

1. Why are hemoglobin levels in older adult clients generally lower than those of younger adults?

- a. Blood cell volume of older adults is decreased as a result of decreased total body water.
- b. -
- c. Red blood cells are more fragile and more easily broken in the older adult client.
- d. Older adults require less hemoglobin because they lead more sedentary life styles.
- e. Many older adults have an iron-deficient diet.

2. Which intervention may decrease the rate at which erythrocytes are produced?

- a. Repeated (daily) venous blood sampling for laboratory testing
- b. -
- c. Multiple platelet transfusions
- d. Subcutaneous administration of epoetin (Epogen, Procrit)
- e. Continuous administration of oxygen by nasal cannula or mask

3. Which statement regarding platelet function in hemostasis is true?

- a. Platelet aggregation is dependent on adequate amounts of all clotting factors.
- b. Platelets are required for erythrocyte aggregation.
- c. Platelet aggregation helps maintain blood vessel integrity during tissue trauma.
- d. Platelet aggregation prevents the extension of clot formation beyond the area of injury.
- e. -

4. The client, who has just undergone a kidney transplant, has an excessive number of cytotoxic-cytolytic T cells. For which collaborative problem is this client at risk?

- a. -
- b. Greater likelihood of transplant rejection
- c. Increased susceptibility of infection
- d. Chronic anemia and hypoxia
- e. Increased risk for allergic drug reactions

5. What is the priority nursing diagnosis for a client with inadequate production of platelets?

- a. Risk for Injury related to increased bleeding tendency
- b. Risk for Infection related to decreased antibody production
- c. -
- d. Impaired Gas Exchange related to decreased oxygen-carrying capacity
- e. Decreased Cardiac Output related to hypovolemia

6. Which precaution should the nurse teach a client regarding health care after he or she has undergone a splenectomy?

- a. "You will need to have yearly checkups because your risk for cancer development is greater now."
- b. -
- c. "You will no longer develop a fever when you have an infection, so you must learn to identify other symptoms of infection."
- d. "You will be at an increased risk for developing allergies, so it will be important for you to avoid common allergens."
- e. "You will need to avoid crowds and people with infections because it is harder now for you to develop antibodies."

7. Which hematologic problem would the nurse expect the client with liver failure to have?

- a. Spontaneous bleeding from the gums and mucous membranes
- b. -
- c. Elevated blood pressure from hypercellularity
- d. Increased formation of thromboses in deep veins
- e. Prolonged bleeding after IM injections

8. The client asks his nurse why he was told to avoid aspirin and other salicylates for 2 weeks before surgery. What is the nurse's best response?

- a. "These drugs are toxic to white blood cells and increase your risk for developing an infection."
- b. "These drugs can counteract the effects of certain anesthetics."

c. "These drugs decrease platelet aggregation and increase your risk for excessive bleeding."

d. "These drugs inhibit the bone marrow from making new blood cells and increase your risk for anemia."

e. -

9. Where is the best site to assess capillary refill on an 88-year-old client?

a. -

b. Lips

c. Forehead

d. Fingernails

e. Toenails

10. How are anticoagulants and fibrinolytic agents different?

a. Anticoagulants inhibit blood clot formation and fibrinolytics degrade existing clots.

b. Fibrinolytics are taken orally and anticoagulants can only be given parenterally.

c. -

d. Anticoagulants work by interfering with clotting factor synthesis and fibrinolytics work by disrupting platelet aggregation.

e. Fibrinolytics and anticoagulants both thin the blood to prevent clot formation.

11. Which statement, made by the client who is taking warfarin (Coumadin) daily to prevent blood clots from forming in deep veins, indicates a need for further discussion regarding this therapy?

a. "Instead of a safety razor, I have been using an electric shaver to shave."

b. "I have two pairs of antiembolic stockings so that one pair can be washed each day."

c. "I have been eating more salads and other green, leafy vegetables to prevent constipation."

d. "On hot days, I make sure I drink at least two quarts of water."

e. -

12. A nurse observes yellow-tinged sclera on a client with dark skin. Based on this observation, what is the nurse's best action?

a. -

b. Inspect the client's oral mucosa and hard palate for other indications of jaundice.

c. Nothing; this is a normal finding in all people with dark skin.

d. Examine the soles of the clients feet.

e. Notify the physician of the possibility that the client has a liver or hemolytic

13. Which of the following precautions taught to a client who is prescribed to take the platelet inhibitor abciximab (ReoPro) is specific to only this drug?

a. Stopping the drug at least 10 days before having planned surgery or dental work

b. Moving slowly when changing from a sitting position to a standing position

c. Observing for skin rashes or difficulty breathing

d. Observing stools for color changes, such as bright red or tarry appearance, that may indicate GI bleeding

e. -

14. The 37-year-old male client has a hemoglobin level of 22.1 g/dL. What is the nurse's best action?

a. Document the report as the only action.

b. Institute bleeding precautions.

c. -

d. Notify the physician.

e. Institute infection precautions.

15. How should the nurse assess for the presence of bruises in a client with dark skin who experienced blunt trauma to the right thigh?

a. Press a glass slide against the skin over the injured area and determine whether or not the skin blanches.

b. Palpate for and compare the popliteal and pedal pulses in both distal extremities.

c. -

d. Compare the contour and skin color of the injured area with the same area on the left thigh.

e. Use the back of the hand to compare the skin temperature on the area of trauma to the same area of the left thigh.

16. Which laboratory value alerts the nurse to the possibility that the client is chronically losing small amounts of blood?

a. -

b. Reticulocyte count of 7%

c. Hemoglobin level of 14.0 g/dL

d. Bleeding time of 3 minutes

e. Negative indirect Coombs' test

17. The client's platelet count is 30,000/mm³. What is the nurse's first best action?

a. Administer oxygen by nasal cannula.

b. Document the report as the only action.

c. Institute bleeding precautions.

d. Notify the physician.

e. -

18. During assessment of a client at risk for hematologic problems, the nurse palpates the client's spleen just below the ribs on the left side. What is the nurse's best action?

a. Apply an abdominal binder.

b. -

c. Document the finding as the only action.

d. Ask about a history of mononucleosis.

e. Notify the physician.

19. What is the most likely contributing factor for the laboratory result of the iron level being 42 mg/dL in a 45-year-old woman?

a. Presence of chronic allergies, for which she takes diphenhydramine (Benadryl) daily

b. -

c. 60 pack-year smoking history

d. Diet chronically low in vegetables and high in meats and fats

e. Heavy menses for the past 6 months

20. Which of the following hematologic tests or assessment procedures should the nurse check to ensure that the client or the client's legal representative has signed an informed consent statement?

a. Electrophoresis for hemoglobin type and quantity

b. -

c. Reticulocyte count

d. Capillary fragility studies

e. Bone marrow aspiration

21. Which tests indicates that the heparin therapy for the client at risk for thrombosis is adequate?

a. Decreased total iron-binding capacity (TIBC)

b. -

c. Bleeding time of 4 minutes

d. Increased platelet aggregation

e. Partial thromboplastin time (PTT) twice the normal value

22. Which client should the nurse assess for hemolysis and jaundice?

a. 48-year-old taking one aspirin a day to prevent a second myocardial infarction

b. 78-year-old taking 40 mg of furosemide (Lasix) daily for mild CHF

c. -

d. 27-year-old with mitral valve prolapse taking penicillin daily

e. 42-year-old taking zidovudine and foscarnet (Foscavir) daily for HIV/AIDS

23. Which assessment finding of the skin of an 82-year-old woman should be explored further?

a. Discolored fingernails

- b. -
- c. Mottled pigmentation on the neck, cheeks, and forehead
- d. Numerous cherry hemangiomas scattered across the anterior and posterior trunk

e. Areas of petechiae on the trunk and arms

24. Which client is most at risk for hematologic problems?

- a. 48-year-old man who had a myocardial infarction 5 years ago
- b. 27-year-old woman taking oral contraceptives
- c. -

d. 55-year-old man with chronic alcoholism

- e. 62-year-old woman with diabetes mellitus on insulin therapy

25. A client's warfarin (Coumadin) therapy was discontinued 3 weeks ago. Which laboratory test result indicates that all effects of the warfarin have been eliminated?

- a. Total white blood count of 9000/mm³
- b. Reticulocyte count of 1%
- c. -

d. International normalized ratio (INR) of 0.9

- e. Serum ferritin level of 350 ng/mL

26. When a person's hemoglobin is deficient in iron, which assessment finding is expected?

- a. Bradycardia
- b. Slow capillary refill

c. Increased respiratory rate

- d. Cherry red lips and mucous membranes
- e. -

27. The client is concerned about pain during a bone marrow aspiration. What is the nurse's best response?

- a. "You will be given a general anesthetic in the operating room and will be asleep during the procedure."
- b. -
- c. "There is no pain associated with this procedure."
- d. "The amount of discomfort is about the same as having your blood drawn."

e. "Most people have some pain during this short procedure. If you wish, you may have a tranquilizer or sedative before the procedure starts."

28. After a bone marrow aspiration, the client has bruising at the site (left iliac crest). What is the nurse's best action?

- a. -
- b. Apply an ice pack to the site.**
- c. Position the client on his/her right side.
- d. Document the finding as the only action.
- e. Notify the physician.

29. What precaution should be given to a person who will be taking warfarin (Coumadin) for 6 months?

- a. -
- b. "Avoid aspirin and aspirin-containing drugs."**
- c. "Sleep with the head of your bed elevated."
- d. "Decrease your intake of sodium."
- e. "Avoid taking walks or performing any physical activity."

30. Which physical change in the client with osteoarthritis indicates disease advancement?

- a. -
- b. The hip shows subluxation.**
- c. The client is older than 65 years.
- d. Hip involvement is bilateral.

e. The hands are involved.

31. A client with a deep vein thrombosis is prescribed to be started on oral warfarin (Coumadin) while still receiving intravenous heparin. What is the nurse's best action?

a. Hold the dose of warfarin until the client's partial thromboplastin time is the same as the control value.

b. Remind the physician that two anticoagulants should not be administered concurrently.

c. Administer the medications as prescribed.

d. Monitor the client for clinical manifestations of internal or external bleeding at least every two hours.

e. -

32. The nurse should be sure to have which drug on the unit when the client is receiving intravenous heparin?

a. Aspirin

b. Streptokinase

c. -

d. Protamine sulfate

e. Vitamin K

33. Which clinical manifestation is common to all types of anemia regardless of cause or pathologic mechanism?

a. -

b. Tachycardia at basal activity levels

c. Hypertension and peripheral edema

d. Jaundiced sclera and roof of the mouth

e. Increased PaCO₂

34. Which laboratory value in a client alerts the nurse to the probability of sickle cell disease?

a. Hgb A1: 97%

b. Hgb C: 0%

c. -

d. Hgb S: 65%

e. Hgb F: 1.5%

35. The client who has sickle cell trait has a sister with sickle cell disease and a husband with neither the disease nor the trait. She asks her nurse what her children's chances are of having sickle cell disease. What is the nurse's best response?

a. "Because your sister actually has sickle cell disease, the risk for your children having sickle cell disease is 50% with each pregnancy."

b. "Because you have the trait and your husband does not, only your daughters can have sickle cell disease."

c. -

d. "Because you have the trait and your husband does not, none of your children will have the disease, but each child will have a 50% risk for having the trait."

e. "Because you are a woman, your daughters will each have a 50% risk for having the disease and all of your sons will be carriers of the trait."

36. The client in sickle cell crisis has effective pain management. What is now the priority nursing diagnosis?

a. Deficient Knowledge related to prevention of crisis episodes

b. Deficient Knowledge related to contraception and pregnancy options

c. Risk for Injury related to decreased tissue oxygenation

d. Risk for Infection related to decreased spleen function

e. -

37. The client has anemia and all the following clinical manifestations. Which manifestation indicates to the nurse that the anemia is a long-standing problem?

a. -

b. Clubbed fingers

c. Circumoral pallor

d. Headache

e. Orthostatic hypotension

38. A nurse administered 8 mg of morphine intravenously 20 minutes ago to the client in sickle cell crisis. Which condition indicates that pain relief has been achieved?

a. -

b. The client tells the nurse the pain is better.

c. The client's skin is warm and dry.

d. The client is sleeping.

e. The client's blood pressure is 120/80.

39. Which problem or condition is most likely to stimulate a crisis in a person who has sickle cell trait?

a. Having surgery under general anesthesia for colon cancer

b. Shoveling snow when the temperature is at 0 degrees

c. -

d. Having a cast placed on the wrist after sustaining a simple fracture

e. Becoming pregnant

40. Which assessment finding alerts the home care nurse to the possibility of infection in the client with sickle cell disease who is recovering from a crisis episode?

a. Darkened areas of skin on the lower extremities

b. Firm, nodular texture to the liver on palpation

c. Diminished breath sounds unilaterally

d. Oral temperature of 37.8oC (100oF)

e. -

41. Which intervention for the client with sickle cell disease prevents vascular occlusion?

a. Administering morphine sulfate every 6 hours

b. Assessing pulse oximetry every 2 hours

c. Maintaining an oral fluid intake of at least 4500 mL/day

d. Keeping the room temperature at or below 68oF.

e. -

42. Which laboratory test result in a client with sickle cell disease in crisis indicates that the packed red blood transfusion should be discontinued?

a. Hct of 32%

b. Total WBC count of 12,000/mm³

c. -

d. Serum iron level of 300 mcg/dL

e. HgbS of 88%

43. How does the drug hydroxyurea benefit the client with sickle cell disease?

a. Prevents anemia by increasing cellular iron storage

b. -

c. Prevents crises by decreasing blood viscosity and reducing vessel obstruction

d. Prevents anemia by stabilizing RBC plasma membranes

e. Prevents crises by stimulating the RBCs to synthesize more hemoglobin F

44. Which person should the nurse be most alert for the development of glucose-6-phosphate dehydrogenase (G6PD) deficiency anemia?

a. 28-year-old woman whose grandfather had the disorder

b. 55-year-old woman who had a partial gastrectomy for stomach cancer last year

c. -

d. 28-year-old man whose grandfather had the disorder

e. 55-year-old man who had a myocardial infarction 5 years ago

45. Which common agent(s) should the nurse teach the client with glucose-6-phosphate dehydrogenase deficiency anemia to avoid?

- a. -
- b. Aspirin**
- c. Alcohol
- d. Caffeine
- e. Laxatives

46. Which menu selection made by the client with vitamin B12 deficiency anemia demonstrates adequate understanding of dietary management for this problem?

- a. Eggplant Parmesan, cream-style cottage cheese, iced tea
- b. Baked chicken breast, boiled carrots, glass of white wine
- c. Fried liver and onions, orange juice, spinach salad**
- d. Whole-grain pasta with cheese, apple sauce, glass of red wine
- e. -

47. Which intervention should the nurse teach the client who has IgM-mediated immunohemolytic anemia?

- a. Avoid crowds and sick people.
- b. Use an electric shaver.
- c. Wear socks and gloves in cool weather.**
- d. Do not take aspirin or aspirin-containing products.
- e. -

48. Which feature is characteristic of vitamin B12 deficiency anemia but not characteristic of folic acid deficiency anemia?

- a. Macrocytic red blood cells
- b. -
- c. Weight loss
- d. Smooth, beefy-red tongue
- e. Paresthesias of the hands and feet**

49. The client is prescribed to receive iron dextran by the Z-track method of intramuscular injection. Which technique should the nurse use to adhere to the Z-track method?

- a. Inject medication only into the dorsal gluteal site.**
- b. Select a 22-gauge, 1-inch needle to minimize tissue trauma.
- c. -
- d. Massage the site for a minimum of five minutes after the injection.
- e. Take care to ensure that no air is present in the syringe.

50. Which of the clients health problems alerts the nurse to the possibility of anemia related to dietary deficiency?

- a. -
- b. Ten years of chronic alcoholism**
- c. Poorly controlled diabetes mellitus
- d. Mild congestive heart failure
- e. Ten years of antacid therapy for peptic ulcer disease

51. Which laboratory value indicates that the epoetin alfa (Procrit, Epogen) therapy is effective?

- a. Serum potassium level has increased from 3.5 to 4.5 mEq/L
- b. -
- c. Platelet count has decreased from 80,000 to 50,000.
- d. Segmented neutrophils outnumber the band neutrophils.
- e. Red blood cell count has increased from 2.2 million to 3.0 million.**

52. What is the pathologic mechanism involved in aplastic anemia?

- a. Increased (excessive) cellular metabolic oxygen demand
- b. -

- c. Decreased intake of iron
- d. Increased rate of red blood cell lysis and destruction
- e. Decreased bone marrow production of red blood cells**

53. What is the priority nursing diagnosis for the client with aplastic anemia who is being treated with a combination of prednisone and cyclophosphamide.

- a. Risk for Activity Intolerance
- b. -
- c. Risk for Injury
- d. Constipation
- e. Risk for Infection**

54. Which teaching intervention should the nurse use for the client with polycythemia vera to prevent injury as a result of the increased bleeding tendency?

- a. "Drink at least 3 liters of liquids per day."
- b. "Exercise slowly and only on the advice of your physician."
- c. -
- d. "Use a soft-bristled toothbrush."**
- e. "Wear gloves and socks outdoors in cool weather."

55. What is the priority nursing diagnosis for the client with polycythemia vera?

- a. -
- b. Risk for Injury related to thrombus formation**
- c. Ineffective Thermoregulation related to excessive heat loss
- d. Adult Failure to Thrive related to increased energy demands
- e. Constipation related to dehydration

56. Which laboratory finding in a client with polycythemia vera indicates that phlebotomy alone is no longer effective in managing this problem?

- a. Hemoglobin A1c has decreased from 8.0% to 7.0%
- b. Segmented neutrophils outnumber the band neutrophils.
- c. -
- d. Hematocrit has increased from 55% to 75%**
- e. Platelet count has increased from 120,000 to 150,000

57. Which serum electrolyte value in a client with polycythemia vera should the nurse report to the physician?

- a. Potassium, 7.2 mEq/L**
- b. Chloride, 98 mEq/L
- c. -
- d. Total calcium, 8.7 mg/dL
- e. Sodium, 132 mEq/L

58. Which health problem is most likely to occur in people who have myelodysplastic syndrome?

- a. Acute leukemia**
- b. Hodgkin's lymphoma
- c. -
- d. Acute myocardial infarction
- e. Polycythemia vera

59. Which precaution has the highest priority for instruction of the client going home with thrombocytopenia?

- a. "Avoid flossing your teeth until platelets return to normal."**
- b. "Avoid drinking alcoholic beverages until your CBC is normal."
- c. -
- d. "Avoid the use of salt substitutes that contain potassium chloride."
- e. "Drink at least 3 liters of fluid each day."

60. Why is the client with polycythemia vera at an increased risk for a myocardial infarction?

a. -

b. The increased number of erythrocytes increases blood viscosity and the workload of the heart.

c. The abnormal hemoglobin in the erythrocytes inadequately oxygenates the myocardium.

d. The rapid synthesis of cells greatly increases metabolism.

e. The disease is most prevalent among men in their 60s and 70s who have other conditions that damage the heart.

61. Which clinical manifestation or assessment finding indicates effectiveness of the therapy for the client with polycythemia vera?

a. Hematocrit of 65%

b. Unplanned weight loss of 6 lb over a month's time

c. -

d. Blood pressure change from 180/150 to 160/90

e. Bilateral darkening of the conjunctiva

62. Which precaution should the nurse teach the client who is prescribed to take thalidomide (Thalomid) as part of her treatment plan for multiple myeloma?

a. -

b. "Use multiple forms of birth control to prevent birth defects."

c. "Drink plenty of fluids to prevent the development of diabetes mellitus."

d. "Avoid high-fiber foods to prevent diarrhea."

e. "Avoid crowds and sick people to prevent contraction of contagious infections."

63. Which question is appropriate when exploring the risk factors for the client newly diagnosed with acute leukemia?

a. "Have you ever been treated for a sexually transmitted disease?"

b. "How many packs of cigarettes do you smoke per day and for how many years have you smoked?"

c. "Have you ever worked around radioactive materials?"

d. "How old was your mother when you were born?"

e. -

64. The client with leukemia asks his nurse why he is so susceptible to infection when his white blood cell count is so high. What is the nurse's best response?

a. -

b. "Even though you have a lot of white blood cells, they are immature and not able to prevent or fight infection."

c. "Your white blood cells have been poisoned by chemotherapy and are now nonfunctional."

d. "The number of white blood cells is falsely high because of the severe dehydration that accompanies leukemia."

e. "It is the platelets, not the white blood cells, that protect you from infection."

65. Which question or statement by the client about to undergo allogeneic bone marrow transplantation indicates a need for further discussion regarding the procedure?

a. "After the bone marrow transplant grows in me, my blood type will be the same as the donors."

b. -

c. "Until the marrow transplant takes, I should have few visitors."

d. "How long will it be before we know if the transplant is successful?"

e. "Which bone will the surgeon insert the marrow into?"

66. The client with lymphoma asks his nurse why his disease treatment regimen includes radiation and surgery as well as chemotherapy, when his 16-year-old female cousin only had chemotherapy for leukemia. What is the nurse's best response?

a. "Lymphomas can form discrete tumors that can be removed by surgery or treated locally with radiation, but leukemic cells are more widespread."

b. "Your disease is probably more widespread and advanced than your cousin's was, requiring additional types of intensive therapy for cure."

c. -

d. "Lymphomas can be cured using multiple therapies and leukemia cannot be cured, only controlled"

with lifelong injections of chemotherapy.”

e. “Radiation is not used as therapy in girls and women so as not to disrupt their childbearing ability.”

67. Which client is at greatest risk for development of acute leukemia?

a. 38-year-old who has used combination oral contraceptives without a break for 15 years

b. -

c. 55-year-old with diabetes mellitus type 1 who has received insulin injections for 43 years

d. 20-year-old with cystic fibrosis who has been on continuous enzyme replacement therapy since age 3 months

e. 50-year-old being treated with cyclophosphamide (Cytoxan) for a chronic autoimmune disease

68. For which client with leukemia should the nurse be prepared to teach about maintenance therapy?

a. The client with acute myelogenous leukemia who has relapsed

b. The client with acute lymphocytic leukemia who has relapsed

c. -

d. The client with acute lymphocytic leukemia who is in remission

e. The client with acute myelogenous leukemia who is in remission

69. For which type of leukemia has imatinib mesylate (Gleevec) proven most effective?

a. -

b. Chronic myelogenous leukemia that is Philadelphia chromosome-positive

c. Acute myelogenous leukemia that has abnormal chromosomes

d. Acute lymphocytic leukemia that has normal chromosomes

e. Chronic lymphocytic leukemia that is Philadelphia chromosome-negative

70. Why is the transplantation of bone marrow cells separated from the preconditioning chemotherapy regimen by at least 2 days?

a. To allow the client to recover from the severe nausea and vomiting caused by the conditioning chemotherapy

b. -

c. To prevent a more profound neutropenic response

d. To give the client a rest period before the vigorous therapeutic regimen begins

e. To ensure all chemotherapy is cleared and cannot exert killing effects on the transplanted cells

71. The client with lymphoma who is considering a stem cell transplant asks what is the difference between a stem cell transplant and a bone marrow transplant. What is the nurse’s best response?

a. “Bone marrow transplantation requires more chemotherapy and radiation than does stem cell transplantation.”

b. “Cells for a stem cell transplant can come from a person other than a family member related by blood, but cells for a bone marrow transplant must come from a blood relative.”

c. -

d. “A bone marrow transplant is one type of stem cell transplant. The only difference is the source of the stem cells.”

e. “A stem cell transplant is useful for solid tumor cancers, but a bone marrow transplant is needed for lymphoma.”

72. Which nursing diagnosis or collaborative problem has the highest priority for the bone marrow donor during the first 48 hours after the donation procedure?

a. Ineffective Coping

b. Risk for Infection

c. Acute Pain

d. Potential for leukemia

e. -

73. What laboratory value indicates to the nurse that the conditioning regimen for bone marrow transplantation is successful?

a. Total white blood cell count of 8000/mm³

- b. -
- c. Hematocrit of 25%
- d. Hematocrit of 50%
- e. Total white blood cell count of 0/mm³**

74. Which clinical manifestation during the actual bone marrow transplantation alerts the nurse to the possibility of an adverse reaction?

- a. Hypertension
- b. -
- c. Fever
- d. Red urine

e. Shortness of breath

75. At 6 weeks after bone marrow transplantation, a nurse observe that the client has rising white blood cell, erythrocyte, and platelet counts. What is the nurse's interpretation of these findings?

- a. The transplant has engrafted.**
- b. The leukemia is no longer in remission.
- c. -
- d. The client has graft-versus-host disease.
- e. The client has a systemic infection.

76. Approximately 6 weeks after the client has received an allogeneic bone marrow transplant, a nurse notes that the client has peeling skin on the hands, feet, and legs. What is the nurse's best first action?

- a. Document the observation as the only action.
- b. -
- c. Request a humidifier to increase the moisture of the room.
- d. Apply lanolin-based creams to the clients skin.

e. Notify the physician.

77. The client is 22 days post transplant from an allogeneic bone marrow transplantation. The nurse observes that the clients sclera and hard palate are yellow. Which additional clinical manifestation supports the possibility of veno-occlusive disease (VOD)?

- a. Six to 10 watery stools per day for the last 3 days
- b. Total white blood cell count of 2000 per mm³
- c. Weight gain of 8 pounds in the last 3 days**
- d. Hard, ropelike consistency of the peripheral vein proximal to the IV site
- e. -

78. The home care nurse observes a break in the catheter lumen while changing the central venous catheter dressing of a client after bone marrow transplantation. What is the nurse's best first action?

- a. Remove the central venous catheter.**
- b. Cover the break with sterile tape.
- c. -
- d. Clamp the catheter proximal to the break.
- e. Document the observation.

79. The client being discharged home after a bone marrow transplantation for leukemia asks why protection from injury is so important. What is the nurse's best response?

- a. "The medication regimen after transplantation includes drugs that slow down cell division, making healing after any injury more difficult."
- b. -
- c. "The transplanted bone marrow cells are very fragile and trauma could result in rejection of the transplant."
- d. "Trauma is likely to result in loss of skin integrity, increasing the risk for infection when you are already immunosuppressed."
- e. "Platelet recovery is slower than white blood cell recovery and you remain at risk longer for bleeding than you do for infection."**

80. The client who has been diagnosed with Hodgkins lymphoma is scheduled for numerous tests. The client asks if these tests are really necessary, because the exact type of cancer has already been established. What is the nurse's best response?

- a. -
- b. "Different treatments are used depending on where the cancer is, so it is first necessary to determine the exact sites."
- c. "It is best to determine how healthy your major organs are before undergoing the strenuous and uncomfortable therapies for cancer."
- d. "You may be eligible for new and experimental therapy. These tests will determine whether or not you would qualify for such treatment."
- e. "The doctors want to be very sure, because it is possible to have two different kinds of cancer at the same time."

81. The 27-year-old male client with Hodgkins lymphoma in the abdominal and pelvic regions is about to start radiation therapy. What long-term side effect of this therapy should the nurse be sure that he understands?

- a. Baldness from radiation therapy is likely to be permanent.
- b. Constipation will be continuous throughout therapy.
- c. Sperm production will be permanently disrupted.
- d. This treatment increases the risk for prostate cancer later in life.
- e. -

82. What is the priority nursing diagnosis for a client newly diagnosed with autoimmune thrombocytopenic purpura?

- a. Impaired Skin Integrity
- b. Impaired Gas Exchange
- c. Risk for Injury
- d. Acute Pain
- e. -

83. Which laboratory test result indicates to the nurse that the factor VIII cryoprecipitate therapy for the client with hemophilia is effective?

- a. Platelet count of 200,000/mm³
- b. Hematocrit of 43%
- c. Activated partial thromboplastin time of less than 30 seconds
- d. Prothrombin time of 15 seconds (INR of 1.3)
- e. -

84. How should the nurse modify the standard transfusion therapy procedure when administering a platelet transfusion?

- a. Administer the platelet solution by rapid IV push instead of as an infusion.
- b. Warm the platelets to body temperature before initiating the transfusion.
- c. Use a transfusion set that has short tubing and no filter.
- d. Co-administer amphotericin B as prophylaxis against fungal contamination.
- e. -

85. A nurse observes that the client, whose blood type is AB negative, is receiving a transfusion with type O negative packed red blood cells. What is the nurse's best first action?

- a. Call the blood bank.
- b. Document the observation as the only action.
- c. -
- d. Take and record the clients vital signs.
- e. Stop the transfusion and keep the IV open.

86. What identification means should the nurse use to ensure that a blood transfusion is administered to the correct client?

- a. Compare the name and ID number on the blood product tag with the name and ID number on the client's ID band.

- b. Ask the client's spouse if the client is the correct person who is to have the transfusion.
- c. -
- d. Compare the bed and room number of the client with the bed and room number listed on the blood product tag.
- e. Ask the client if his name is the one on the blood product tag.

87. The client is prescribed to receive two units of packed red blood cells. When the blood products arrive, a nurse notes that the client's current IV is infusing Ringers lactate solution. What should the nurse do in this situation?

- a. Change the intravenous solution to normal saline.
- b. Hang the blood with the currently infusing solution.
- c. -
- d. Start an additional intravenous infusion site.
- e. Change the intravenous solution to dextrose 5% in water.

88. The client is receiving a unit of packed red blood cells. Fifteen minutes into the infusion, the client is cyanotic and complains of chest pain. What is the nurse's best first action?

- a. -
- b. Stop the transfusion.
- c. Increase the infusion flow rate.
- d. Call the emergency team.
- e. Administer oxygen.

89. The older adult client is receiving the third unit of packed red blood cells that have been administered in the last 8 hours. One hour into the third transfusion, a nurse observes the client to have distended neck veins in the sitting position. What is the nurse's best first action?

- a. Slow the infusion rate.
- b. Document the observation as the only action.
- c. -
- d. Check the type of infusing blood with the client's blood type.
- e. Discontinue the transfusion.

90. For which of the following blood products is ABO compatibility a requirement for administration?

- a. Pooled donor platelets
- b. Single-donor platelets
- c. Fresh frozen plasma
- d. Granulocytes
- e. -

91. The client, a Jehovah's Witness scheduled for surgery, has expressed concern that she might receive blood products, an act condemned by her religion. What is the nurse's best response?

- a. "Transfusions are not routine and there are now good alternatives to transfusions if you should lose an excessive amount of blood."
- b. "Your chances of needing a transfusion during or after surgery are so small that this is not really a problem."
- c. -
- d. "If you are worried about contamination, you could have members of your family make blood donations ahead of time specifically for you."
- e. "You should allow the health care professionals to do whatever is needed to save your life."

92. Which type of transfusion reaction should the nurse assess for in the client who is receiving an autologous blood transfusion?

- a. Allergic
- b. Hemolytic
- c. -
- d. Bacterial
- e. Febrile

93. For which client receiving a blood transfusion should the nurse remain especially alert for the possible development of transfusion-associated graft-versus-host disease (TA-GVHD)?

a. -

b. 45-year-old man on immunosuppressant therapy after a kidney transplant

c. 56-year-old woman who is AB-positive receiving a transfusion with O-negative blood products

d. 68-year-old man receiving an autologous transfusion after hip replacement surgery

e. 27-year-old pregnant woman with sickle cell anemia

94. By what pathophysiologic processes does atherosclerosis contribute to the development of coronary artery disease (CAD)?

a. -

b. Macrophages and T cells form a connective tissue matrix in the vessel intima where lipids accumulate.

c. Coronary vessels become inflamed and injured as a result of excess cholesterol and triglycerides.

d. Atherosclerotic plaques cause spasm and subsequent narrowing of the coronary vessels.

e. Atherosclerosis causes coronary vessels to become stiff, limiting their ability to respond to increases in blood flow.

95. A nurse is taking the history of a client with suspected coronary artery disease. Recently, the client has had episodes of chest discomfort while mowing the lawn with a push mower. The chest discomfort subsides when the client rests. What conclusion can the nurse draw from this information?

a. The client may have had a myocardial infarction.

b. The client may have variant angina.

c. The client may have stable angina

d. The client need not be concerned about this pain, because it is relieved with rest.

e. -

96. A client presents with a history of variant (Prinzmetal's) angina. What symptoms would the nurse expect to be manifested in this client?

a. -

b. Chest pain occurring with minimal exertion that limits the client's activity

c. A burning sensation in the chest wall that is relieved with rest

d. Chest discomfort that appears with exertion and is relieved with nitroglycerin

e. Chest pressure or tightness that radiates to the arm and jaw

97. The client with a history of stable angina states that he has recently experienced an increase in the number of attacks and the intensity of the pain. What should the nurse suspect?

a. The client has experienced an acute MI

b. The client continues to have stable angina

c. -

d. The client has developed unstable angina

e. The client has a subendocardial necrosis

98. Which of the following would be considered a modifiable risk factor for coronary artery disease?

a. Age

b. Family history

c. -

d. Smoking

e. Gender

99. An 82-year-old client is admitted with a suspected myocardial infarction. What specific clinical manifestation of myocardial infarction would the nurse expect to see in an older adult?

a. Disorientation or confusion

b. Posterior wall chest pain

c. -

d. Numbness and tingling of the arm

e. Exophthalmos

100. Which of the following statements made by the client with CAD serves to alert the nurse that the client may be experiencing difficulty in adapting to the illness?

- a. "I know I will have some chest discomfort with some activities, so I carry my nitroglycerin with me at all times."
- b. "I feel a little anxious whenever I get chest discomfort."
- c. -
- d. "I usually wait about 2 hours after I feel chest discomfort before calling my doctor to be sure it is really angina."
- e. "When I was in the hospital last time for my heart attack, I felt afraid."

101. A client presents to the emergency department with complaints of substernal chest pain. Eight hours later, it is noted on laboratory assessment that myoglobin levels have not risen. What conclusion can be drawn from this information?

- a. The client is experiencing an evolving myocardial infarction.
- b. The client has experienced a myocardial infarction within the last 24 hours.
- c. -
- d. The client has not experienced a myocardial infarction.
- e. The client most likely had a myocardial infarction several days ago.

102. A client hospitalized for unstable angina has undergone laboratory assessment. Which laboratory test is most specific in diagnosing acute coronary syndrome?

- a. CK-MB isoenzyme
- b. -
- c. Serum LDH
- d. Serum myoglobin
- e. Troponin T

103. The client is diagnosed with acute myocardial infarction. Which laboratory test is most specific in diagnosing acute MI?

- a. Myoglobin
- b. Troponin T
- c. -
- d. CK-MB isoenzyme
- e. Serum LDH

104. The client with a myocardial infarction has undergone electrocardiography (ECG). What changes in the ECG tracing would the nurse expect to see in this client?

- a. -
- b. ST-segment elevation, T-wave inversion, abnormal Q wave
- c. ST-segment depression, T-wave inversion, normal Q wave
- d. ST-segment depression, flattened T wave, normal Q wave
- e. ST-segment inversion, T-wave elevation, abnormal Q wave

105. In reviewing an ECG tracing from a client undergoing preadmission testing for surgery, a nurse observes the presence of a large, wide Q wave. What is the nurse's interpretation?

- a. The client has had a myocardial infarction in the past.
- b. The client's atria are enlarged and failing.
- c. -
- d. The client's ECG pattern is a common variation of normal sinus rhythm.
- e. The client is experiencing angina.

106. The client's ECG reveals ST-segment depression and T-wave inversion in leads II, III, and aVF. What is the nurse's interpretation of these findings?

- a. The client is experiencing variant angina.
- b. The client is experiencing cardiac arrest.
- c. -
- d. The client is experiencing an anginal episode.
- e. The client is experiencing acute MI.

107. A nurse is caring for a client admitted to the hospital with a complaint of chest pain. After receiving a total of three nitroglycerin sublingual tablets, the client states that there is no change in the level of discomfort experienced. What would be the nurse's best action?

- a. -
- b. Notify the health care provider.**
- c. Administer oxygen via a nasal cannula.
- d. Place the client in a semi-Fowler's position.
- e. Administer morphine sulfate IV.

108. What is the priority nursing diagnosis for a client admitted with a medical diagnosis of acute myocardial infarction?

- a. -
- b. Acute Pain**
- c. Potential for Dysrhythmia
- d. Potential for Heart Failure
- e. Altered Tissue Perfusion

109. Why is the administration of aspirin recommended along with nitroglycerin when a client is experiencing angina-like chest pain?

- a. Aspirin inhibits platelet aggregation and clot formation.**
- b. Aspirin can trigger vasodilation and improve blood flow.
- c. -
- d. Aspirin has cardiogenic properties and improves contraction.
- e. Aspirin has analgesic properties without sedation.

110. A client brought to the emergency room has been diagnosed with an acute myocardial infarction. The physician has ordered thrombolytic therapy with reteplase (Retavase). What is the indication for this therapy?

- a. This therapy makes percutaneous transluminal coronary angioplasty (PTCA) unnecessary.
- b. -
- c. This therapy will reverse any myocardial damage if given within 2 hours of the event.
- d. This therapy restores coronary reperfusion without risk of internal bleeding.
- e. This therapy restores perfusion to the injured area, reducing the size of the infarct.**

111. The client diagnosed with acute MI is to receive tenecteplase (TNKase). What is an advantage of this therapy over other fibrinolytic drugs?

- a. TNKase decreases mortality in clients with MI.
- b. -
- c. TNKase restores perfusion to coronary arteries.
- d. TNKase limits damage to the myocardium.
- e. TNKase is administered in a single bolus over 5 seconds.**

112. What specific actions or precautions should the nurse use when providing care to a client receiving thrombolytic therapy with streptokinase instead of t-PA?

- a. Observe the client for the presence of hives or shivering.**
- b. Observe all IV sites and wounds for bleeding.
- c. -
- d. Monitor the client for evidence of chest pain.
- e. Assess neurologic status every hour.

113. A client has received thrombolytic therapy after having a myocardial infarction. Which clinical manifestation would indicate to the nurse that reperfusion has been successful?

- a. -
- b. The onset of ventricular dysrhythmias**
- c. Cessation of diaphoresis
- d. ST-segment depression
- e. Sudden onset of pleuritic chest pain

114. The client with acute MI had a stroke 1 month ago. Which of the following statements is correct regarding the administration of thrombolytic therapy?

- a. The stroke indicates increased risk for an extension of the current MI.
- b. -
- c. The stroke should not affect administration of this therapy.
- d. The stroke is a relative contraindication to administration of this therapy.
- e. The stroke is an absolute contraindication for administration of this therapy.

115. The client with a myocardial infarction has been treated with thrombolytic therapy. Which intervention would reduce the risk of complications associated with this therapy?

- a. Administration of heparin
- b. Placing the client in Trendelenburg position
- c. -
- d. Instructing the client to take slow, deep breaths
- e. Application of ice to the injection site

116. Which of the following clinical manifestations in a client taking a nonselective beta-blocking agent should the nurse explore as a complication of drug therapy?

- a. -
- b. Wheezing
- c. Postural hypotension
- d. Headache
- e. Nonproductive cough

117. The client is undergoing progressive ambulation on the third day after a myocardial infarction. Which clinical manifestation would indicate to the nurse that the client should not yet be advanced to the next level?

- a. Heart rate increase of 10 beats/min at completion of ambulation
- b. Facial flushing
- c. Onset of chest pain
- d. Systolic blood pressure increase of 10 mm Hg at completion of ambulation
- e. -

118. A 44-year-old client who has had a myocardial infarction complies with the treatment regimen but avoids discussing the illness with health care providers and family members. What is the nurse's interpretation of this client's behavior?

- a. The client is demonstrating grief and loss.
- b. -
- c. The client is clinically depressed.
- d. The client is expressing underlying anger.
- e. The client is using denial.

119. A client who has experienced a myocardial infarction develops left ventricular heart failure. Which sign of poor organ perfusion should the nurse remain alert for?

- a. Heart rate of 55 to 60 beats/min
- b. -
- c. Headache
- d. Hypertension
- e. Urine output of less than 30 mL/hr

120. A client admitted to the coronary care unit with a myocardial infarction begins to develop increased pulmonary congestion, an increase in heart rate from 80 to 102 beats/min, and cold, clammy skin. What is the nurse's best first action?

- a. Prepare the client for emergency echocardiography.
- b. -
- c. Increase the IV flow rate.
- d. Place the client in supine position.
- e. Notify the physician.

121. The client with Class II heart failure as a result of an acute myocardial infarction is prescribed to receive dobutamine. What specific response(s) should the nurse expect to see if this therapy is successful?

- a. Increased heart rate, increased pulse quality
- b. Decreased heart rate, decreased pulse quality
- c. -
- d. Increased heart rate, decreased pulse quality
- e. Decreased heart rate, increased pulse quality

122. The client is being discharged after a percutaneous transluminal coronary angioplasty (PTCA) and is prescribed to take a calcium channel blocking agent. Which precaution should the nurse stress when teaching that is specific for this drug therapy?

- a. -
- b. "Change positions slowly."
- c. "Weigh yourself daily."
- d. "Avoid crossing your legs."
- e. "Decrease salt intake."

123. The post-percutaneous transluminal coronary angioplasty client complains of severe chest pain. What is the nurse's best action?

- a. Notify the physician.
- b. Administer sublingual nitroglycerin.
- c. -
- d. Perform a standard 12-lead ECG.
- e. Administer IV morphine as ordered PRN.

124. Which of the following statements made by the client prescribed to take sublingual nitroglycerin for chest pain indicates a need for further discussion regarding this therapy?

- a. "Even if I have not used any of the nitroglycerin from one refill, I get another refill every 3 months."
- b. "When my nitroglycerin tablet tingles under my tongue, I know that it is strong enough to work."
- c. -
- d. "I keep my medicine in a clear plastic bag in my purse so that I can get to it easily if I have chest pain."
- e. "If I still have chest pain after I have taken three nitroglycerin tablets, I will go to the hospital."

125. A nurse is caring for a client who had PTCA 1 hour ago. Which complication of this procedure should the nurse remain alert for at this time?

- a. Hyperkalemia
- b. Hypertensive crisis
- c. Bleeding
- d. Infection
- e. -

126. The client who has just undergone a PTCA has been ordered to receive an IV infusion of abciximab (ReoPro). Which clinical manifestation should alert the nurse to the possibility of an adverse reaction to this medication?

- a. Urticaria
- b. Pedal edema
- c. -
- d. Excessive thirst
- e. Joint pain

127. The client who has undergone coronary artery bypass surgery graft (CABG) has a serum potassium level of 4.5 mEq/L. What would be the nurse's best action?

- a. Administer potassium replacement as ordered.
- b. -
- c. Notify the physician.
- d. Decrease the IV solution flow rate.

e. Document the finding as the only action.

128. A nurse notes the mediastinal tubes of a client who is 6 hours postoperative from CABG surgery have stopped draining. What action would be most appropriate for the nurse to take at this time?

a. Notify the physician.

b. Form a dependent loop in the tubing.

c. -

d. Document the finding as the only action.

e. Replace the tubing.

129. Which specific assessment would be most important to include for a 78-year-old client who has had CABG surgery?

a. Mental status assessment

b. Otoscopic assessment

c. -

d. Gastrointestinal assessment

e. Skin assessment

130. A client with coronary artery disease is scheduled for a minimally invasive direct coronary artery bypass (MIDCAB). The client asks how this procedure differs from a traditional coronary artery bypass. What is the nurse's best response?

a. -

b. "Cardiopulmonary bypass is not required."

c. "There is no risk of graft closure after this procedure."

d. "There is far less incisional pain with a MIDCAB."

e. "The sternotomy incision is smaller."

131. Which client would most likely benefit from a transmyocardial laser revascularization?

a. A client with a discrete, proximal, single-vessel, noncalcified lesion

b. A client with a lesion of the left anterior descending artery

c. A client with unstable angina and inoperable CAD

d. A client who requires bypass with synthetic grafts

e. -

132. Which instruction should be included in the teaching plan for a client being discharged after coronary artery bypass graft surgery?

a. "You should abstain from sexual activity for 6 months."

b. "Drink at least 3 L of fluid daily."

c. "Take your pulse before, midway through, and after exercising."

d. "You should discontinue your antihyperlipidemic medication at this time."

e. -

133. Which action can the nurse take to improve the quality of the electrocardiographic rhythm transmission to the monitoring system?

a. Remove the hair from the chest area before attaching the chest leads.

b. Instruct the client not to wear any clothing made from synthetic fabrics during the test.

c. -

d. Place the first negative electrode in the left midclavicular position and place a second negative electrode in the V1 position.

e. Apply lotion to the client's chest before attaching the chest leads.

134. Which property of cardiac cells is the ability to generate electrical impulses spontaneously?

a. -

b. Automaticity

c. Conductivity

d. Excitability

e. Contractility

135. What should the nurse do to ensure the validity of comparison of electrocardiograms (ECGs)

taken at different times?

- a. Place new ECG chest leads on the client before each ECG is completed.
- b. Remove electrodes after each ECG is completed.
- c. Ensure that electrode placement is identical for each ECG.**
- d. Position the client supine prior to each ECG.
- e. -

136. What does the P wave on an ECG tracing represent?

- a. Contraction of the ventricles
- b. Contraction of the atria
- c. Depolarization of the atria**
- d. Depolarization of the ventricles
- e. -

137. A nurse notes that the PR interval on a client's ECG tracing is 0.14 seconds. What action should the nurse take?

- a. Administer epinephrine immediately.
- b. Call the health care provider immediately.
- c. Document the finding as the only action.**
- d. Apply oxygen via nasal cannula.
- e. -

138. The client has exactly 8.0 R-R intervals in 150 small blocks on the ECG paper. Based on this information, the nurse calculates the client's ventricular heart rate to be which of the following?

- a. The heart rate cannot be calculated from the information provided.
- b. 160 beats/min
- c. 80 beats/min**
- d. 40 beats/min
- e. -

139. In analyzing a client's ECG tracing, the nurse observes that not all QRS complexes are preceded by a P wave. What is the nurse's interpretation of this observation?

- a. The client is in ventricular tachycardia.
- b. The client has hyperkalemia.
- c. Ventricular depolarization is being initiated at a site different from atrial depolarization.**
- d. One of the chest leads is not making sufficient contact with the skin.
- e. -

140. The nurse observes a prominent U wave present on a client's ECG tracing. What is the nurse's interpretation of this finding?

- a. -
- b. The client may have a potassium imbalance**
- c. The client is at risk for R-on-T phenomenon.
- d. This is a normal finding.
- e. The client has an evolving myocardial infarction.

141. The client has a consistent and regular heart rate of 128 beats/min. What physiologic alterations would be consistent with this finding?

- a. A decrease in cardiac output and blood pressure**
- b. An increase in blood pressure and decrease in cardiac output
- c. -
- d. A decrease in blood pressure and increase in cardiac output
- e. An increase in cardiac output and blood pressure

142. The client's heart rate increases slightly during inspiration and decreases slightly during expiration. What action should the nurse take?

- a. Prepare to administer antidysrhythmic drugs
- b. -

- c. Notify the physician
- d. Assess the client for chest pain.

e. Document the finding as the only action.

143. The client with tachycardia is experiencing all of the following clinical manifestations. Which one alerts the nurse to the need for immediate intervention?

a. -

b. Chest pain

- c. Mild orthostatic hypotension
- d. Increased urine output
- e. ECG tracing with P wave touching the T wave

144. The client is experiencing sinus bradycardia with hypotension and dizziness. Which of the following drugs/agents should the nurse be prepared to administer?

- a. Lidocaine
- b. Digoxin

c. Atropine

- d. Metoprolol
- e. -

145. The client is experiencing infrequent bouts of premature atrial contractions (PACs) that are accompanied by heart palpitations. These episodes resolve spontaneously without treatment. What instructions should be included in a teaching plan for this client?

- a. Take your quinidine twice daily on the days you experience palpitations.
- b. -
- c. Lie on your left side until the attack subsides.
- d. Use your oxygen anytime you experience PACs.

e. Limit or abstain from caffeine.

146. The client's ECG reveals tachycardia with a heart rate of 170 beats/min that was initiated after a premature atrial contraction. This rhythm resolved spontaneously without treatment. What is the nurse's interpretation of this finding?

a. The client may have a potassium imbalance

- b. Ventricular tachycardia
- c. -
- d. Ventricular fibrillation
- e. Paroxysmal supraventricular tachycardia (PSVT)

147. The client is experiencing a heart rate of 200 beats/min. The ECG pattern demonstrates absent P waves and normal and consistent QRS complexes and duration. What is the nurse's interpretation of these findings?

- a. Premature ventricular contraction.
- b. -
- c. Ventricular tachycardia
- d. Second-degree heart block

e. Supraventricular tachycardia

148. The client has supraventricular tachycardia lasting several hours. The nurse is prepared to administer which of the following drugs/agents as an intervention for this dysrhythmia?

- a. Atropine
- b. Lidocaine
- c. -

d. Diltiazem

e. Epinephrine

149. The client has a consistent and regular slow heart rate, averaging 56 beats/min. The client has no adverse symptoms associated with this bradycardia and is not being treated for it. Which of the following activity modifications should the nurse suggest to avoid further slowing of the heart rate?

a. -

b. Avoid bearing down or straining while having a bowel movement

c. "Avoid strenuous exercise, such as running, during the late afternoon."

d. Make certain that your bath water is warm (100°F).

e. "Limit your intake of caffeinated drinks to no more than two cups per day."

150. Which of the following clients is most at risk for atrial fibrillation?

a. 42-year-old woman 3 days postoperative from coronary artery bypass surgery

b. 70-year-old woman 1 day postoperative from a carotid endarterectomy

c. -

d. 64-year-old man with diabetes mellitus and chronic hypertension

e. 48-year-old man taking an aspirin daily for prevention of coronary thrombosis.

151. What physical assessment findings would be expected in a client with atrial flutter with a rapid ventricular response?

a. Palpitations, shortness of breath, and anxiety

b. Halo vision, anorexia, and nausea and vomiting

c. -

d. Diaphoresis, hypertension, and mental status changes.

e. The presence of a split S1 and rhonchi

152. The client is in atrial fibrillation following cardiac surgery. Which of the following assessment parameters should the nurse monitor for complications associated with this dysrhythmia?

a. Measure blood pressure in the lying and sitting positions.

b. -

c. Measure urinary output.

d. Assess pulse oximetry every hour.

e. Assess for shortness of breath

153. Which alteration when manifested in a client with atrial fibrillation should alert the nurse to the possibility of an embolic stroke?

a. Distended neck veins

b. A pulse deficit

c. -

d. Speech alterations

e. Hyperresponsive deep tendon reflexes

154. A nurse is caring for a client with chronic atrial fibrillation who is at risk for systemic emboli. Which drug should the nurse expect to administer to prevent this complication?

a. -

b. Heparin

c. Atropine

d. Sotalol

e. Lidocaine

155. A nurse is caring for a client who had a myocardial infarction (MI) 4 days ago. The monitor displays premature ventricular contractions (PVCs) at the rate of 5 per minute. What other dysrhythmia may develop as a result of this?

a. -

b. Ventricular tachycardia

c. Rapid atrial flutter

d. Sinus tachycardia

e. Atrioventricular junctional rhythm

156. A client's ECG shows slow, irregular QRS complexes that are wide and regular atrial rhythm. What is the nurse's interpretation of this observation?

a. AV conduction block

b. Ventricular flutter

- c. -
- d. Junctional dysrhythmia
- e. Atrial flutter

157. What A client's ECG tracing shows normal sinus rhythm followed by a complex of three PVCs, with a return to normal sinus rhythm. What is the nurse's interpretation of this finding?

a. Nonsustained ventricular tachycardia

- b. Atrial flutter
- c. -
- d. Trigeminy
- e. Ventricular escape rhythm

158. A client with myocardial ischemia is having frequent PVCs. What medications should the nurse be prepared to administer?

- a. Lanoxin
- b. -
- c. Dobutamine
- d. Atropine sulfate

e. Lidocaine

159. A client is about to receive an intravenous dose of adenosine (Adenocard) for prolonged supraventricular tachycardia. What immediate response to this medication should the nurse expect

- a. -
- b. A short period of asystole**
- c. Increased intraocular pressure
- d. Hypertensive crisis
- e. A brief tonic-clonic seizure

160. A client with unstable ventricular tachycardia is receiving amiodarone hydrochloride by intravenous infusion. The nurse notes that the client's heart rate has decreased from 68 to 50 beats/min. The client is asymptomatic. What would be the nurse's best action?

- a. Stop the infusion
- b. Place the client in a side-lying position.
- c. -
- d. Slow the infusion rate.**
- e. Administer a precordial thump.

161. The client with ischemic heart disease has an ECG tracing that shows first-degree heart block. What is the nurse's best first action?

- a. Measure blood pressure**
- b. Administer oxygen.
- c. -
- d. Document the finding as the only action.
- e. Notify the physician.

162. First-degree heart block in a stable client requires no intervention. The nurse must establish whether the client is hemodynamically stable. Measuring blood pressure can establish that the client is stable.

- a. Perform pulse oximetry testing in the upper and lower extremities.
- b. Measure blood pressure in each arm separately.
- c. Measure apical and radial pulses for a full minute.**
- d. Measure blood pressure in the lying and sitting positions.
- e. -

163. A client is preparing to undergo an intravenous cholangiography. What instructions should be given to the client before the procedure?

- a. "You will feel a warm or flushing sensation when the contrast medium is injected."**
- b. "You may feel the urge to defecate during the procedure."

c. -

d. "The examination table will be tilted in several different positions to facilitate passage of the contrast medium."

e. "The entire test will take less than 30 minutes."

164. Which is the priority assessment in the client experiencing regurgitation?

a. -

b. Auscultation for crackles

c. Palpation of the cervical lymph nodes

d. Inspection of the oral cavity

e. Culture of the throat for bacterial infection

165. Which client response to Bernstein's test would confirm the diagnosis of esophagitis?

a. The client reports painful swallowing during the test.

b. -

c. The client reports dysphagia during the test.

d. The client reports no symptoms during the test.

e. The client reports heartburn during the test.

166. In caring for a client with a rolling hernia, the nurse should be alert for which potential complication?

a. Pneumonia

b. -

c. Reflux

d. Vomiting

e. Obstruction

167. Which of the following complications would the nurse expect to observe in the client with progressive dysphagia and a history of achalasia?

a. Esophageal varices

b. Pneumothorax

c. Weight loss

d. Aneurysm

e. -

168. The client, a 70-year-old woman who has mild congestive heart failure, asks when she should get a flu shot. What is the nurse's best response?

a. -

b. "You should get a flu shot early in the fall so that you make enough antibodies before the flu season arrives."

c. "Since we don't know if the flu will come this year, you should wait until an outbreak of flu in our area is reported."

d. "If you got a flu shot last year, you need to make sure that you get the new shot exactly 1 year later."

e. "Because flu shots are good for five years at a time, if you got a flu shot last year you do not need to get another one this year."

169. The client is 12 hours postoperative after a thoracotomy for lung cancer. During a portable chest x-ray at the bedside, the lower chest tube tubing is accidentally pulled out. What is your best first action?

a. Cover the insertion site with sterile gauze.

b. Clamp and close the skin at the insertion site.

c. -

d. Reinsert the chest tube, using sterile technique.

e. Clamp the tubing with padded clamps.

170. Which clinical manifestation in a client with renal impairment is associated with polycystic kidney disease rather than an infectious process?

- a. Flank pain
- b. -
- c. Bloody and cloudy urine
- d. Periorbital edema

e. Enlarged or protruding abdomen

171. The client with polycystic kidney disease and hypertension is prescribed to take a diuretic for blood pressure control. Which of the following statements by the client indicates a need for clarification regarding this management?

- a. "I will avoid aspirin and aspirin-containing drugs."
- b. "I will avoid nonsteroidal anti-inflammatory drugs."
- c. -

d. "I will drink only 1 L of fluid each day."

e. "I will weigh myself every day."

172. With which of the following clients, all of whom are experiencing the clinical manifestations of a urinary tract infection, should the nurse suspect a fungal infection?

- a. 60-year-old man with an enlarged prostate gland
- b. 22-year-old woman who is sexually active
- c. 48-year-old man with diabetes mellitus**
- d. 40-year-old woman with systemic lupus erythematosus
- e. -

173. Which personal factor in a client diagnosed with bladder cancer is most contributory to this problem?

- a. -
- b. A 50 pack-year cigarette smoking history**
- c. History of gonorrhea
- d. Numerous episodes of bacterial cystitis
- e. Has worked in a lumber yard for 10 years

174. Which nutritional group should the nurse teach the diabetic client with normal renal function to rigidly control to reduce the complications of diabetes?

- a. Fiber
- b. Carbohydrates
- c. Fats**
- d. Proteins
- e. -