

RN Comprehensive Online Practice 2019 B

1. A nurse is assessing a client who received 2 units of packed RBCs 48 hr ago. Which of the following findings should indicate to the nurse that the therapy has been effective?
 - a. Hemoglobin 14.9 g/dl
 - b. WBC count 12000/mm³
 - c. Potassium 4.8 mEq/L
 - d. BUN 18 mg/dl
2. A nurse working in an emergency department is triaging four clients. Which of the following clients should the nurse recommend for treatment first?
 - a. An older adult client who reports constipation of 4 days.
 - b. A preschooler who has a skin rash.
 - c. An adolescent who has a closed fracture
 - d. A middle adult client who has unstable vital signs.
3. A nurse is caring for a client who has fluid volume overload. Which of the following tasks should the nurse delegate to an assistive personnel (AP)
 - a. Palpate the degree of edema
 - b. Regulate IV pump fluid rate.
 - c. Measure the client's daily weight.
 - d. Assess the client's vital sign.
4. A nurse is preparing to administer mannitol 0.2 g/kg IV bolus over 5 min as a test dose to a client who has severe oliguria. The client weights 198 lb. What is the amount in grams the nurse should administer? (Round the answer to the nearest whole number. Use a leading zero if it applies. Do not use a trailing zero.)
 - a. 18 G
5. A nurse is conducting a physical examination for an adolescent and is assessing the range of motion of the legs. Which of the following images indicates the adolescent is abducting the hip joint?
 - e. La foto que está parado de frente y pies separados uno del otro hacia afuera. The image, on the adolescent is abducting the hip joint by moving the leg away from the midline of the body.



6. A nurse is caring for a client who has hyperthyroidism. Which of the following findings should the nurse expect?
- Dry, coarse hair
 - Bradycardia
 - Tremors
 - Periorbital edema
7. A nurse is assessing a school-age child who has bacterial meningitis. Which of the following findings should the nurse expect?
- Nuchal rigidity
 - Weight gain
 - Tinnitus
 - Positive Trendelenburg sign.
8. A nurse is assessing a newborn's heart rate. Which of the following actions should the nurse take?
- Assess the apical pulse is most accurate when the newborn is in a quiet state. The sound of crying obscures the heart sounds.
 - Palpate the radial pulse for 30 seconds.
 - Listen to the apical pulse while palpating the radial pulse.
 - Auscultate the apical pulse at least 1 min.
9. A nurse is preparing to assist with a thoracentesis for a client who has pleurisy. The nurse should plan to perform which of the following actions?
- Administer a bowel preparation the night before the procedure.
 - Place the client on bed rest for 24 hr after the procedure.
 - Perform pulmonary function tests following the procedure.
 - Instruct the client to avoid coughing during the procedure.
10. A nurse in the emergency department is assessing a preschooler who has a facial laceration. The nurse should identify which of the following findings as a potential indication of child sexual abuse?
- A child exhibits discomfort while walking.
 - The child has thin extremities.
 - The child has bruises on the upper back.
 - The child is wearing a stained shirt.

11. A nurse is preparing to teach about dietary management to a client who has Crohn's disease and an enteroenteric fistula. Which of the following nutrients should the nurse instruct the client to decrease in their diet?

- a. Calories
- b. Protein
- c. Potassium
- d. Fiber.

12. A nurse is caring for a client who has a prescription for a continuous passive motion (CPM) machine following a total knee arthroplasty. Which of the following actions should the nurse take?

- a. Turn off the CPM machine during mealtime.
- b. Maintain the client's affected hip in an externally rotated position.
- c. Instruct the client how to adjust the CPM setting for comfort.
- d. Store the CPM machine under the client's bed when not in use.

13. A nurse is preparing to initiate IV access for an older adult client. Which of the following sites should the nurse select when initiating the IV for this client?

- a. Radial vein of the inner arm.
- b. Great saphenous vein of the leg.
- c. Dorsal plexus vein of the foot.
- d. Basilic vein of the hand.

14. A nurse is developing a client education program about osteoporosis for older adult clients. The nurse should include which of the following variables as a risk factor for osteoporosis?

- a. Obesity
- b. Acromegaly
- c. Estrogen replacement therapy.
- d. Sedentary lifestyle.

15. A nurse in an emergency department is caring for a child who has a fever and fluid-filled vesicles on the trunk and extremities. Which of the following interventions should the nurse identify as the priority?

- a. Encourage oral fluids.
- b. Apply topical calamine lotion
- c. Administer acetaminophen as an antipyretic.
- d. Initiate transmission-based precautions.

16. A nurse is caring for a client who has a clogged percutaneous gastrostomy feeding tube.

Which of the following actions should the nurse take first?

- a. Obtain a prescription for the client to receive an enzyme product.
- b. Aspirate the client's tube.
- c. Flush the client's tube with 30 ml of water.
- d. Change the position of the client.

17. A home health care nurse is developing a teaching plan for a client who has a new ileostomy. Which of the following instructions should the nurse include?

- a. Limit intake of fluids to 1,000 ml daily
- b. Take a laxative if no stool has passed after 12 hr.
- c. Empty the appliance when it is one-third to one-half full.
- d. Change the entire pouch system every 1 to 2 days.

18. A nurse is reviewing the laboratory report of a client who has end-stage kidney disease and received hemodialysis 24 hr ago. Which of the following laboratory values should the nurse report to the provider?

- a. Platelets 268,000/mm³
- b. Calcium 9.2 mg/dL
- c. WBC 5,200/mm³
- d. Sodium 148mEq/L

19. A nurse is caring for four clients. Which of the following tasks should the nurse delegate to an assistive personnel (AP)?

- a. Evaluate dietary intake for a client who has anorexia.
- b. Measure the vital signs of a client who just returned from the PACU.
- c. Arrange the lunch tray for a client who has a hip fracture.
- d. Assess I&O for a client who is receiving dialysis.

20. A nurse is preparing a client for a paracentesis. Which of the following actions should the nurse take?

- a. Instruct the client to void.
- b. Position the client on their left side.
- c. Insert an IV catheter.
- d. Prepare the client for moderate (Conscious) sedation.

21. A nurse has received change-of-shift report on for assigned clients. For which of the following clients should the nurse intervene to prevent a potential food and medication interaction?
- A client who is receiving verapamil and has a continuous infusion of total parenteral nutrition (TPN)
 - A client who is taking phenytoin and is requesting a milkshake.
 - A client who is receiving a diet high in potassium-rich foods and furosemide by mouth.
 - A client who is receiving an MAOI and is requesting a cheeseburger for dinner.

22. A nurse is planning care for a client who has rheumatoid arthritis and has moderate to severe pain in multiple joints. Which of the following actions should the nurse plan to take?
- Perform ADLs for the client to promote rest.
 - Allow for frequent rest periods throughout the day.
 - Use heat to reduce joint inflammation.
 - Develop a daily schedule for acetaminophen up to 6 g/day that covers peak periods of pain.

23. **A nurse is caring for a client who is receiving continuous bladder irrigation following a transurethral resection of the prostate. The client reports bladder spasms, and the nurse observes a decreased urinary output. Which of the following actions should the nurse take?**
- Increase tension on the urinary catheter.
 - Irrigate the catheter with 0.9% sodium chloride irrigation.
 - Assist the client to ambulate.
 - Remove the urinary catheter immediately.

24. **A nurse is assessing a client who has COPD. Which of the following findings should the nurse expect?**
- Weight gain.
 - Decrease in anteroposterior diameter of the chest.
 - HCO₃ 24 mEq/L.
 - pH 7.31

25. **A nurse in a community center is providing an educational session to a group of clients about ovarian cancer. Which of the following manifestations of ovarian cancer should the nurse include in the teaching?**
- Diarrhea.
 - Urinary retention.
 - Purulent discharge.
 - Abdominal bloating

26. A nurse is caring for a client who has active tuberculosis (TB). Which of the following actions should the nurse plan to take to prevent the transmission of the disease?

- a. Initiate contact precautions for the client upon admission.
- b. Restrict visitors from entering the client's room during hospitalization.
- c. Wear a surgical mask while providing care for the client.
- d. Have the client wear a surgical mask while being transported outside the room.**

27. A nurse is caring for a group of clients. Which of the following clients should the nurse attend to first?

- a. An older adult client who is anxious and attempting to pull out an IV line.**
- b. A middle adult client who is reporting nausea after receiving pain medication.
- c. An older adult client who has kidney failure and returned from dialysis 4 hr ago.
- d. A middle adult client who has a terminal illness and is requesting a visit from the chaplain

28. An RN is observing a licensed practical nurse (LPN) and an assistive personnel (AP) move a client up in bed. For which of the following situations should the nurse intervene?

- A. The LPN and AP lower the side rails before lifting the client up in bed.
- B. Prior to lifting the client, the LPN and AP raise the bed to waist level.
- C. The LPN and the AP grasp the client under his arms to lift him up in bed.**
- D. The LPN and the AP ask the client to flex his knees and push his heels into the bed as they lift.

29. A nurse is preparing to administer insulin to a client via a pen device. Which of the following actions should the nurse take?

Hold the insulin pen device perpendicular to the client's skin to inject the medication. The nurse should hold the insulin pen perpendicular to the client's skin to inject the medication, which ensures the insulin enters the subcutaneous tissue.

Shake the insulin pen device prior to injecting the medication.

The nurse should not shake the pen prior to use. This will allow air bubbles to form in the pen cartridge, which can lead to an inaccurate dose of insulin being administered.

Withdraw the insulin from the pen device into an insulin syringe.

The nurse should not withdraw insulin from the pen, because this can allow air bubbles to form in the pen cartridge. The insulin pen is used to administer insulin.

Hold the pen device in place for 3 seconds after injecting the insulin.

The nurse should hold the pen in place briefly for 6 to 10 seconds after injecting the insulin into the subcutaneous skin to ensure that the insulin is received.

30. A nurse is caring for a client who has immunosuppression and a continuous IV infusion. Which of the following actions should the nurse take?

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INCORRECT

CORRECT

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Assess the client's IV site every 8 hr.

The nurse should monitor the client's IV site for manifestations of an infection every 4 hr.

Check the client's WBC count every 48 hr.

The nurse should monitor the client's WBC count every 24 hr.

Monitor the client's mouth every 8 hr.

The nurse should monitor the client's mouth at least every 8 hr for manifestations of an infection, such as sores or lesions.

Change the client's IV tubing every 48 hr.

The nurse should change the IV tubing every 24 hr for a client who has immunosuppression.

31. A nurse is providing teaching about advance directives to a middle adult client. Which of the following client responses indicates an understanding of the teaching?

CORRECT

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"I can designate my partner as my health care surrogate."

This statement indicates that the client recognizes that designating a health care surrogate is part of advance directives.

"I am only 40 years old, so I don't need to worry about this yet."

There is no age requirement to having advance directives.

"I will need a lawyer's help to draw up the documents."

It is not necessary to have an attorney create the documents.

"I understand that my family can alter my advance directives if I become incapacitated."

Advance directives cannot be revoked by family members once they have been signed by a client who is competent.

32. A nurse is assessing a client following a vaginal delivery and notes heavy lochia and a boggy fundus. Which of the following medications should the nurse expect to administer?

INCORRECT

INCORRECT

CORRECT

INCORRECT

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Nalbuphine

The nurse should administer nalbuphine, an opioid agonist-antagonist, for pain relief during labor.

Terbutaline

The nurse should administer terbutaline, a smooth muscle relaxant, to decrease contractions during preterm labor.

Oxytocin

The nurse should administer oxytocin, a hormone that stimulates uterine contractions, to decrease vaginal bleeding.
Magnesium sulfate

The nurse should administer magnesium sulfate, a smooth muscle relaxant, to prevent seizures in a client who has preeclampsia

33. A nurse manager is planning to use a democratic leadership style with the nurses on the unit. Which of the following actions by the nurse manager demonstrates a democratic leadership style?

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INCORRECT
INCORRECT

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Avoids initiating change

A nurse manager who avoids initiating change is demonstrating a laissez-faire leadership style.

Seeks input from the other nurses

A nurse manager who uses a democratic leadership style includes members of the team when making decisions and encourages sta_ members to participate in the decision-making process.

Makes decisions quickly

A nurse manager who makes decisions quickly is relying on their own judgment and is not seeking input from others. This action demonstrates an autocratic leadership style.

Limits the amount of feedback to the sta_

A nurse manager who limits the amount of feedback to the sta_ is demonstrating a laissez-faire leadership style.

34. A nurse is assigning task roles for a group of clients in a community mental health clinic. Which of the following tasks should the nurse assign to the member of the group functioning as the orienteer?

INCORRECT
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INCORRECT

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Measuring the group's work against the assigned objectives

Measuring the group's work against the assigned objectives is the task of the evaluator.

Noting the progress of the group toward assigned goals

Noting the progress of the group toward assigned goals is the task of the orienteer.

Sharing experiences as an authority _gure

Sharing experiences as an authority _gure is the task of the information giver.

O_ering new and fresh ideas on an issue

O_ering new and fresh ideas on an issue is the task of the initiator-contributor.

35. A nurse is creating a plan of care for a newly admitted child.

**Which of the following actions should the nurse include in the plan?
(Click on the**

"Exhibit" button for additional information about the client. There are three tabs that contain separate categories of data.)

INCORRECT

INCORRECT

INCORRECT

CORRECT

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Initiate droplet isolation precautions.

The nurse should initiate contact isolation precautions for the child to prevent the spread of *Burkholderia cepacia* to other clients and staff.

Keep the child on NPO status for 12 hr.

The nurse should include a high-calorie, high-protein diet with unlimited fat in the child's plan of care. Children who have cystic fibrosis and experience an exacerbation of the disease require an increase in calorie consumption for daily living and to fight off infection.

Maintain the child on bed rest for 24 hr.

The nurse should include daily activity in the child's plan of care. Exercise facilitates mucus excretion and can increase the child's self-esteem.

Administer high-dose antibiotic therapy.

The nurse should include administering high-dose antibiotic therapy in the child's plan of care.

Children who have cystic fibrosis metabolize antibiotics more

rapidly and require higher doses of antibiotics to help fight aggressive infections such as *Burkholderia cepacia*.

36. A nurse is caring for a newborn immediately after delivery. Which of the following interventions should the nurse implement to prevent heat loss

by conduction?

INCORRECT

INCORRECT

CORRECT

INCORRECT

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Dry the newborn immediately after birth.

Drying the newborn prevents heat loss via evaporation, which occurs when a liquid converts to a vapor.

Maintain an ambient room temperature of 24° C (75.2° F).

This strategy prevents heat loss via convection, which is the flow of heat from the body surface to cooler, ambient air.

Use a protective cover on the scale when weighing the infant.

Heat loss by conduction is a loss of heat between the newborn's skin and the cooler surfaces beneath it. Using a protective cover prevents contact with the scale, which prevents the loss of heat through conduction.

Place the newborn's bassinet away from outside windows.

Moving the bassinet away from outside windows prevents heat loss via radiation. Radiation is the loss of heat from the body surface to cooler, solid surfaces not in

direct contact with the newborn, but in relative proximity.