with an injection of iodine-131 as an unsealed source?**
- a. -
- b. "Do not share a toilet with other people for about three days."**
- c. "No special precautions are needed because this type of radiation is weak."
- d. "You are only radioactive when the radiation machine is turned on."
- e. "Avoid all contact with other people until the radiation device is removed."
- 129. If the radiation absorbed dose from an external source is 270 rad, 1 m from the source, what is the expected absorbed dose at 3 m from the source?**
- a. -
- b. 30 rad**
- c. 140 rad
- d. 270 rad
- e. 68.5 rad
- 130. Which health problem in a woman who had radiation therapy 10 years ago for cancer in the right breast is most likely to be a consequence of the therapy?**
- a. Asthma

b. Chronic esophagitis with gastroesophageal reflux

c. -

d. Pathologic fracture of two ribs on the right chest

e. Myocardial infarction

131. The bedridden client has cancer metastasis to the bone. Which intervention is most important for the nurse to implement to prevent injury for this client?

a. -

b. Using a lift sheet when repositioning the client

c. Providing small, frequent meals that are rich in calcium and phosphorus

d. Ensuring that the clients heels are not touching the mattress

e. Applying pressure for a full 5 minutes after any intramuscular injections

132. The client with a diagnosis of lung cancer is scheduled to have a liver scan and asks why this procedure is being done. What is the nurse's best response?

a. "The treatment for lung cancer is different if it has spread to the liver than if it is confined to only the lungs."

b. "Some treatments are toxic to the liver and it is best to test liver function before these treatments are started."

c. -

d. "An enlarged liver can interfere with cancer therapy, so the doctor wants to make certain of the livers size and position before therapy is started."

e. "Cigarette smoking can also cause liver cancer."

133. Which pre-existing client problem or characteristic would preclude the use of radiation therapy for breast cancer treatment?

a. -

b. The client has severe arthritis and cannot assume the position needed for radiation therapy.

c. The client is over 75 years of age.

d. The client is a Jehovahs Witness.

e. The client underwent a lumpectomy for the breast cancer one month ago.

134. The client scheduled to undergo radiation therapy for breast cancer asks why 6 weeks of daily treatment are necessary. What is the nurse's best response?

a. "Your cancer is widespread and requires more than the usual amount of radiation treatment."

b. "It is less likely that your hair will fall out or that you will become anemic if the radiation is given in small doses over a longer time period."

c. -

d. "Research has shown that more cancer cells are killed if the radiation is given in smaller doses over a longer time period."

e. "The cost of giving larger doses of radiation for a shorter period of time is unjustified by the results."

135. The client is a 56-year-old woman receiving brachytherapy with a sealed radiation source for cervical cancer. Which nurse should be assigned to provide personal care to this client while the radiation source is within the client?

a. The 30-year-old nurse, who is experienced with brachytherapy and efficient in her work

b. The 28-year-old pregnant nurse, who has special expertise in oncology

c. -

d. The 60-year-old nurse, who is also assigned to provide care to 2 other clients receiving brachytherapy

e. The 35-year-old male nurse, who has never worked with a client receiving brachytherapy

136. Upon entering the room of a 74-year-old client receiving brachytherapy for cervical cancer, the nurse finds that the radiation implant and the position-holding devices are in the clients bed. What is the nurse's first best action?

a. Assess the clients mental status.

b. Don gloves and attempt to reposition the implant and position-holding device.

C. -

d. Use tongs to place the implant into the radiation container.

e. Notify the physician and move the client to a different room.

137. For which type of cancer is chemotherapy most beneficial?

a. Superficial cancers on the outside of the body

b. Brain tumors

c. Cancers that are large, with evidence of distant metastasis

d. Cancers that are localized to one tissue or body area

e. -

138. The client who is receiving intravenous chemotherapy (into a peripheral line) with an agent that is an irritant says that her arm burns terribly at and around the IV site. What is the nurse's best first action?

a. Apply a cold compress to the site.

b. -

c. Check for a blood return.

d. Slow the rate of infusion.

e. Discontinue the infusion.

139. The client receiving intravenous chemotherapy asks the nurse why the nurse is wearing a mask, gloves, and gown when giving the drugs to the client. What is the nurse's best response?

a. "The hospital policy is for any nurse giving these drugs to wear a gown, glove, and mask to prevent other people from getting cancer."

b. -

c. "These drugs will reduce your immune response and, with these coverings, I am protecting you from getting an infection from me."

d. "Because your immunity is reduced by this therapy, I am preventing the spread of infection from you to me or any other client here."

e. The drugs are powerful and I handle them every day. The clothing protects me from accidentally absorbing these strong, cancer-killing drugs."

140. The client's spouse reports that the last time the client received lorazepam (Ativan) before receiving chemotherapy, the client didn't remember the drive home. What is the nurse's best action?

a. Explain to the client and spouse that this is a normal response to the drug and that the client shouldn't drive home.

b. Perform a Mini-Mental Status Examination and assess the client's pupillary reflexes before administering the lorazepam.

c. -

d. Document the response as the only action.

e. Hold the dose of lorazepam for this round of chemotherapy until the client is seen by the physician.

141. The client is receiving chemotherapy with an agent that causes thrombocytopenia. Which intervention is most important to teach the client for this problem?

a. "Eat a low-bacteria diet."

b. "Avoid using mouthwashes that contain alcohol."

c. -

d. "Use a soft-bristled toothbrush and do not floss."

e. "Take your temperature daily."

142. The client has chemotherapy-induced thrombocytopenia. Which agent should the nurse be prepared to administer?

a. Filgrastim (Neupogen)

b. Sargramostim (Prokine)

c. -

d. Oprelvekin (Neumega)

e. Epoetin alfa (Procrit)

143. The client with chemotherapy-induced bone marrow suppression has received filgrastim (Neupogen). Which laboratory finding or clinical manifestation indicates that this therapy is effective?

- a. -
- b. The clients segmented neutrophil count is 3500/mm³.
- c. The clients hematocrit is 38%.
- d. The clients hematocrit is 28%.
- e. The clients segmented neutrophil count is 2500/mm³.

144. What is the priority nursing diagnosis for the client experiencing chemotherapy-induced anemia?

- a. -
- b. Fatigue related to decreased cellular oxygenation
- c. Disturbed Body Image related to skin color changes
- d. Risk for Injury related to poor blood clotting
- e. Imbalanced Nutrition, Less than Body Requirements related to anorexia

145. It is time for the clients third round of chemotherapy for colon cancer. After checking the clients white blood cell count, the decision is made to delay the treatment for an additional week because of the low white blood cell count and the increased risk for infection. The client is upset at the delay. What is the nurse's best response?

- a. "I will call the physician and request a prescription for something to calm your nerves."
- b. -
- c. "This extra time will give your hair a chance to grow back in."
- d. "This is for the best. It is too dangerous to give you the chemotherapy now."
- e. "Try not to worry. Your counts will probably be high enough next week and the chemotherapy will work just as well then."

146. The client who has just been diagnosed with breast cancer asks why her treatment plan does not include the new drug, Herceptin, that she has read about. What is the nurse's best response?

- a. -
- b. "Your breast cancer does not have the protein that this drug works on, so you would not benefit from this therapy."
- c. "This drug is experimental and too dangerous for you to take before trying other therapies."
- d. "Your immune system is too weak to tolerate Herceptin."
- e. "Your breast cancer does not have the protein that this drug works on, so you would not benefit from this therapy."

147. For what type of cancer should the nurse be prepared to administer chemotherapy by the intrathecal route?

- a. -
- b. Brain tumor
- c. Ovarian tumor
- d. Lung tumor
- e. Prostate tumor

148. The client with prostate cancer is taking estrogen daily to control tumor growth. He reports that his left calf is swollen and painful. What is the nurse's best first action?

- a. Instruct the client to keep the leg elevated for two days.
- b. Document this expected response to hormonal manipulation.
- c. -
- d. Measure the calf circumference and assess for Homans sign.
- e. Apply ice to the calf after massaging it for at least 5 minutes.

149. What is the priority nursing diagnosis for the client receiving interleukin-2 (IL-2) therapy for cancer?

- a. Deficient Fluid Volume related to persistent diarrhea
- b. Risk for Injury related to excessive bleeding
- c. Impaired Comfort related to drug side effect.
- d. Risk for Infection related to drug-induced neutropenia

e. -

150. Which assessment finding in a postoperative client indicates to the nurse that the interventions to prevent hypovolemia need to be re-evaluated?

- a. The blood pressure changes from 136/80 to 122/80 mm Hg.
- b. The clients temperature has changed from 100.2°F to 100.4°F.
- c. -

d. The urine output decreases from 40 to 10 mL/hour.

- e. The client cannot count backward from 100 by threes.

151. The nurse is transcribing the HCP's orders for a client who is scheduled for an emergency appendectomy and who is being transferred from the emergency department (ED) to the surgical unit. Which order should the nurse implement ?rst?

- a. -
- b. Obtain the client's informed consent**

- c. Shave the lower right abdominal quadrant.
- d. Administer IV morphine 2 mg, every 4 hours, prn.
- e. Administer the on-call IVPB antibiotic

152. The HCP writes an order for the client with a fractured right hip to ambulate with a walker four times per day. Which action should the nurse implement?

- a. Notify the social worker of the HCP's order for a walker.
- b. -
- c. Tell the UAP to ambulate the client with the walker.
- d. Obtain a walker that is appropriate for the client's height.

e. Request a referral to the physical therapy department.

153. A client returns from the recovery room at 9AM alert and oriented, with an IV infusing. His pulse is 82, blood pressure is 120/80, respirations are 20, and all are within normal range. At 10 am and at 11 am, his vital signs are stable. At noon, however, his pulse rate is 94, blood pressure is 116/74, and respirations are 24. What nursing action is most appropriate?

- a. Place the patient in shock position.
- b. Take his vital signs again in an hour.
- c. Take his vital signs again in 15 minutes.**

- d. Notify his physician

e. -

154. A student nurse is assigned to a client who has a diagnosis of thrombophlebitis. Which action by this team member is most appropriate?

- a. Provide active range-of-motion exercises to both legs at least twice every shift.
- b. -
- c. Apply a heating pad to the involved site.
- d. Elevate the clients legs 90 degrees

e. Instruct the client about the need for bed rest.

155. The client diagnosed with liver failure is experiencing pruritus secondary to severe jaundice. Which action by the unlicensed assistant warrants intervention by the primary nurse?

- a. Assisting the client to take a hot soapy shower**
- b. Patting the client's skin dry with a clean towel.
- c. -
- d. Putting mittens on both hands of the client.
- e. Applying an emollient to the client's legs and back.