

1. 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 why you're worried about your surgery.
- b. Don't worry about your surgery. It is safe.
- c. Tell me about your fears of having this surgery.
- d. I understand how you feel. Surgery is frightening.
- e. -

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

- a. The client gets out of bed by lifting straight upright from the waist and then swings both legs along the side of the bed.
- b. The client takes three slow, deep, breaths and coughs forcefully after inhaling for the third time.
- c. -
- d. The client uses the incentive spirometer and inhales slowly and deeply so that the piston rises to the preset volume..
- e. The client uses the diaphragm and abdominal muscles to inhale through the nose and exhale through the mouth.

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

- a. Monitor the position of the client, prepare the surgical site, and ensure the client's safety.
- b. Prepare sutures; set up the sterile field; and count all needles, sponges, and instruments.
- c. -
- d. Prepare the medications to be administered by the anesthesiologist and change the tubing for the anesthesia machine.
- e. Give preoperative medication in the holding area and monitor the client's response to anesthesia.

4. 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. Contact the surgical manager..
- b. -
- c. Notify the client's surgeon.
- d. Complete an Occurrence Report.
- e. Re-count all sponges.

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

- a. Surgical supplies were cleaned and sterilized prior to the case.
- b. Masks covering the mouth and nose are being worn by the surgical team.
- c. -
- d. The scrub nurse setting up the sterile field is wearing artificial nails.
- e. The circulating nurse is wearing a long-sleeved sterile gown.

6. 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. Apply a warming pad on the OR table before placing the client on the table.
- b. Avoid using the cautery unit that does not have a biomedical tag on it.
- c. Carefully pad the client's elbows before covering the client with a blanket.
- d. Check the chart for any prescription or over-the-counter medication use.
- e. -

7. 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.

8. 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.

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

- a. Take a 12-lead ECG prior to injection.
- b. Monitor the client's urinary output.
- c. Assess the client's respiratory status.
- d. Attempt to keep the client focused.
- e. -

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

- a. T 99.0_F, P 98, R 20, and BP 100/60.
- b. -
- c. Urine output was 160 mL in the past eight (8) hours.
- d. Bowel sounds occur four (4) times per minute.
- e. Lungs are clear bilaterally in all lobes.

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

- a. Hang the client's next IV bag.
- b. Check the Jackson-Pratt insertion site.
- c. Take vital signs every four (4) hours.
- d. Ensure that the client gets pain relief.
- e. -

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

- a. The four (4)-year-old client who had a tonsillectomy and is swallowing frequently.
- b. An 80-year-old client with small bowel obstruction and congestive heart failure.
- c. -
- d. A 24-year-old client who had an uncomplicated appendectomy the previous day.
- e. The 74-year-old client with a repair of the left hip who is unable to ambulate.

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

- a. The client will be able to distinguish sharp from dull sensations.
- b. -
- c. The client will be able to sit in the chair for 30 minutes.
- d. The client will have a urine output of 30 mL per hour.
- e. The client will have a pulse oximetry reading of 97% on room air.

14. 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.

15. 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. Administer the antibiotic earlier than scheduled.
- b. Encourage the client to ambulate in the hall.
- c. -
- d. Help the client turn, cough, and deep breathe every two (2) hours.**
- e. Change the dressing over the wound.

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

- a. Inquire if the pain is intense, throbbing, or stabbing.
- b. Instruct the client to complete the pain questionnaire.
- c. -
- d. Request that the client describe the pain.**
- e. Ask if the client wants pain medication.

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

- a. -
- b. Administer pain medication as soon as the time frame allows.**
- c. Use cryotherapy after heat therapy because it works faster.
- d. Use nonpharmacological methods to replace medications.
- e. Instruct family members to administer medication with the PCA.

18. 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.

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

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

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

- a. Verify the time of the last dose.
- b. Monitor the client's vital signs.
- c. Discuss the pain with the client.**
- d. Check for the client's allergies.
- e. -

21. 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.**

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

- a. -
- b. Have the child point to the face that describes the pain.**
- c. Explain the 0-10 pain scale to the child's parent.
- d. Use words that a four (4)-year-old child can remember.

e. Administer the medication every four (4) hours.

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

24. 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. -
- b. Determine why the client is not using the PCA.
- c. Chart that the client is not having pain.
- d. Document the amount and take no action.
- e. Contact the HCP and request oral medication.

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

- a. Potential for injury.
- b. Ineffective coping.
- c. Alteration in comfort.
- d. Altered sensory input.
- e. -

26. 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. Shared governance.
- b. Decentralized decision-making.
- c. -
- d. Pyramid with filtered-down decisions.
- e. Centralized decision-making.

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

- a. The client takes a multiple vitamin pill every day.
- b. -
- c. The client uses Vicks VapoRub every night before bed.
- d. The client has had an appendectomy.
- e. The client has been coughing up blood in the mornings.

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

- a. Complaints of a burning sensation that moves like a wave.
- b. Presence of blood in the client's stool for the past month.
- c. Comparison of complaints of pain with ingestion of food and sleep.
- d. Sharp pain in the upper abdomen after eating a heavy meal.
- e. -

29. 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. Gastric acid stimulation.
- b. -
- c. Magnetic resonance imaging (MRI).
- d. Occult blood test.
- e. Esophagogastroduodenoscopy (EGD).

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

- b. Any known allergies to drugs and environmental factors.
- c. -
- d. Medical histories of at least three (3) generations.
- e. History of side effects experienced from all medication.

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

- a. Auscultate the client's bowel sounds in all four quadrants.**
- b. Percuss the abdominal borders to identify organs.
- c. -
- d. Assess the tender area progressing to nontender.
- e. Palpate the abdominal area for tenderness.

32. 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.**

33. 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.

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

- a. -
- b. E-mycin, an antibiotic.**
- c. Flagyl, an antimicrobial agent.
- d. Prilosec, a proton pump inhibitor.
- e. Tylenol, a nonnarcotic analgesic.

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

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

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

- a. -
- b. Alteration in comfort.**
- c. Imbalanced nutrition: less than body requirements.

- d. Risk for fluid volume deficit.
- e. Knowledge deficit.

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

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

39. 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.

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

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

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

42. 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. -
- b. Narcotic addiction.**
- c. Crohn's disease.
- d. Diabetes insipidus.
- e. Peritonitis.

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

- a. Assess gag reflex.**
- b. Increase fluid intake.
- c. -
- d. Keep in supine position.
- e. Assess for rectal bleeding.

44. 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. Maintain a tripod position over the bedside table.
- b. Recommend lying in the prone position with legs extended.
- c. Place in side-lying position with knees flexed.**
- d. Encourage a supine position with a pillow under the knee

e. -

45. 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. This enzyme increases the number of bowel movements.
- b. Pancreatic enzymes help break down fat in the small intestine.

c. -

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

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

46. 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.

47. 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. Empty the bedside commode of the client who has been having melena.
- b. -
- c. Monitor the Jackson Pratt drainage tube to make sure it is draining properly.
- d. Check to see if the client is sleeping after pain medication is given.

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

48. 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. I am sure that this is not going to be a serious problem for me to deal with.
- b. I will have to see the HCP every day for six (6) weeks for my treatments.

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

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

49. 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 something happens during the procedure, then emergency surgery will be done.
- b. Prepare to be admitted to the hospital after the procedure for observation.

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

- d. If done correctly, this procedure will correct the blockage of the stomach.
- e. -

50. 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. Clay-colored stools and dark urine.

- b. Left lower abdominal cramps and tenesmus.

c. -

- d. Nausea and coffee-ground emesis.
- e. Night sweats and fever.

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

a. -

b. Fluid volume imbalance.

- c. Acute incisional pain.
- d. Anticipatory grieving.

e. Altered nutrition.

52. 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. Notify the health-care provider.
- b. Start an IV with D5W.
- c. Perform a bedside glucose check.
- d. Give the client some orange juice.
- e. -

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

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

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

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

57. 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.

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

59. 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. Use a pillow to keep the heels off the bed when supine.
- b. Prepare to insert a nasogastric feeding tube.
- c. -
- d. Order an occupational therapy consult for strength training.
- e. Order a low air loss therapy bed immediately.

60. 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. Why would you say that? We are doing our best.
- b. These wound can heal if we get enough protein into you.
- c. Are you tired of the treatments and needing to be cared for?
- d. Have you made out an advance directive to let the HCP know your wishes?
- e. -

61. 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. -
- b. Stool will come out an opening in my abdomen so it won't get in the sore.
- c. This surgery will get all the old black tissue out of the wound so it can heal.
- d. This surgery will create a skin flap to cover my wounds.
- e. The surgery is important to allow oxygen to get to the tissue for healing to occur.

62. 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. Remember that caps and long sleeves do not help prevent skin cancer.
- b. -
- c. Wear a sunscreen with a protection factor of ten (10) or less when in the sun.
- d. Try to stay out of the sun between 0300 and 0500 daily.
- e. Perform a thorough skin check monthly.

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

- a. -
- b. The client with fair complexion who cannot get a tan.
- c. The elderly Hispanic female who moved from Mexico as a child.
- d. The African American male who lives in the northeast.
- e. The client who has a family history of basal cell carcinoma.

64. 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.

65. 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.

66. 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. -
- b. Some people have a warning that the seizure is about to start.**
- c. You're concerned that you do not have auras before your seizures?
- d. Auras occur when you are physically and psychologically exhausted.
- e. Auras usually cause you to be sleepy after you have a seizure.
67. The nurse educator is presenting an in-service on seizures. Which disease process is the leading cause of seizures in the elderly?
- a. Parkinson's disease.
- b. Alzheimer's disease.
- c. Cerebral vascular accident (stroke).**
- d. Brain atrophy due to aging.
- e. -
68. 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. The position will take pressure off your backside.
- b. -
- c. This position will help your lungs expand better.
- d. Many times this will help decrease pain in the limb.
- e. Lying on your stomach will help prevent contractures.**
69. The recovery room nurse is caring for a client that has just had a left BKA. Which intervention should the nurse implement?
- a. Keep a large tourniquet at the client's bedside**
- b. Do not allow the client to see the residual limb.
- c. -
- d. Perform passive range-of-motion exercises to the right leg.
- e. Assess the client's surgical dressing every two (2) hours.
70. 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.
71. 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. Would like the rabbi to visit you while you are in the recovery room?
- b. What types of food would you like to eat while you're in the hospital?
- c. Have you made any special arrangements for your amputated limb?**
- d. Will you start checking your other foot at least once a day for cuts?
- e. -
72. 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. Explain to the client that his left leg has been amputated.
- b. Place the client's residual limb in the dependent position.
- c. -
- d. Medicate the client with a narcotic analgesic immediately.**
- e. Instruct the client on how to perform biofeedback exercises.
73. 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. Help the client with a 2-day postop amputation put on the prosthesis

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

c. -

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

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

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

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

b. -

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

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

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

75. 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.

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

a. -

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

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

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

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

77. 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.

78. 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. These are papular wheals from herpes zoster.

b. These were caused by the cautery unit in the operating room.

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

d. These macular lesions are from a latex allergy.

e. -

79. 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 will have adequate hip joint motion.

b. The client will have limited ability to ambulate.

c. -

d. The client will have hip instability for several months.

e. The client has limited amount of pain relief.

80. 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. -

81. 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.

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

a. The 67-year-old client who is obese, has diabetes, and takes insulin.

b. The 45-year-old client having abdominal surgery to remove the gallbladder.

c. -

d. The 60-year-old client with anemia who smokes one (1) pack of cigarettes per day.

e. The 50-year-old client with arthritis taking nonsteroidal anti-inflammatory drugs.

83. 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 understands the purpose of the surgery.

b. The client has mild levels of preoperative anxiety.

c. -

d. The client uses the oral supplements licorice and garlic.

e. The client stopped taking aspirin three (3) weeks ago.

84. 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. -

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

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

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

c. -

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

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

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

a. Knowledge deficit of postoperative care.

b. Alteration in gas exchange and pattern.

c. -

d. Alteration in urinary elimination.

e. Alteration in skin integrity.

87. 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. Discuss preoperative plans with the client and family.

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

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

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

e. -

88. 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.

89. 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. -
- b. Instruct the NA and scrub tech to stop the discussion.
- c. Tell the surgeon on the case what the nurse overheard.
- d. Close the curtains around the client's stretcher.
- e. Inform the client that the discussion was not about their surgeon.

90. 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.

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

- a. Don't include the sponge in the sponge count.
- b. Throw the sponge in the sterile trashcan.
- c. -
- d. Tell the surgical technologist about the sponge.
- e. Take the sponge off the field with forceps.

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

- a. Assume that the original count was wrong and change the record.
- b. Complete an occurrence report and notify the risk manager.
- c. -
- d. Inform the other members of the surgical team about the problem.
- e. Call the radiology department to perform a portable x-ray.

93. 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. Decreased aldosterone secretion
- b. Increased aldosterone secretion
- c. Increased ADH secretion
- d. Decreased ADH secretion
- e. -

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

- a. Hypernatremia secondary to dehydration
- b. Hypovolemia with interstitial edema formation
- c. Hypervolemia with increased venous return
- d. Hyperkalemia secondary to trauma
- e. -

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

- a. -
- b. Reduced excretion of body wastes, especially nitrogen

- c. Expansion of the interstitial volume, with reduced plasma volume
- d. Cellular swelling and subsequent edema
- e. Dilution of serum sodium levels to the extent that excitable membranes can no longer depolarize

96. 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.

97. 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

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

- a. -
- b. Filtration from the plasma volume to the interstitial space as a result of increased capillary hydrostatic pressure**
- c. Osmosis from the interstitial space to the plasma volume as a result of increased cellular osmotic pressure
- d. Filtration from the plasma volume to the interstitial space as a result of decreased capillary hydrostatic pressure
- e. Osmosis from the interstitial space to the plasma volume as a result of decreased cellular osmotic pressure

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

- a. Document the finding as the only action.**
- b. Urge the client to drink more water.
- c. -
- d. Notify the physician.
- e. Assess the client's deep tendon reflexes.

100. 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.

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

- a. A grilled American cheese sandwich on two slices of white bread
- b. One cup of cottage cheese and a sliced chilled tomato
- c. A chicken leg, one slice of whole wheat bread with butter, and 1/2 cup of steamed carrots**
- d. A ham and cheddar cheese sandwich on two slices of whole wheat bread
- e. -

102. 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. Although you should delay the mammogram until your therapy is finished, perform a breast self-exam monthly.
- b. The radiation therapy you are receiving will protect you against other cancer development, so it is okay to skip the mammogram this year.
- c. -
- d. Being treated for one kind of cancer does not prevent the development of another type of cancer. Have the mammogram.**
- e. Absolutely do not have the mammogram this year, because you are already over the limit for safe exposure levels to radiation.

103. Which surgery is considered a type of rehabilitative surgery for cancer?

- a. Removal of a mole that is present in area of constant irritation
- b. Creation of a colostomy during surgery for colorectal cancer
- c. Creation of a new vagina following radical therapy for pelvic cancer**
- d. Removing a wedge of tissue for cytologic examination from a lung lesion of uncertain origin
- e. -

104. How does surgery for cure differ from surgery for palliation?

- a. Curative surgery increases physical function.
- b. Palliative surgery is less painful than surgery for cure.
- c. Palliative surgery may not extend the client's survival time.**
- d. Curative surgery prevents cancer.
- e. -

105. 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. Would you like to talk to someone who also has had a mastectomy?
- b. You're right. It is silly to carry on like this when a prosthesis is available.
- c. It is all right to cry. Mourning this loss is important in getting past this point.**
- d. How have you coped with difficult situations in the past?
- e. -

106. For which types of cancer is radiation therapy most effective?

- a. -
- b. Cancers that are localized to one tissue or body area**
- c. Superficial cancers on the outside of the body
- d. Cancers of the blood, such as leukemia
- e. Cancers that are large, with evidence of distant metastasis

107. 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. You are only radioactive when the radiation machine is turned on.
- b. Avoid all contact with other people until the radiation device is removed.
- c. -
- d. Do not share a toilet with other people for about three days.**
- e. No special precautions are needed because this type of radiation is weak.

108. 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. Chronic esophagitis with gastroesophageal reflux
- b. -
- c. Asthma
- d. Myocardial infarction
- e. Pathologic fracture of two ribs on the right chest**

109. 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. Providing small, frequent meals that are rich in calcium and phosphorus
- b. Ensuring that the client's heels are not touching the mattress
- c. Using a lift sheet when repositioning the client**
- d. Applying pressure for a full 5 minutes after any intramuscular injections
- e. -

110. 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. -
- b. The treatment for lung cancer is different if it has spread to the liver than if it is confined to only the lungs.**
- c. Some treatments are toxic to the liver and it is best to test liver function before these treatments are started.
- d. Cigarette smoking can also cause liver cancer.
- e. An enlarged liver can interfere with cancer therapy, so the doctor wants to make certain of the liver's size and position before therapy is started.

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

- a. The client has severe arthritis and cannot assume the position needed for radiation therapy.**
- b. The client is over 75 years of age.
- c. -
- d. The client underwent a lumpectomy for the breast cancer one month ago.
- e. The client is a Jehovah's Witness.

112. 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. 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.
- b. -
- c. Your cancer is widespread and requires more than the usual amount of radiation treatment.
- d. The cost of giving larger doses of radiation for a shorter period of time is unjustified by the results.
- e. Research has shown that more cancer cells are killed if the radiation is given in smaller doses over a longer time period.**

113. 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 60-year-old nurse, who is also assigned to provide care to 2 other clients receiving brachytherapy
- b. -
- c. The 35-year-old male nurse, who has never worked with a client receiving brachytherapy
- d. The 28-year-old pregnant nurse, who has special expertise in oncology
- e. The 30-year-old nurse, who is experienced with brachytherapy and efficient in her work**

114. 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 client's bed. What is the nurse's first best action?

- a. Use tongs to place the implant into the radiation container.**
- b. Notify the physician and move the client to a different room.
- c. -
- d. Don gloves and attempt to reposition the implant and position-holding device.
- e. Assess the client's mental status.

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

- a. -
- b. Cancers that are large, with evidence of distant metastasis**

- c. Superficial cancers on the outside of the body
- d. Brain tumors
- e. Cancers that are localized to one tissue or body area

116. 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. -
- b. Discontinue the infusion.**
- c. Slow the rate of infusion.
- d. Check for a blood return.
- e. Apply a cold compress to the site.

117. 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 drugs are powerful and I handle them every day. The clothing protects me from accidentally absorbing these strong, cancer-killing drugs.**
- b. Because your immunity is reduced by this therapy, I am preventing the spread of infection from you to me or any other client here.
- c. -
- d. The hospital policy is for any nurse giving these drugs to wear a gown, glove, and mask to prevent other people from getting cancer.
- e. These drugs will reduce your immune response and, with these coverings, I am protecting you from getting an infection from me.

118. 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. -
- b. Explain to the client and spouse that this is a normal response to the drug and that the client shouldn't drive home.**
- c. Perform a Mini-Mental Status Examination and assess the client's pupillary reflexes before administering the lorazepam.
- d. Hold the dose of lorazepam for this round of chemotherapy until the client is seen by the physician.
- e. Document the response as the only action.

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

- a. Avoid using mouthwashes that contain alcohol.
- b. -
- c. Eat a low-bacteria diet.
- d. Take your temperature daily.
- e. Use a soft-bristled toothbrush and do not floss.**

120. 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)

121. 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. The client's segmented neutrophil count is 3500/mm³.**
- b. The client's hematocrit is 38%.
- c. -
- d. The client's segmented neutrophil count is 2500/mm³.
- e. The client's hematocrit is 28%.

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

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

123. It is time for the client's third round of chemotherapy for colon cancer. After checking the client's 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.

124. 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.

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

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

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

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

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

128. The client receiving tamoxifen asks how this therapy helps fight breast cancer. What is the nurse's best response?

- a. The breast cancer cells need estrogen to continue growing. This agent causes you to secrete testosterone instead of estrogen.
- b. The breast cancer cells need estrogen to continue growing. This agent decreases your circulating levels of estrogen.

c. The breast cancer cells need estrogen to continue growing. This agent blocks the receptors for estrogen, reducing its availability to the cancer cells.

d. The breast cancer cells need estrogen to continue growing. This agent kills off both the normal estrogen-secreting cells and the cancer cells.

e. -

129. Which laboratory result in a client with cancer who has gained 2 pounds in 1 day suggests the possibility of SIADH?

a. Hematocrit of 40%

b. Serum potassium of 5.2 mmol/L

c. Serum sodium of 120 mmol/L

d. BUN of 10 mg/dL

e. -

130. The client with hypercalcemia from advanced cancer is being treated with intravenous mithramycin. Which clinical manifestation indicates to the nurse that the treatment is effective?

a. Bowel sounds are present and active in all four quadrants.

b. The pulse rate is 68 and bounding.

c. -

d. Urine output has increased.

e. The client's serum sodium level is 138 mmol/L.

131. Which intervention is most important for the nurse to implement to prevent complications from tumor lysis syndrome during chemotherapy?

a. Ensure that the client has a fluid intake of 3000 to 5000 mL per day.

b. Apply pressure to all injection sites for 5 minutes.

c. -

d. Assist the client in all ambulatory activities.

e. Monitor electrocardiograph rhythms every hour during therapy.

132. Which clinical manifestation indicates that the client's superior vena cava syndrome is resolving?

a. Breath sounds are clear bilaterally.

b. Pedal edema is present.

c. -

d. The client's hands are less swollen.

e. The client's back pain is relieved.

133. The client is a 64-year-old man with late-stage colon cancer being cared for at home by his 63-year-old wife. Which nursing diagnosis has the highest priority for teaching the wife how to manage symptoms?

a. Acute Pain related to metastasis

b. Constipation related to decreased activity and medication regimen

c. -

d. Activity Intolerance related to dyspnea and fatigue

e. Imbalanced Nutrition, Less than Body Requirements related to fatigue and increased metabolism

134. Which client should the nurse consider at an increased risk for infection as a result of a chronic health problem?

a. 48-year-old client with a known hypersensitivity to latex

b. 28-year-old client who wears contact lenses

c. 28-year-old client with type 1 diabetes mellitus

d. 48-year-old client taking analgesics for migraine headaches

e. -

135. Which client is at greatest risk for development of a bacterial cystitis?

a. Middle-aged female client who has never been pregnant

b. Older male client with mild congestive heart failure

c. Older female client not taking estrogen replacement

d. Middle-aged male client who takes an aspirin every day

e. -

136. Which disorder is caused by a microorganism that uses the bloodstream as its main portal of entry?

a. Hepatitis A

b. Syphilis

c. Lyme disease

d. Genital herpes

e. -

137. What type of protection should the nurse use in addition to standard precautions when caring for a client who has meningococcal meningitis?

a. -

b. Airborne precautions

c. Droplet precautions

d. Contact precautions

e. Sharps precautions

138. Under which circumstance is washing hands with soap and water more necessary than just using an alcohol-based hand rub for decontaminating the hands?

a. -

b. After providing direct care to an older client who is taking antibiotics

c. Before donning sterile gloves when preparing to insert a urinary catheter

d. After removing the gloves after starting an IV on an adult client

e. Before carrying a dinner tray to a client who is infected with methicillin-resistant *S. aureus*

139. How does palliative surgery differ from any other type of surgery?

a. Palliative surgery is performed to provide temporary relief of distressing symptoms rather than to cure a problem or condition.

b. There are fewer risks associated with palliative surgery than with any other type of surgery.

c. -

d. The outcomes of palliative surgery cannot be ensured to produce the desired effect or restoration of functional ability.

e. The main purpose is cosmetic in nature rather than functional repair or comfort.

140. In which situation is the nurse performing the role of client advocate during the preoperative period?

a. -

b. Assuring the client whose religion does not permit blood transfusions that his or her wishes will be followed

c. Teaching the client how to perform coughing and deep breathing exercises

d. Serving as a witness to the informed consent procedure

e. Ensuring that the client's impaired hearing problem is clearly communicated to the entire surgical team

141. The client undergoing preoperative assessment before an elective procedure tells the nurse that she has been taking 10 mg of prednisone daily for rheumatoid arthritis. What is the nurse's best action?

a. Document the information as the only action.

b. Suggest that the client switch to a nonsteroidal anti-inflammatory agent for pain relief.

c. -

d. Notify the surgeon and anesthesiologist.

e. Reschedule the surgery in 2 weeks when the client has cleared the drug from her system.

142. The client tells the nurse during the preoperative history that he is a three-pack a day cigarette smoker. This information alerts the nurse to which potential complication during the intraoperative and postoperative periods?

a. An increased risk for atelectasis and hypoxia

b. A decreased clotting ability

c. -

d. An increased risk for excessive scar tissue formation

e. A decreased tolerance to pain

143. On admission to the preoperative area, the client who is scheduled for a hip replacement tells the nurse that she has made three autologous blood donations for this surgery in the past 5 weeks. What is the nurse's best action?

a. Check the client's international normalized ratio (INR).

b. Inform the client that an autologous transfusion does not eliminate her risk for the development of bloodborne diseases.

c. -

d. Call the laboratory to ensure that the blood is physically available at the operating facility.

e. Ensure that the client has given consent to receive blood if a transfusion is necessary.

144. The client receiving preoperative medication tells the nurse that all of the following medications (drugs or herbs) were ingested yesterday. Which one should the nurse report to the surgical team?

a. Vitamin C

b. Acetaminophen (Tylenol)

c. Motherwort

d. Diphenhydramine (Benadryl)

e. -

145. What is the priority nursing diagnosis for an older adult client with sensory deficits who is scheduled for surgery?

a. Decreased Cardiac Output related to poor circulation and venous return

b. Risk for Impaired Skin Integrity related to incontinence and thin skin

c. Deficient Knowledge related to difficulty with sensory processing

d. Risk for Activity Intolerance related to decreased respiratory reserve

e. -

146. When the nurse brings the preoperative medication to the client about to have abdominal surgery, she tells the nurse that she does not need the injection because she had a good night's sleep last night. What is the nurse's best first action?

a. Tell the client that her surgeon has ordered the medication; therefore, she should go ahead and take the medication because the surgeon knows what is best.

b. Document the client's statement and notify the charge nurse.

c. -

d. Tell the client that the preoperative medication is ordered to reduce the risk of some problems during surgery rather than to ensure adequate rest.

e. Appropriately discard the preoperative medication and notify the surgeon.

147. On discharge, the nurse teaches the patient to observe for signs of surgically induced hypothyroidism. The nurse would know that the patient understands the teaching when she states she should notify the MD if she develops:

a. -

b. Progressive weight gain

c. Dry skin and fatigue

d. Insomnia and excitability

e. Intolerance to heat

148. If a client has severe burns on the upper torso, which item would be a primary concern?

a. Administering antibiotics

b. Establishing a patent IV line for fluid replacement

c. Frequently observing for hoarseness, stridor, and dyspnea

d. Debriding and covering the wounds

e. -

149. Contractures are among the most serious long-term complications of severe burns. If a burn is located on the upper torso, which nursing measure would be least effective to help prevent contractures?

- a. Helping the client to rest in the position of maximal comfort
- b. Encouraging the client to chew gum and blow up balloons
- c. -
- d. Changing the location of the bed or the TV set, or both, daily
- e. Avoiding the use of a pillow for sleep, or placing the head in a position of hyperextension

150. Ms. Sy undergoes surgery and the abdominal aortic aneurysm is resected and replaced with a graft. When she arrives in the RR she is still in shock. The nurse's priority should be

- a. Monitoring her hourly urine output
- b. Placing her in a trendelenburg position
- c. -
- d. Assessing her VS especially her RR
- e. Putting several warm blankets on her

151. Forty-eight hours after a burn injury, the physician orders for the client 2 liters of IV fluid to be administered q12 h. The drop factor of the tubing is 10 gtt/ml. The nurse should set the flow to provide:

- a. 18 gtt/min
- b. 36 gtt/min
- c. -
- d. 28 gtt/min
- e. 32 gtt/min