

1. Which nursing intervention has the highest priority when preparing the client for a surgical procedure?

a. -

**b. Apply soft restraint straps to the extremities.**

c. Prepare the client's incision site.

d. Pad the client's elbows and knees.

e. Document the temperature of the room.

2. When receiving the client from the OR, which intervention should the PACU nurse implement first?

a. -

**b. Assess the client's breath sounds.**

c. Take the client's blood pressure.

d. Apply oxygen via nasal cannula.

e. Monitor the pulse oximeter reading.

3. After transferring the client from the PACU to the surgical unit, the client's vital signs are T 98°F, P 106, R 24, and BP 88/40. The client is awake and oriented times three (3). The client's skin is pale and damp. Which intervention should the nurse implement first?

a. -

**b. Elevate the feet and lower the head.**

c. Start an IV of D5RL with 20 mEq KCl at 125 mL/hour.

d. Call the surgeon and report the vital signs.

e. Monitor the vital signs every 15 minutes.

4. The nurse receives a report that the postoperative client received Narcan, an opioid antagonist, in PACU. Which client problem should the nurse add to the plan of care?

**a. Risk for depressed respiratory pattern.**

b. Potential for infection.

c. -

d. Fluid and electrolyte imbalance.

e. Alteration in comfort.

5. The nurse and an unlicensed nursing assistant are caring for a group of clients on a medical unit. Which information provided by the assistant warrants immediate intervention by the nurse?

a. The client receiving prednisone, a steroid, is complaining of an upset stomach after eating breakfast.

b. -

c. The client diagnosed with cancer of the lung has a small amount of blood in the sputum collection cup.

d. The client diagnosed with chronic emphysema is sitting on the side of the bed and leaning over the bedside table.

**e. The client receiving Procrit, a biologic response modifier, has a T 99.2°F, P 68, R 24, and BP of 198/102.**

6. The client is four (4) hours post-lobectomy for cancer of the lung. Which assessment data warrant immediate intervention by the nurse?

**a. The client has 450 mL of bright-red drainage in the chest tube.**

b. The client is complaining of pain at a 10 on a 1-10 scale.

c. -

d. The client has absent lung sound on the side of the surgery.

e. The client has an intake of 1500 mL IV and an output of 1000 mL.

7. The nurse has been assigned to care for a client diagnosed with peptic ulcer disease. When the nurse is evaluating care, which assessment data require further intervention?

**a. A decrease in systolic BP of 20 mm Hg from lying to sitting.**

b. Belching after eating a heavy and fatty meal late at night.

c. -

d. A decreased frequency of distress located in the epigastric region.

e. Bowel sounds auscultated fifteen (15) times in one (1) minute.

8. The nurse is caring for clients on a medical unit. After the shift report which client should the nurse assess first?

a. -

b. The 78-year-old client with pressure ulcers who has a temperature of 102.3°F.

c. The elderly client diagnosed with a CVA who is weak on the right side.

d. The 34-year-old client who is quadriplegic and cannot move his arms.

e. The young adult who is unhappy with the care that was provided last shift.

9. A nurse is triaging clients in an emergency department. Which client should be assigned as the highest priority?

a. A 16-year-old client with a severe sunburn injury that is blistering.

b. A 19-year-old college student who has headaches, diplopia, and a temperature of 102.8°F (39.3°C).

c. -

d. A 55-year-old client experiencing dyspnea, diaphoresis, and chest pain.

e. A 40-year-old client with a leg laceration that appears to need stitches.

10. An explosion occurred at a nearby factory at 1800 hours. An emergency department charge nurse receives a call from the emergency management systems (EMS) personnel that 35 clients will be transported to the hospital within 10 minutes by ambulance. These clients were triaged at the scene as red and yellow according to the NATO mass casualty categories; others will be coming, and the unit is already short-staffed. Which action should the nurse initiate first?

a. -

b. Activate the hospital's emergency response plan.

c. Notify other emergency nurses of the need for extra help.

d. Contact the emergency department nursing director.

e. Call a nearby hospital to determine if 15 clients could be rerouted.

11. A nurse working in a military hospital's emergency department receives a call that an unknown number of clients have been exposed to a nerve agent during a terrorist attack on a government center. Which medication should the nurse prepare to have readily available in sufficient quantities to treat the clients?

a. Labetalol (Trandate?)

b. Phentolamine (Regitine?)

c. -

d. Atropine sulfate

e. Dopamine (Intropin?)

12. Five families of clients injured in an apartment fire have arrived at an emergency department to inquire about the health status of their family members. Which is the nurse's best action?

a. -

b. Ensure that there is a designated area for family staffed by available social workers or clergy

c. Ask the families to wait in the waiting area until information is available

d. Take the families to the triage area so they can be with their loved ones

e. Direct families to a lounge where a receptionist will be keeping families informed

13. During resuscitation efforts in an emergency department, the spouse of a trauma victim tells a nurse that her husband has terminal cancer, has completed an advance health care directive (HCD), and does not want cardiopulmonary resuscitation (CPR). What should be the nurse's next action?

a. Inform the health-care provider (HCP) in charge of the resuscitation team.

b. In honor of the client's wishes, stop the actions of the resuscitation team.

c. -

d. Document the spouse's statement in the client's medical record.

e. Contact medical records to see if the client's HCD is on file.

14. A client's wife is allowed to be present during resuscitation efforts for a client in an intensive care unit. Which statement made by a nurse is most correct and appropriate?

- a. Because the resuscitation team needs to work quickly, you need to stay out of their way and not interfere.
- b. You can hold your loved one's hand; sometimes a recovering person remembers that touch.
- c. Another staff member will be with you; I will show you where you can stand near your husband.**
- d. If the resuscitation efforts fail, the health-care provider will ask you if you want to terminate resuscitation efforts.
- e. -

15. Members of a resuscitation team have arrived at a client's bedside with a defibrillator. A nurse and a nursing assistant are performing cardiopulmonary resuscitation (CPR). What should be the nurse's next action?

- a. Continue with CPR while the resuscitation team is applying the conduction pads and analyzing the rhythm.
- b. -
- c. Stop CPR to apply the conduction pads and analyze the rhythm.
- d. Complete a full minute of CPR, then apply the conduction pads and analyze the rhythm.
- e. Continue with rescue breathing while the resuscitation team is applying the conduction pads.**

16. Five hours after attending a family reunion picnic, three members of a family are admitted to an emergency department with nausea, vomiting, and abdominal cramping. A nurse asks a series of questions as part of the admission assessment. Which should be the nurse's priority question?

- a. What food was served at the reunion?**
- b. Was anyone sick when they came to the reunion?
- c. -
- d. What is the relationship of the family members who are sick?
- e. How many people were at the reunion?

17. An nurse in an emergency department is admitting an agitated young adult who tried to jump from a bridge after taking a hallucinogenic drug at a party. What should be the nurse's initial action?

- a. Administer medications to reverse the effects of the hallucinogenic drug.
- b. Call security to be present to protect the staff from injury.
- c. -
- d. Stay with the client to protect the client from self-harm until relieved.**
- e. Call the mental health unit to arrange for inpatient treatment.

18. A young woman presents to an emergency department with palpitations, tachycardia, diaphoresis, chest pain, a feeling of choking, and paresthesias. The woman acknowledges a fear of closed spaces where it is difficult to escape and feelings of impending doom. Suspecting that the woman is experiencing a panic attack, a nurse should:

- a. -
- b. remain with the client and talk her through slow deep-breathing.**
- c. place the client in a treatment room closest to the nurse's station where she can be observed.
- d. notify a health-care provider (HCP) to obtain an order for an antianxiety medication.
- e. involve the client in some physical activity to divert her attention from her anxiety.

19. Four clients present to an emergency department at the same time. Which client should a nurse assess first?

- a. A distraught 45-year-old known cocaine abuser who states he plans to kill himself with the gun he is carrying**
- b. A 22-year-old who states she was raped but feels guilty because she may have brought it on herself.
- c. -
- d. An 18-year-old who sustained second-degree hand burns while trying to hide evidence of a methamphetamine lab
- e. An intoxicated 30-year-old who fell and needs stitches for an arm laceration

20. The occupational health nurse is concerned about preventing occupation-related acquired seizures. Which intervention should the nurse implement?

- a. Implement daily exercise programs for the staff.
- b. Encourage employees to wear safety glasses.
- c. -

**d. Ensure that helmets are worn in appropriate areas.**

- e. Provide healthy foods in the cafeteria.

21. The client is scheduled for an electroencephalogram (EEG) to help diagnose a seizure disorder. Which preprocedure teaching should the nurse implement?

- a. Tell the client not to eat anything for eight (8) hours prior to the procedure.
- b. Tell the client to take any routine anti-seizure medication prior to the EEG.

**c. Instruct the client to stay awake 24 hours prior to the EEG.**

- d. Explain to the client that there will be some discomfort during the procedure.
- e. -

22. The nurse enters the room as the client is beginning to have a tonic-clonic seizure. What action should the nurse implement first?

- a. Assess the size of the client's pupils.
- b. Provide the client with privacy during the seizure.

c. -

**d. Note the first thing the client does in the seizure.**

- e. Determine if the client is incontinent of urine or stool.

23. The client that just had a three (3)-minute seizure has no apparent injuries and is oriented to name, place, and time but is very lethargic and just wants to sleep. Which intervention should the nurse implement?

**a. Turn the client to the side and allow him to sleep.**

- b. Awaken the client every 30 minutes.

c. -

- d. Interview the client to find out what caused the seizure.

- e. Perform a complete neurological assessment.

24. The unlicensed nursing assistant is attempting to put an oral airway in the mouth of a client having a tonic-clonic seizure. Which action should the primary nurse take?

- a. Help the assistant to insert the oral airway in the mouth.

- b. Notify the charge nurse of the situation immediately.

c. -

**d. Tell the assistant to stop trying to insert anything in the mouth.**

- e. Take no action because the assistant is handling the situation.

25. The client is admitted to the intensive care department (ICD) experiencing status epilepticus. Which collaborative intervention should the nurse anticipate?

**a. Administer an anticonvulsant medication intravenous push.**

- b. Monitor the client's heart rhythm via telemetry.

c. -

- d. Prepare to administer a glucocorticosteroid orally.

- e. Assess the client's neurological status every hour.

26. The male nurse is helping his friend cut wood with an electric saw. His friend cut two fingers of his left hand off with the saw. Which action should the nurse implement first?

- a. Wrap the left hand with towels and apply pressure.

- b. Go into the neighbor's house and call 911.

c. -

**d. Apply pressure to the radial artery of the left hand.**

- e. Instruct the neighbor to hold his hand above his head.

27. A person's right thumb was accidentally severed with an axe. The amputated right thumb was recovered. Which action would preserve the thumb so that it could possibly be reattached in surgery?

a. -

b. Secure the thumb in a plastic bag and place on ice.

c. Put the right thumb in a glass of warm water.

d. Place the right thumb directly on some ice.

e. Wrap the thumb in a clean piece of material.

28. The nurse is caring for a client with a right below the knee amputation. There is a large amount of bright red blood on the client's residual limb dressing. Which intervention should the nurse implement first?

a. Notify the client's surgeon immediately.

b. Check the client's last hemoglobin and hematocrit level.

c. -

d. Assess the client's blood pressure and pulse.

e. Reinforce the dressing with additional dressing.

29. When assessing the client six (6) hours after having a right total knee replacement, which data should the nurse report to the surgeon?

a. Pain relief after using the patient-controlled analgesia (PCA) pump.

b. A total of 100 mL of red drainage in the autotransfusion drainage system.

c. Urinary output of 60 mL of clear yellow urine in three (3) hours.

d. Cool toes, distal pulses palpable, and pale nail beds bilaterally.

e. -

30. The nurse is assessing the client who is immediately postoperative from a total knee replacement. Which assessment data would warrant immediate intervention?

a. T 99°F, HR 80, RR 20, and BP 128/76.

b. Diffuse, crampy abdominal pain.

c. -

d. Pain in the unaffected leg during dorsiflexion of the ankle.

e. Bowel sounds heard intermittently in four quadrants.

31. The nurse is completing the preoperative checklist. Which laboratory value should be reported to the surgeon immediately?

a. Hemoglobin 13.1 g/dL.

b. White blood cells 6.0 mm (103).

c. -

d. Potassium 3.2 mEq/L.

e. Glucose 90 mg/dL.

32. In reviewing the laboratory report of white blood cell count with differential for a client receiving chemotherapy for cancer, all of the following results are listed. Which laboratory finding should alert the nurse to the possibility of sepsis?

a. The lymphocytes outnumber the basophils.

b. The total white blood cell count is 9000/mm<sup>3</sup>.

c. The bands outnumber the segs.

d. The monocyte count is 1800/mm<sup>3</sup>.

e. -

33. The client comes to the emergency room with a fever, diarrhea, and general malaise. Which information obtained during assessment provides clues to the nature of this illness?

a. -

b. The client just returned from a 14-day trip to Asia.

c. The client is allergic to aspirin.

d. The client is 52 years of age.

e. The client received a blood transfusion 12 years ago.

34. The nurse requests a client to sign the surgical consent form for an emergency appendectomy. Which statement by the client indicates that further teaching is needed?

a. I will be glad when this is over so that I can go home.

- b. I need to practice relaxing by listening to my favorite music.
- c. -
- d. I will need to get up and walk as soon as possible.
- e. I will not be able to eat or drink anything prior to my surgery.

35. When preparing a client for surgery, which intervention should the nurse implement first?

- a. Take and document intake and output.
- b. Check the permit for the spouse's signature.
- c. Complete the preoperative checklist.**
- d. Administer the on call sedative.
- e. -

36. The 68-year-old client scheduled for intestinal surgery does not have clear fecal contents after three tap water enemas. Which intervention should the nurse implement first?

- a. -
- b. Notify the surgeon of the client's status.**
- c. Increase the client's IV fluid rate.
- d. Continue giving enemas until clear.
- e. Obtain stat serum electrolytes.

37. While completing the preoperative assessment, the male client tells the nurse that he is allergic to codeine. Which intervention should the nurse implement first?

- a. Ask the client what happens when he takes the drug.**
- b. Label the client's allergies on the front of the chart.
- c. -
- d. Document the allergy on the medication administration record.
- e. Apply an allergy bracelet on the client's wrist.