

A nurse is teaching a female client about a healthy diet to control hypertension. Which of the following client statements indicates an understanding of the teaching?

- A) "I will drink two glasses of whole milk daily"
- B) "I will decrease the potassium in my diet"
- C) "I will eat four servings of unsalted nuts per week"
- D) "I will limit alcohol consumption to two drinks per day"

Answer: "I will eat four servings of unsalted nuts per week"

A client should eat low-fat dairy, have diet enriched with potassium, and limitations should be set on alcoholic drinks.

A nurse is assessing a client who has diabetes mellitus. Which of the following findings should the nurse identify as manifestation of hypoglycemia.

- A) Diaphoresis
- B) Bradycardia
- C) Abdominal cramps
- D) Acetone breath

Answer: Diaphoresis

Sweating, tachycardia, fatigue, hunger, pale skin are all symptoms of hypoglycemia

A nurse is providing treatment for a client who has a new prescription for nifedipine. Which of the following foods should the nurse instruct the client to avoid?

- A) Milk
- B) Aged cheese
- C) Grapefruit juice
- D) Bananas

Answer: Grapefruit juice

Drinking grapefruit juice while on this medication can result in increased risk for adverse effects

A nurse is teaching a client about stress management. Which of the following statements by a client should indicate to the nurse that the client understands the teaching?

- A) "I will take a long walk every evening"
- B) "I will keep a daily diet and activity log"
- C) "I will avoid eating one hour before bedtime"
- D) "I will drink one full glass of water with each meal"

Answer: "I will take a long walk every evening"

Exercise can create relaxation and reduces stress. Keeping a daily activity log can cause awareness of how the person eats and weighs causing stress. A person should avoid eating 2-3 hours before bed. Drinking a full glass of water will promote fullness not reduce stress.

A nurse is providing dietary teaching for a client who has chronic skin ulcers of the lower extremities. Which of the following foods should the nurse recommend as containing the highest amount of zinc?

- A) 1 cup apple slices
  - B) 4 oz low-fat cottage cheese
  - C) 4 oz ground beef patty
  - D) 1 cup raw spinach
- Answer: 4 oz ground beef patty

Ground beef patty contains 5.49 mg of zinc, making it the best choice

A nurse is providing dietary teaching about reducing the risk of infection to a client who has cancer and is receiving chemotherapy. Which of the following statements made by the client indicates an understanding of the teaching?

- A) "I will thaw my food at room temperature"
  - B) "I will discard my leftovers after three days"
  - C) "I should use home canned goods within 2 years of canning"
  - D) "I should heat my food to at least 120 degrees Fahrenheit"
- Answer: "I will discard my leftovers after three days"

Foods should be thawed in the fridge, leftovers should be thrown out after 3-4 days, canned goods should be eaten within a year, and food should be heated to at least 140 degrees

A nurse is caring for a client who is receiving total parenteral nutrition. Which of the following laboratory findings indicates that TPN therapy is effective?

- A) Calcium 8 mg/ml
  - B) Hemoglobin 9 g/dl
  - C) Prealbumin 30 mg/dl
  - D) Cholesterol 140 mg/dl
- Answer: Prealbumin 30 mg/dl

A nurse in a clinic is reviewing the laboratory findings of a client who has type 2 diabetes mellitus. Which of the following findings indicates the client's plan of care is effective?

- A) Serum creatinine 1.5 mg/dl
  - B) BUN 25 mg/dl
  - C) HbA1c 6.5%
  - D) Pre-meal blood glucose 145 mg/dl
- Answer: HbA1c 6.5%

Any test less than 7% is effective

A nurse is providing dietary teaching for a client who has COPD. Which of the following instructions should the nurse include in the teaching?

- A) Eat at least three well-proportioned, large meals a day
- B) Drink low-protein, low-calorie nutrition formulas between meals
- C) Avoid adding gravies and sauces to foods
- D) Consume foods that are soft in texture and easy to chew

Answer: Consume foods that are soft in texture and easy to chew

Client's who have COPD do not have the energy to eat three large meals and should eat six small meals throughout the day, they should drink high protein and high calorie formulas, they should add gravy to help prevent dry mouth, and foods that are hard to chew will cause SOB

A nurse is providing information regarding breastfeeding to the parents of a newborn. Which of the following statements should the nurse make?

- A) "Breast milk is nutritionally complete for an infant up to six months of age
- B) "Iron-fortified infant formulas are nutritionally inferior to breast milk
- C) Supplement water is need to provide adequate fluid intake
- D) Use whole cow's milk if you discontinue breastfeeding in the first year

Answer: Breast milk is nutritionally complete for an infant up to six months of age

A home health nurse is providing dietary teaching to the parents of a 3-year-old child. Which of the following statements by the parents should the nurse identify as understanding of the teaching?

- A) "I will offer my child a cup of peanut butter to dip her celery in"
- B) "I can leave her grapes whole so she can practice getting them with her fork
- C) "I can give her popcorn as a snack to provide a serving of whole grains
- D) I will put low-fat milk in her cup to drink

Answer: I will put low-fat milk in her cup to drink

Peanut butter, popcorn and grapes can cause a choking hazard, whole milk can be switched to low-fat after age 2

A nurse is teaching a client about managing irritable bowel syndrome. Which of the following information should the nurse include in the teaching?

- A) Increase intake of fresh fruit high in fructose
- B) Limit foods that contain probiotics
- C) Take peppermint oil during exacerbation of manifestations
- D) Substitute white sugar with honey

Answer: Take peppermint oil during exacerbation of manifestations

Fresh fruit can cause increase of manifestations, probiotics can cause an increase in bacteria, honey is high in fructose and is difficult to absorb, peppermint helps soothe and relax the muscles of the GI tract

A nurse is leading a discussion at a prenatal education class with a group of expectant mothers who plan to breastfeed. Which of the following instructions should the nurse include in the teaching?

- A) Offer supplemental formula until the milk supply is established
- B) Offer the newborn 30 ml of glucose water after the first breastfeeding session
- C) Plan to breastfeed the newborn every four hours
- D) Plan five minute feedings on each breast during the first day after birth

Answer: Plan five minute feedings on each breast during the first day after birth

Avoid using supplemental formula because this can confuse the newborn, do not give baby anything other than breast milk, newborns feed about 8-12 times a day

A nurse is caring for a client who is receiving continuous enteral feedings via an NG tube. Which of the following actions should the nurse take to reduce the risk for aspiration if the client develops abdominal distension?

- A) Place the client on bed rest
- B) Position the client on his right side
- C) Increase the rate for 30 min then clamp the tube for 30 min
- D) Switch the client to a higher-fat formula

Answer: Position client on his right side

This helps move gastric juices through the system, helping the client move can promote peristalsis, increasing the rate will make the distension worse, and a high-fat formula will cause distension and bloating

A nursing is providing teaching to a client who reports nausea during pregnancy. Which of the following statements by the client indicates an understanding of the teaching?

- A) "I should drink liquids with meals"
- B) "I will eat dry cereal before I get out of bed"
- C) "I will increase my fat content in my diet"
- D) "I should drink a hot cup of tea in between meals"

Answer: I will eat dry cereal before I get out of bed

Drinking liquids with meals can cause abdominal distension, dry cereal can be absorbed quickly and raise blood sugars reducing nausea, high-fat content in diet can cause delay in gastric emptying time, and the client should avoid caffeinated drinks that can cause heartburn

A nurse is teaching a client who is newly diagnosed with type 1 diabetes mellitus how to count carbohydrates. Which of the following statements made by the client indicates the understanding of the teaching?

- A) "I am including vegetables as starch items in my carbohydrate count"
- B) "I am limiting the number of carbohydrates to four carbohydrates to four carbohydrate choices or 60 grams per day"
- C) "I know the serving size can affect the number of carbohydrates I eat"
- D) "I know the carbohydrate count is dependent on the calorie in the food items"

Answer: I know the serving size can affect the number of carbohydrates I eat

The nurse should teach the client between starchy and nonstarchy vegetables, 45 grams are usually allowed during a meal (three to five carb choices), carbohydrate count is not dependent on calorie count

A nurse is preparing to administer intermittent enteral tube feedings to a client. In what order should the nurse perform the following actions before beginning feeding?

1. Flush tubing with 30 ml of water
2. Place the client in Fowler's position
3. Check residual
4. Verify tube placement

Answer: 2. Place client in Fowler's position, 4. Verify tube placement, 3. Check residual, 1. Flush tubing with 30 ml of water

A nurse is caring for an adolescent who has type 1 diabetes mellitus. Which of the following actions should the nurse take to assess for Somogyi phenomenon?

- A) Monitor blood glucose levels during the night
- B) Check for urinary ketones at the same time each day for 1 week
- C) Perform an oral glucose tolerance test after administering a dose of insulin
- D) Compare current glycosylated hemoglobin level with the level at the time of diagnosis

Answer: Monitor blood glucose levels during the night

Somogyi phenomenon is elevated blood sugars in the morning, checking them at night can help prevent

A client reports constipation during a routine check up. The client was previously encouraged to increase his intake of mineral supplements. Which of the following minerals should the nurse identify as the cause of constipation?

- A) Phosphorus
- B) Potassium
- C) Magnesium
- D) Calcium

Answer: Calcium

Calcium decreases peristalsis

A nurse is planning dietary teaching for a client who has dumping syndrome following a gastrectomy. Which of the following interventions should the nurse include in the client's plan of care?

- A) Use simple sugars to sweeten food
  - B) Remain upright for one hour following meals
  - C) Limit eating three large meals per day
  - D) Select grains with less than 2 g fiber per serving
- Answer: Select grains with less than 2 g fiber serving

Selecting grains with low fiber can help slow gastric emptying time allowing food to sit and digest longer in the stomach

A nurse is developing an educational program about the glycemic index of foods for clients who have diabetes mellitus. Which of the following foods should the nurse identify as having the highest glycemic index?

- A) Sweet corn
- B) Macaroni

- C) Baked potato
- D) Peanuts

Answer: Baked potato

A nurse in a clinic is providing nutritional counseling to a client who wants to lose weight. The nurse should identify that which of the following statements indicates the client understands the counseling?

- A) "I will taste my foods while I am cooking"
- B) "I will exclude breads and pastries from my diet"
- C) "I will make a list before I go grocery shopping"
- D) "I will skip lunch if I am too busy to have something healthy"

Answer: I will make a list before I go grocery shopping

A nurse is reviewing laboratory findings of a client who has acute pancreatitis. Which of the following is an expected finding?

- A) Increased serum calcium
- B) Decreased serum bilirubin
- C) Increased serum glucose
- D) Decreased serum alkaline phosphatase

Answer: Increased serum glucose

Due to decreased insulin production from pancreas, the glucose levels will rise.. The nurse should anticipate the rest of the answers with this diagnosis

A nurse is performing dietary teaching with a client who has a family history of cardiovascular disease. Which of the following statements should the nurse include in the teaching?

- A) "Restrict your dietary potassium intake"
- B) "Increase your dietary fiber intake"
- C) "Increase your intake of trans fatty acids"
- D) "Restrict your protein intake"

Answer: Increase your dietary fiber intake

Increasing fiber can help reduce cholesterol levels, increase potassium can help prevent hypertension, increased fatty acids can increase risk of heart disease, increased protein can help prevent hypertension

A nurse is reviewing the laboratory results of a client who has a pressure ulcer. Which if the following findings should indicate to the nurse that the client is at risk for impaired wound healing?

- A) Hgb 15 g/dl
- B) Serum Albumin 3.0 g/dl
- C) Prothrombin time 11.5 seconds
- D) WBC 6,000/mm<sup>3</sup>

Answer: Serum Albumin 3.0 g/dl

Serum albumin range is 3.5-5.0, anything less will decrease wound healing

A nurse is assessing a client who is suspected of having lactose intolerance. Which of the following is an expected finding?

- A) Flatulence
- B) Bloody stools
- C) Hyperemesis
- D) Steatorrhea

Answer: Flatulence

A nurse in a long term care facility is monitoring a client who has Parkinson's disease during mealtime. Which of the following findings should the nurse identify as a priority?

- A) The client eats all his cake and a few bites of bread
- B) The client drools while eating
- C) The client's hand trembles when he holds his spoon
- D) The client chooses to sit alone during the meal

Answer: The client drools while eating

Drooling could lead to a great risk of aspiration

A nurse is updating a plan of care for a client who is receiving intermittent enteral feedings and is experiencing diarrhea. Which of the following interventions should the nurse include in the plan of care?

- A) Discard the client's opened cans of formula within 48 hours
- B) Administer the client's formula cold
- C) Feed the client in small, frequent volumes
- D) Consider a low-calorie formula for the client

Answer: Feed the client in small, frequent volumes

A nurse is caring for a client who is receiving total parenteral nutrition through a peripherally inserted canal catheter. The pharmacist informs the nurse that there will be a delay in delivering the next bag of TPN solution. Which of the following actions should the nurse take?

- A) Slow the rate of the current infusion
- B) Infuse 0.9% sodium chloride when the current infusion ends
- C) Infuse dextrose 10% in water when current infusion ends
- D) Remove tubing and flush the access device when the current infusion ends

Answer: Infuse dextrose 10% in water when current infusion ends

A nurse in an acute care facility is planning care for a client who has chosen to follow Islamic dietary laws during Ramadan. Which of the following actions should the nurse plan to take?

- A) Place the client on NPO status during nighttime hours
- B) Provide a snack for the client after sunset
- C) Offer the client hot tea with daytime meals
- D) Allow the client to eat privately with his family each day at 1300

Answer: Provide a snack for the client after sunset

A nurse is providing education to an adolescent about making nutrition-dense food choices. Which of the following indications of the client indicates an understanding of the teaching?

- A) "Pasta with white sauce is a better choice than pasta with red sauce"
- B) "Sweetened fruit yogurt is a healthy breakfast choice"
- C) Canned pinto beans are a better choice than refried beans
- D) Sausage is a healthy choice of protein

Answer: Canned pinto beans are a better choice than refried beans

A nurse is providing teaching to a client who has Crohn's disease. Which of the following statements by the client indicates understanding of the teaching?

- A) "I will take a fiber supplement daily"
- B) "I will eat eggs for breakfast"
- C) "I will drink whole milk"
- D) "I will eat canned fruits as a daily"

Answer: I will eat eggs for breakfast

Crohn's patients want a low-fiber, high-protein diet

A nurse is caring for a client who is at eight weeks gestation and has a BMI of 34. The client asks about weight goals during her pregnancy. The nurse should advise the client to do which of the following?

- A) Maintain her current BMI
- B) Gain approximately 15 pounds
- C) Lower her BMI 30
- D) Gain 12.5 to 15.8 kg

Answer: Gain approximately 15 pounds

A nurse is planning to provide dietary teaching to a client who has chronic kidney disease and is prescribed hemodialysis. Which of the following actions should the nurse plan to take first?

- A) Create a schedule for the client to limit fluid intake
- B) Provide the client with a list of foods that are high in sodium
- C) Determine whether the client has culture-related food preferences
- D) Explain the purpose of protein restriction in the diet

Answer: Determine whether the client has culture-related food preferences

A nurse is caring for a client who is being treated for cancer using chemotherapy. Which of the following interventions should the nurse suggest to aid in management of treatment-related changes in taste?

- A) Use plastic utensils
- B) Limit fluids with meals
- C) Serve meals while they are hot
- D) Eat bland, unseasoned foods

Answer: Use plastic utensils

A nurse is planning care for a client who has a new prescription for enteral nutrition by intermittent tube feeding. Which of the following actions should the nurse include in the plan of care?



- A) Use cooled formula for feeding
- B) Initiate the feeding at half-strength for the first 24 hours
- C) Administer the feeding over ten minutes
- D) Increase the volume for formula over the first four to six feedings

Answer: Increase the volume of formula over the first four to six feedings

A nurse is providing discharge teaching to a client who has a new ileostomy. Which of the following dietary guidelines should the nurse include in the teaching?

- A) Plan to reduce dietary salt intake
- B) Cook foods with limited amounts of pasta products
- C) Prepare meals on a schedule
- D) Reduce dietary B12

Answer: Prepare meals on a schedule

A nurse is planning discharge teaching for a client who is postoperative following placement of colostomy. Which of the following information should the nurse include?

- A) "Resume a regular diet by 4 weeks after surgery"
- B) "Add high-fiber foods to your diet"
- C) "Increase your intake of foods containing pectin"
- D) "Drink 4 to 6 cups of water per day"

Answer: "Increase your intake of foods containing pectin"

A client is experiencing anorexia related to cancer treatment. Which of the following interventions should the nurse implement to increase the client's nutritional intake?

- A) Recommend cooking aromatic foods to stimulate appetite
- B) Serve hot foods rather than cold foods
- C) Instruct the client to eat three meals per day
- D) Add extra calories and protein to every meal

Answer: Add extra calories and protein to every meal

A nurse is teaching a client who is overweight about nutritional recommendations during pregnancy. The nurse should identify that which of the following statements by the client indicates an understanding of teaching?

- A) "I should take an iron supplement during pregnancy"
- B) "I should reduce my protein intake during pregnancy"
- C) "I should gain about 30 pounds during pregnancy"
- D) "I should increase my fat intake during pregnancy"

Answer: I should take an iron supplement during pregnancy

A nurse is assessing an older adult client for dysphagia following a stroke. The nurse should identify which of the following findings as a manifestation of dysphagia?

- A) The client reports abdominal pain after eating
- B) The client has an increase in bowel sounds after eating
- C) The client has a loss of appetite
- D) The client has a change in his voice after eating

Answer: The client has a change in his voice after eating

A nurse is providing teaching regarding diet modifications to a client who is at high risk for cardiovascular disease. The client is accustomed to traditional Mexican foods and wants to continue to include them in her diet. Which of the following recommendations should the nurse give the client?

- A) Use canola oil instead of lard for frying
  - B) Use soy milk instead of using cow's milk
  - C) Use vegetables in salads rather than soups
  - D) Limit ground beef intake to 8 oz per day
- Answer: Use canola oil instead of lard for frying

A nurse is caring for a client who is receiving total parenteral nutrition and is prescribed an oral diet. The client asks the nurse why the TPN is being continued since he is now eating. Which of the following is an appropriate response by the nurse?

- A) "Your blood glucose levels need to be within normal range before the parenteral nutrition can be stopped
- B) "You should consume at least 60 percent of your calories orally before the parenteral nutrition can be discontinued
- C) You should have a weight gain of at least 1 kilogram per day before the therapy is stopped
- D) Your bowel movements need to be regular before the therapy can be discontinued

Answer: You should consume at least 60 percent of your calories orally before TPN can be discontinued

A nurse in a provider's office is assessing a client who has HIV. The nurse should identify which of the following findings as an indication to increase the client's nutritional intake?

- A) T-helper (CD4+) cells 700/mm<sup>3</sup>
  - B) Presence of herpes simplex virus
  - C) HIV viral load below detectable levels
  - D) Increased lean body mass
- Answer: Presence of herpes simplex virus infection

A nurse is assessing a client who has an elevated blood pressure, headache, and is sweating. The client recently started taking an MAOI. The nurse should question the client regarding the consumption of which of the following foods.

- A) Grapefruit juice
- B) Whole milk
- C) Whole grain bread
- D) Cheddar cheese

Answer: Cheddar cheese

A nurse is administering a continuous feeding at 60 ml/hr with 50 ml of water every 4 hours. What should the nurse document as the total ml of enteral fluid administered during the 8 hour shift?

580 ml

A nurse is educating a group of women about vitamin and mineral intake during pregnancy. Which of the following should the nurse instruct the women to avoid taking at the same time as iron supplements?

- A) Magnesium
- B) Vitamin b12
- C) Vitamin A
- D) Calcium

Answer: Calcium

A nurse is assisting a client who has dysphagia with an oral feeding. Which of the following actions should the nurse take? (Select all that apply)

1. Gently palpate the client's throat during swallowing
2. Position the client in a semi-Fowler's position at 45 degrees
3. Inspect for food pockets in the mouth before feeding
4. Allow the client to rest for 30 minutes before meals
5. Hyperextend the client's neck during swallowing

Answer: Gently palpate the client's throat during swallowing, inspect for food pockets in the mouth before feeding, and allow client to rest for 30 minutes before meals

A nurse is providing information about cardiovascular risk to a client who has received his lipid panel report. Which of the following is within an expected reference range to include this information?

- A) Total cholesterol 210 mg/dl
- B) HDL 79 mg/dl
- C) Triglycerides 175 mg/dl
- D) LDL 137 mg/dl

Answer: HDL 79 mg/dl

A nurse is planning strategies to reduce the intake of solid fats for a client who has hyperlipidemia. Which of the following strategies should the nurse include in the plan?

- A) Choose cheese with 4 g of fat per serving
- B) Limit eating four eggs with yolks per week
- C) Choose eating ground meat that is 75% lean
- D) Limit meat to 5 oz per day

Answer: Limit meat to five ounces per day

A nurse is providing dietary teaching for a client who has osteoporosis. The nurse should instruct the client that which of the following foods has the highest amount of calcium?

- A) 1 cup avocado
- B) 2 tablespoons peanut butter
- C) 1/2 cup roasted sunflower seeds
- D) 1/2 cup roasted almonds

Answer: 1/2 cup roasted almonds

A nurse is caring for a client who practices Orthodox Judaism and adheres to a kosher diet. Which of the following food choices would be appropriate for this client?

- A) Vegetable salad with cheese
- B) Lean cuts of pork

C) Turkey and cheese on rye bread

D) Shrimp salad and crackers

Answer: Vegetable salad with cheese

A nurse is teaching a client who has a prescription for ferrous sulfate about food interactions.

Which of the following statements indicates that the client understands the teaching?

A) "I can take this medication with juice"

B) "I can take this medication with eggs at breakfast"

C) "I will drink low-fat milk when taking this medication"

D) "I will take this medication with my coffee"

Answer: "I can take this medication with juice"

A nurse is reviewing the introduction of solid foods with the parent of a 4-month-old infant.

Which of the following statements by the parent indicates an understanding of the teaching?

A) "My baby should consume 2 tablespoons of solid food at each feeding"

B) "The majority of my baby's calories should come from solid food"

C) "I will give my baby one bottle of fruit juice every day"

D) "I will introduce a new solid food every 5 days"

Answer: "I will introduce a new solid food every 5 days"

A nurse is providing teaching to a client who has dumping syndrome and is experiencing weight loss. Which of the following instructions should the nurse include in the teaching?

A) Consume liquids between meals

B) Increase the intake of simple carbohydrates

C) Decrease foods high in fat content

D) Eat meals low in protein

Answer: Consume liquids in between meals

A nurse is planning care for a client who is obese and wants to lose weight. Which of the following actions should the nurse take first?

A) Recommend checking weight once weekly

B) Obtain a 24-hour dietary recall

C) Assist with creating an exercise plan

D) Initiate a diet modification plan

Answer: Obtain a 24-hour dietary recall

A nurse is planning nutritional teaching for the parents of a toddler who has failure to thrive.

Which of the following instructions should the nurse include in the teaching? (Select all that apply)

1. Eliminate environmental disruptions during meals

2. Stop the meal when the toddler exhibits negative behavior

3. Provide 240 ml of fruit juice in between meals

4. Schedule meals the same time each day

5. Allow the toddler to determine the length of the meal

Answer: Eliminate environmental disruptions during meals and schedule meal times at the same time each day

A nurse is preparing a healthy promotion seminar for a group of clients about cancer prevention. Which of the following information should the nurse include in the seminar?

- A) Consume high-calorie foods and beverages at meal time
- B) Eat at least 2.5 cups of fruit and vegetables each day
- C) Plan to perform moderate-intensity exercise for 90 minutes a week
- D) Limit alcohol consumption to no more than three drinks per week

Answer: Eat at least 2.5 cups of fruits and vegetables each day

A nurse is teaching a client about dietary recommendations during pregnancy. Which of the following statements by the client indicates an understanding of the teaching?

- A) "I should avoid a vegetarian diet during pregnancy"
- B) "I should decrease my intake of protein during pregnancy"
- C) "I should increase my fat intake during pregnancy"
- D) "I should gain 30 pounds during pregnancy, since I am at average weight"

Answer: "I should gain 30 pounds during pregnancy, since I am at an average weight"

A nurse is caring for a client who has advanced Parkinson's disease and dysphagia. Which of the following actions should the nurse take?

- A) Turn the television on to distract the client during meals
- B) Give the client fluids to clear his mouth of solid foods during meals
- C) Offer the client a high-calorie diet
- D) Encourage the client to maintain a low-Fowler's position following meals

A

a nurse is caring for a client who is receiving total parenteral nutrition (TPN). The current bag of TPN is empty and a new bag is not available on the unit. Which of the following solutions should the nurse infuse until a new bag of TPN is available?

Dextrose 10% in water

B/c - at the same rate it will prevent hypoglycemia

a nurse is teaching about nutritional requirements for a client who is starting a vegetarian diet.

Which of the following information should the nurse include in the teaching?

include two servings per day of nuts when on a vegetarian diet : or flaxseed to receive daily requirement of omega 3 fatty acids

A nurse is providing teaching about lowering solid fat intake to an adolescent who is overweight.

Which of the following instructions should the nurse include?

restrict you daily meat intake to 5 ounces : a meat portion should be no greater than the size of a deck of cards.

fun facts: limit egg yolk consumption to 3 per week

select cheeses that contain no more than 3 g of fat per serving

choose margarine no more than 2 g of saturated fat per tablespoon

a nurse is providing dietary teaching to a client who has celiac disease. Which of the following statements by the client indicates an understanding of the teaching?

i can have tapioca pudding for dessert ; b/c its gluten free

facts: should avoid processed foods including canned soups b/c they have gluten and whole bread

a nurse is performing a comprehensive nutritional assessment for a client. after reviewing the clients lab results which of the following findings should the nurse report to the provider?

pre albumin 8 mg ; indicates severe malnutrition and requires reporting to the provider

a low T4 level can indicate hypothyroidism or protein malnutrition

low sodium level = malnutrition

elevated WBC dietary deficiencies

a nurse is providing discharge teaching to a client who has parkinson disease and a prescription for levodopa carbidopa. Which of the following foods should the nurse instruct the client to consume with the medication ?

1 slice wheat toast : absorption of levodopa+carbidopa decreases when consumed with protein. one slice of toast is the lowest source of protein

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a nurse is assessing a clients risk for pressure ulcers using the Braden Scale. The client eats more than half of most meals but occasionally refuses a meal. Which of the following information should the nurse document on the nutrition category of the Braden scale?

adequate- 3

a nurse is providing teaching about cancer prevention to a group of clients. Which of the following client statements indicates an understanding of the teaching?

i will eat 5 servings of fruit and veggies everyday - decreases blood pressure and weight

Facts; woman 1 men 2 alcoholic drinks a day

a nurse is caring for a client who has cirrhosis and ascites. which of the following dietary instructions should the nurse provide for this client?

decrease your sodium intake to 1-2 grams a day. - this decreases fluid retention

a nurse is assessing a client who has type 2 diabetes mellitus. The nurse should recognize which of the following as a manifestation of hypoglycemia?

confusion

facts:

polydipsia - excessive thirst or drinking

vomiting

ketonuria-starvation or diabetes 1 - body is producing excess amount of ketones in urine.

is all for hyperglycemia

a nurse is in the ER reviewing the lab report for an older adult client who is confused and reports nausea and abdominal cramping. Nurse should suspect the clients lab results to indicate a dietary deficiency of which of the following minerals?

sodium

a nurse is teaching about increasing dietary intake of micronutrients to a client who has difficulty seeing at night. which micronutrients should nurse include in teaching?

Vitamin A - enables eyes to adapt to light

calcium facilitates nerve transmission and cell membrane permeability

Vitamin B6 assists in formation of hemoglobin and synthesis of neurotransmitters

phosphorus assists in formation of bones and teeth

a nurse is providing nutritional teaching to parents of 2 yr old. Which snack should she recommend?

a cup of yogurt

a nurse is caring for a client who is prescribed captopril. which food can cause a potential medication interaction?

cantaloupe- high in potassium

a nurse is teaching an adolescent who has a new diagnosis of celiac disease. what indicates that they understand teaching?

need to eliminate rye from diet

a nurse is providing diet instructions to a client who has a prescription for warfarin. Which of the following foods should the nurse recommend the client eat in moderation while taking this medication?

green leafy veggies- they contain natural form of vitamin K that can negate the anticoagulation effects of warfarin

a nurse is creating a plan of care for a client who has anorexia nervosa. Which intervention should she include?

assign privileges based on direct weight gain-

a nurse is creating a plan of care for a client who has mucositis following head and neck radiation therapy for cancer. Which intervention should she include?

increase fluid intake to 2 L per day : to promote hydration and peristalsis

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a nurse is discussing dietary factors to assist in blood pressure management for a client who has hypertension. Which of the following client statements indicates an understanding of the teaching?

i should choose whole grain pastas when selecting my foods.- have ingredients that lower the risk of cardiovascular disease and improvement of blood pressure

Facts: increased potassium levels decrease blood pressure levels - client should increase the consumption of food containing potassium

a nurse is developing a teaching plan for a client who has dysphagia and is being discharged home with a prescription for a mechanical soft diet. Which of the following foods should the nurse include in the plan?

mashed potatoes

a nurse is teaching an older adult client about measures to reduce the risk of osteomalacia. Which of the following instructions should the nurse include in the teaching?

consume 20 mcg of Vitamin D daily

a nurse is caring for a client who has a new prescription for parenteral nutrition containing a mixture of dextrose amino acids and lipids. Prior to administration of the PN the nurse should report which of the following food allergies to the provider?

eggs- lipid emulsions are isotonic and are composed of soybean or safflower plus soybean oil, with egg phospholipid used as an emulsifier

a nurse is caring for a client who develops diarrhea while receiving a continuous enteral tube feeding. Which of the following actions should the nurse take?

warm the formula to room temperature- they have the diarrhea because formula is too cold.

a nurse in a clinic is reviewing the lab findings of a client who began a DASH diet following a recent diagnosis of hypertension. Which lab finding indicates the client has reached one of the goals of the DASH diet?

total cholesterol 190 :

facts: reduction in sodium intake

a nurse is teaching a client who has chronic kidney disease about limiting her calcium intake. Which of the following food choices should the nurse inform the client contains the highest amount of calcium and should be limited in her diet?

cup of low fat yogurt

a nurse is teaching a client about maximizing absorption when taking calcium supplements. Which of the following instructions should the nurse include in the teaching?

take vitamin D

a nurse is providing teaching to a client who is at 24 weeks of gestation and reports constipation. Which of the following instructions should the nurse include in the teaching? Select all that apply

drink 8-10 glasses of water daily

increase daily fiber intake

perform exercises regularly using large muscle groups

a nurse is providing teaching to a client who has diabetes mellitus and an HbA1c of 8.7%. Which of the following statements by the client indicates an understanding of this laboratory value?

I have not been following my diet- for someone who has diabetes normal is between 6.5-7%

a nurse is providing information to a client who has a new prescription for atorvastatin. Which of the following beverages should the nurse include in the information as a contraindication for taking this medication?

it can increase serum levels of the med

a nurse is caring for a client who is receiving continuous enteral tube feedings. Which of the following actions should the nurse take to prevent aspiration?

monitor gastric residuals every 4 hours : delayed gastric emptying places the client at risk for aspiration and can necessitate a decrease in the feeding rate

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a nurse is providing teaching to a client who is a vegetarian and requires an increase in zinc intake. Which of the following foods is the best source of zinc?

Pinto beans;

a nurse is assessing the meal pattern of a client who has diverticular disease and a prescription for a high fiber diet. Which of the following food choices by the client contains the most fiber?

1/2 cup bran cereal

a nurse is providing teaching to a client who is lactating about increasing her protein intake. Which of the following foods should the nurse recommend as the best source of protein?

cottage cheese :complete protein

a nurse is teaching an older adult client about nutritional recommendations. Which of the following statements should the nurse make?

you should increase your daily protein intake



a nurse is evaluating a client who is receiving a continuous external feeding and has diarrhea. Which of the following actions should the nurse take to reduce the client's diarrhea?

decrease the rate of the feeding- allows for better absorption of the enteral formula

a nurse is providing dietary teaching for a client who post op following gastric bypass. Which instruction should the nurse include?

start each meal with protein : should consume 60-120 g each day

a nurse is caring for a client who has diabetes mellitus and reports feeling dizzy weak and shaky. Which of the following is the priority action by the nurse?

check the clients blood glucose level

a nurse is caring for a client who is receiving radiation therapy the client reports a metallic taste in his mouth while eating. What actions should nurse take.

offer citrus fruits - stimulates production of more saliva

suggest pickles as a snack- stimulate saliva

gargle with mouth wash - stimulates saliva

a nurse is reviewing the lab results of a client who is receiving continuous tpn which result should she tell the doc?

glucose 238 its high

a nurse is conducting dietary teaching for a group for women whoa re of childbearing age. Which food items should the nurse include as containing the highest amount of folate?

3.5 oz of chicken liver

a nurse is caring for a client who has anemia and a new prescription for an iron supplement . the nurse should recommend the client consume the supplement with which of the following beverages to increase absorption?

tomato juice- high in vitamin C and will help absorb the iron

a nurse is teaching a client who reports constipation about ways to increase dietary intake of fiber. which of the following info should the nurse include?

leave the skin on when eating fruit

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a nurse is caring for an older adult client who has a pressure ulcer. The client practices Orthodox Judaism and strictly follows kosher dietary law. Which of the following foods should the nurse provide for this client?

mac and cheese

a nurse is planning dietary interventions for a client who is prescribed external radiation for laryngeal cancer. The client reports manifestations of stomatitis. Which of the following interventions should the nurse include?

provide meals at room temperature- or colder because its less irritating to the mucosa

facts ; avoid spices, avoid citrus b/c it can irritate it

a nurse is performing a cultural nursing assessment for a client whose religious practices include fasting 1 day each week . Which of the following questions should the nurse ask the client?

select all that apply.

are you exempt from fasting during illness, does fasting mean refraining from drinking liquids,

does fasting occur during certain hours of the day, does fasting mean eating only a certain type of food?

a community health nurse is planning to teach a class about weight management for cardiovascular health. Which of the following statements should the nurse plan to make to the participants?

plan to lose weight gradually at 1/2 - 1 lbs per week.

a nurse is providing teaching about proper eating technique to a client who is experiencing dysphagia following a stroke. which of the following instructions should the nurse include in the teaching ? select all

tilt the head forward when swallowing, place food on the unaffected side of the mouth, limit disruption during mealtimes

a nurse is reviewing the lab data of 4 clients. Which has fluid overload?

sodium level 130- decreased sodium or hemodilution is from fluid volume overload

a nurse is initiating an enteral feeding for a client who has chronic bronchitis. Which of the following types of formula should the nurse anticipate administering to the client?

high calorie- pulmonary disease requires that and high protein to maintain energy demands

a home health nurse is reviewing medical record of a client who had an open reduction internal fixation of the tibia. Which of the following findings should the nurse identify as a risk factor for impaired wound healing?

client consumes 1000 k/cal daily - if you require surgery you require 1500 k/cal daily to meet energy needs and build protein for tissue healing.

a nurse is teaching a client who is preparing for bowel surgery about a low residue diet. which of the following food choices by the client indicates an understanding of the teaching ?

2 poached eggs and a banana , ; avoid high fiber

a nurse is caring for a client who is dehydrated and is receiving intermittent enteral feeding. which of the following actions should the nurse plan to take?

provide as continuous infusion

calculate the daily allowance of a client who weighs 176 lb. The client's daily protein allowance is 0.8 g/kg how many grams of protein should the client consume per day? round to nearest whole number.

$176/2.2 = 80$

$80 \times 0.8 = 64$

a nurse is assessing a client who experienced a 5% weight loss in the past 30 days. Which of the following clinical manifestations should the nurse identify as an indication of malnutrition?

ankle edema - malnutrition and is indicative of a protein deficiency in the client

a nurse is caring for an infant who has a cleft lip and palate. In which of the following positions should the nurse place the infant for bottle feeding?

upright-

a nurse is caring for a client who has acute inflammatory bowel disease. Which of the following nutritional supplements should the nurse anticipate providing to this client?

hydrolyzed formula- provides protein and other nutrients in their simplest form requiring little or no digestion and decreasing stimulation of the bowel

facts: polymeric formula contains complex nutrient molecules and is not indicated for clients who have impaired digestion

milk based supplement contain lactose and are poorly tolerated by clients who have inflammatory bowel disease

modular product supplement formula - increase the intake of a specific nutrient without increasing volume they are not intended for client who have impaired digestion  
a nurse is caring for a client who has age related macular degeneration (AMD) and asks the nurse if there are any nutritional changes to consider. Which of the following responses should the nurse make?

increase dietary intake of lutein- a carotenoid found in Vitamin A slows the progression of AMD and is found in kale spinach collards and mustard greens

facts; Niacin rich foods aid in lowering LDL and triglycerides

foods with high glycemic index can aid with diabetes mellitus in managing postprandial hyperglycemia,

a nurse is caring for a client who is receiving continuous enteral feedings via an NG tube. The nurse notices that the tube feeding has stopped infusing. Which of the following actions is the nurses priority?

flush with warm water

a nurse is providing discharge teaching about breast milk use and storage to a client who is postpartum. Which of the following statements should the nurse make?

you cannot place thawed breast milk back in the freezer-

a nurse is assessing a client who has end stage kidney disease. Which of the following dietary habit increase the clients risk for dysrhythmias?

eating a diet rich in potassium - kidney issues can't eliminate potassium

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Nutrition Practice A60 Terms

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Postoperative Colostomy Instruction

...

Dysphagia Oral Feeding Techniques

...

Pregnancy Weight Gain (Normal BMI: 18.5-24.9)

25-35lb / 1lb per week

Albumin

3.5-5.5

Prothrombin Time

11-13.5s

HGB

M: 13.5-17.5 F: 12-15.5

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WBC

4,500-11,000

When is TPN stopped?

...

Hypertension Diet

(DASH) Low Sodium

High Potassium

High Calcium

Limit alcohol

Ferrous Sulfate is for

Iron deficiency

Ferrous Sulfate absorption decreased by

Coffee

Tea

Eggs

Milk

Pregnancy Goal weigh (obese BMI 30+)

0.5lb per week / 11-20 lbs

COPD Diet

Soft, easy to chew

Foods w/ Zinc

SPINACH

Beef

Shrimp

Kidney beans

Flax seeds

Pumpkin Seeds

Oysters

HDL

Greater than 60

LDL

Less than 130

Total Cholesterol

Less than 200

Triglycerides

less than 150

Delay in TPN solution?

Infuse Dextrose 10% in water after current infusion ends

Introduction of Solid Foods

4-6 Months old

Foods intro one at a time, over 5-7 days

Acute Pancreatitis

Increased Bilirubin

Low Calcium

Increased Glucose (think diabetes)

Nifedipine (High blood pressure/chest pain)

Avoid grapefruit juice  
Dumping Syndrome Diet  
Small frequent meals  
Protein/fat at every meal  
Avoid concentrated sugar  
lie down 20-30 min. after meals  
Drink 1 hr. before/after not during  
Kosher Diet  
CANT eat meat WITH dairy  
Beef/Veal  
Lamb/goat  
Goose  
Duck  
Chicken  
Turkey  
Fish (with fins and scales)  
No shellfish  
Dairy products must be from kosher animals  
Pareve food: eggs, fruits, veggies and grains. Can be eaten w/ meat or dairy.  
Increased demand during pregnancy  
Protein  
Iron  
Folate  
Thiamin  
Vitamins: A, C, B6 & B12  
High Calcium  
Dairy  
Broccoli  
Kale  
Grains  
Egg yolk  
ALMONDS  
MAOI Food Interactions  
AGED CHEESE  
Cured/smoked/processed meats  
Pickled/fermented food  
Soy sauce (etc)  
Soybeans  
Snow peas/fava beans  
Dried fruits  
Meat tenderizers  
Yeast-extract spreads  
Alcohol  
Ileostomy Diet  
REGULAR meals

Liquid at first  
High fluids/fiber  
Increased calories/protein for healing

Avoid gas causing food: beans, egg, carbonated  
Avoid stomal blockage: nuts, raw carrots, popcorn  
Avoid odor foods: fish, garlic, eggs

Hypo

Shakes

Confusion

Sweating

Palpitations

Headache

Lack coordination

Blurred vision

Seizures

Coma

Hyper

Ketones in urine - Fruity breath

Polydipsia

Polyuria

Polyphagia

Hyperventilation

Dehydration

Headache

Inability to concentrate

Dec. consciousness

seizures leading to coma

Calcium

8.5-10.2

Prealbumin

15-36

Pregnancy Nausea

Dry crackers or toast

Avoid:

alcohol

caffeine

fats

spices

drinking fluids with meals

Crohns Disease/IBD

Almond milk

EGGS

Oatmeal

Salmon

Poultry  
Avocado  
Tropical fruits  
White rice  
Nut butters  
Crohns Diet  
Low residue  
Low fiber  
High protein  
High calore  
Vitamin/mineral supplements  
Abdominal distention during enteral feeding  
Place client on right side  
Type II HbA1c  
Less than 7%  
Iron supplements should not be taken with  
calcium  
Normal T helper cells  
500-1,500  
Calcium can cause  
constipation