

1. A client who has a diagnosis of *Clostridium difficile* is placed on contact precautions. Which of the following actions should the nurse take? Leave a stethoscope in the room for blood pressure monitoring.
2. A client who has emphysema is receiving mechanical ventilation. The client appears anxious and restless, and the high-pressure alarm is sounding. Which of the following actions should the nurse take first? Instruct the client to allow the machine to breathe for him.
3. A home health nurse is assigned to a client who was recently discharged from a rehabilitation center after experiencing a right-hemispheric cerebrovascular accident (CVA). Which of the following neurologic deficits should the nurse expect to find when assessing the client? (Select all that apply.) Visual spatial deficits Left hemianopsia One-sided neglect
4. A home health nurse is providing teaching to a client who has a stage I pressure ulcer on the greater trochanter of his left hip. Which of the following instructions should the nurse include in the teaching? Change position every hour.
5. A nurse admits a client who has anorexia, low-grade fever, night sweats, and productive cough. Which of the following actions should the nurse take first? Initiate airborne precautions.
6. A nurse in an emergency department is assessing a client who has a detached retina. Which of the following should the nurse expect the client to report? "It's like a curtain closed over my eye."
7. A nurse in an emergency department is caring for a client who reports chest pain of 8 on a pain scale of 0 to 10. Which of the following actions should the nurse take first? Administer morphine.
8. A nurse in an ICU is assessing a client who has a traumatic brain injury. Which of the following findings should the nurse identify as a component of Cushing's triad? Bradycardia
9. A nurse in an ICU is planning care for a client who is in cardiogenic shock. The nurse should prepare to administer which of the following medications to increase cardiac output? Dopamine
10. A nurse in a provider's office is assessing a client who has hypertension and takes propranolol. Which of the following findings should indicate to the nurse that the client is experiencing an adverse reaction to this medication? Report of a night cough
11. A nurse is administering meperidine IM in the right deltoid of a client. The nurse aspirates and pulls back blood in the syringe. Which of the following actions should the nurse take? Dispose of the medication.
12. A nurse is administering packed RBCs to a client. Which of the following assessment findings indicates a hemolytic transfusion reaction? Low back pain and apprehension
13. A nurse is assessing a client following IV urography. Which of the following findings is the priority? Swollen lips
14. A nurse is assessing a client following the administration of IV penicillin G. Which of the following findings should indicate to the nurse that the client is experiencing an anaphylactic reaction? flushing
15. A nurse is assessing a client following the administration of magnesium sulfate 1 g IV bolus. For which of the following adverse effects should the nurse monitor? Respiratory paralysis

16 A nurse is assessing a client's hydration status. Which of the following findings indicates fluid volume overload?	Distended neck veins
17 A nurse is assessing a client who had extracorporeal shock wave lithotripsy (ESWL) 6 hr ago. Which of the following findings should the nurse expect?	Stone fragments in the urine
18 A nurse is assessing a client who has a comminuted fracture of the femur. Which of the following findings should the nurse identify as an early manifestation of a fat embolism?	Dyspnea
19 A nurse is assessing a client who has a diagnosis of rheumatoid arthritis. Which of the following nonpharmacological interventions should the nurse suggest to the client to reduce pain?	Alternate application of heat and cold to the affected joints.
20 A nurse is assessing a client who has Cushing's disease. Which of the following findings should the nurse expect?	Muscle atrophy
21 A nurse is assessing a client who has diabetes insipidus. Which of the following findings should the nurse expect?	Low urine specific gravity
22 A nurse is assessing a client who is at risk for the development of pernicious anemia resulting from peptic ulcer disease. Which of the following images depicts a condition caused by pernicious anemia?	smooth red tongue-girl full mouth
23 A nurse is assessing a client who is postoperative following a transurethral resection of the prostate (TURP) and notes clots in the client's indwelling urinary catheter and a decrease in urinary output. Which of the following actions should the nurse take?	Irrigate the indwelling urinary catheter.
24 A nurse is assessing a client who is receiving morphine via a PCA pump. Which of the following findings indicates an adverse effect of the medication?	Urinary retention
25 A nurse is assessing a client who is taking carvedilol for heart failure. Which of the following findings is the priority for the nurse to report to the provider?	Weight gain
26 A nurse is assessing an older adult client who has heart failure and takes digoxin. Which of the following findings should the nurse recognize as an indication of digoxin toxicity?	Bradycardia
27 A nurse is assessing heart sounds of a client who reports substernal precordial pain. Identify which of the following sounds the nurse should document in the client's medical record by listening to the audio clip. (Click on the audio button to listen to the clip.)	Pericardial friction rub
28 A nurse is caring for a client 1 hr following a cardiac catheterization. The nurse notes the formation of a hematoma at the insertion site and a decreased pulse rate in the affected extremity. Which of the following interventions is the nurse's priority?	Apply firm pressure to the insertion site.
29 A nurse is caring for a client who has a cervical spinal cord injury sustained 1 month ago. Which of the following manifestations indicates that the client is experiencing autonomic dysreflexia (AD)?	Heart rate 52/min
30 A nurse is caring for a client who has active bleeding from peptic ulcer disease. Which of the following findings is an indication that the client is experiencing compensatory shock?	Increased heart rate

- 31 A nurse is caring for a client who has amyotrophic lateral sclerosis (ALS) and is being admitted to the hospital with pneumonia. Which of the following assessment findings is the nurse's priority? Increased respiratory secretions
- 32 A nurse is caring for a client who has a peripherally inserted central catheter (PICC). Which of the following actions should the nurse take to manage the PICC? Flush the PICC line with 10 mL NS before and after medication administration.
- 33 A nurse is caring for a client who has a pneumothorax and a closed-chest drainage system. Which of the following findings is an indication of lung re-expansion? Bubbling in the water seal chamber has ceased.
- 34 A nurse is caring for a client who has a potassium level of 3 mEq/L. Which of the following assessment findings should the nurse expect? Hypoactive bowel sounds
- 35 A nurse is caring for a client who has a stage III pressure ulcer. Which of the following findings contributes to delayed wound healing? Urine output 25 mL/hr
- 36 A nurse is caring for a client who has cirrhosis of the liver with esophageal varices. Which of the following activities should the nurse instruct the client to avoid? Straining to have bowel movements
- 37 A nurse is caring for a client who has diabetic ketoacidosis (DKA). Which of the following laboratory findings should the nurse expect? BUN 32 mg/dL
- 38 A nurse is caring for a client who has diabetic ketoacidosis (DKA). Which of the following should the nurse plan to administer? Regular insulin 20 units IV bolus
- 39 A nurse is caring for a client who has had a cerebrovascular accident. Which of the following findings indicates that the client has homonymous hemianopsia? The client has to turn her head to see the entire visual field.
- 40 A nurse is caring for a client who has hepatic encephalopathy that is being treated with lactulose. The client is experiencing excessive stools. Which of the following findings is an adverse effect of this medication? Hypokalemia
- 41 A nurse is caring for a client who has HIV. Which of the following findings indicates a positive response to the prescribed HIV treatment? Decreased viral load
- 42 A nurse is caring for a client who has increased intracranial pressure (ICP) and is receiving mannitol via continuous IV infusion. The nurse should report which of the following adverse effects of this medication to the provider? Crackles heard on auscultation
- 43 A nurse is caring for a client who has pancreatitis. The nurse should expect which of the following laboratory results to be below the expected reference range? Calcium
- 44 A nurse is caring for a client who has portal hypertension. The client is vomiting blood mixed with food after a meal. Which of the following actions should the nurse take first? Obtain vital signs.
- 45 A nurse is caring for a client who has type 1 diabetes mellitus and has had acute bronchitis for the past 3 days. Which of the following statements should the nurse include when instructing the client? "Take insulin even if you are unable to eat your regular diet."

- 46 A nurse is caring for a client who has viral pneumonia. The client's pulse oximeter readings have fluctuated between 79% and 88% for the last 30 min. Which of the following oxygen delivery systems should the nurse initiate to provide the highest concentration of oxygen? Nonrebreather mask
- 47 A nurse is caring for a client who is 4 hr postoperative following an open reduction internal fixation of the right ankle. Which of the following assessment findings should the nurse report to the provider? Extremity cool upon palpation
- 48 A nurse is caring for a client who is experiencing an acute myocardial infarction. The nurse should identify which of the following findings as a manifestation of cardiogenic shock? Hypotension
- 49 A nurse is caring for a client who is experiencing a tonic-clonic seizure. Which of the following actions should the nurse take? Loosen restrictive clothing.
- 50 A nurse is caring for a client who is receiving a blood transfusion. The client becomes restless, dyspneic, and has crackles noted to the lung bases. Which of the following actions should the nurse anticipate taking? Slow the infusion rate.
51. A nurse is caring for a client who is receiving total parenteral nutrition (TPN) and is NPO. When reviewing the chart, the nurse notes the following prescription: capillary blood glucose AC and HS. Which of the following actions should the nurse take? Contact the primary care provider to clarify the prescription.
52. A nurse is caring for a client who is undergoing renal dialysis to treat end-stage kidney disease (ESKD). The client reports muscle cramps and a tingling sensation in his hands. Which of the following medications should the nurse plan to administer? Calcium carbonate
53. A nurse is caring for a newly admitted client who has a gastric hemorrhage and is going into shock. Identify the sequence of actions the nurse should take. (Move the steps into the box on the right, placing them in the selected order of performance. Use all the steps.) Administer oxygen via a nonrebreather mask, Initiate IV therapy with a large bore catheter, insert an NG tube, Administer ranitidine.
54. A nurse is conducting an admission history for a client who is to undergo a CT scan with an IV contrast agent. The nurse should identify that which of the following findings requires further screening? Shellfish allergy
55. A nurse is developing a teaching plan for a client who has gout. Which of the following recommendations should the nurse include? Decrease intake of purine meats.
56. A nurse is obtaining the health history of a client who has an abdominal aortic aneurysm. Which of the following findings should the nurse expect? Bruit heard over the middle upper abdomen
57. A nurse is planning care for a client who has a sealed radiation implant for cervical cancer. Which of the following interventions should the nurse include in the plan of care? Keep a lead-lined container in the client's room.

58. A nurse is planning care for a client who has community-acquired pneumonia. Which of the following interventions should the nurse include in the plan of care? Monitor the client for confusion.
59. A nurse is planning to irrigate and dress a clean, granulating wound for a client who has a pressure ulcer. Which of the following actions should the nurse take? Use a 30 mL syringe.
60. A nurse is preparing a client who has supraventricular tachycardia for elective cardioversion. Which of the following prescribed medications should the nurse instruct the client to withhold for 48 hr prior to cardioversion? Digoxin
61. A nurse is preparing to administer amikacin 500 mg by intermittent IV bolus to a client. Available is amikacin 500 mg in dextrose 5% in water (D5W) 200 mL to infuse over 30 min. The nurse should set the IV pump to deliver how many mL/hr? (Round the answer to the nearest whole number. Use a leading zero if it applies. Do not use a trailing zero.) 400
62. A nurse is preparing to administer a unit of packed RBCs to a client. Which of the following actions should the nurse take? Remain with the client for the first 15 min of the infusion.
63. A nurse is providing dietary teaching to a client who has celiac disease. Which of the following food choices should the nurse identify as an indication that the client understands the teaching? Grilled chicken breast
64. A nurse is providing discharge instructions to a client following an upper gastrointestinal series with barium contrast. Which of the following information should the nurse provide? Increase fluid intake.
65. A nurse is providing discharge instructions to a client who has a partial-thickness burn of the hand. Which of the following instructions should the nurse include? Wrap fingers with individual dressings.
66. A nurse is providing education to a client who has tuberculosis (TB) and his family. Which of the following information should the nurse include in the teaching? Family members in the household should undergo TB testing.
67. A nurse is providing teaching for a female client who has recurrent urinary tract infections. Which of the following information should the nurse include in the teaching? Void before and after intercourse.
68. A nurse is providing teaching to a client who has a new diagnosis of type 1 diabetes mellitus and is planning a trip. Which of the following instructions should the nurse include in the teaching? "Take additional pairs of shoes."
69. A nurse is providing teaching to a client who has angina and a new prescription for sublingual nitroglycerin. Which of the following instructions should the nurse include? Store the medication in its original container.
70. A nurse is providing teaching to a client who has a recent diagnosis of constipation-predominant irritable bowel syndrome. Which of the following instructions should the nurse include in the teaching? Consume at least 30 g of fiber daily.

71. A nurse is providing teaching to a client who has a severe form of stage II Lyme disease. Which of the following statements made by the client reflects an understanding of the teaching?
- "My joints ache because I have Lyme disease."
72. A nurse is providing teaching to a client who has end-stage kidney disease and is waiting for a kidney transplant. Which of the following information should the nurse provide?
- Hemodialysis is sometimes needed following surgery.
73. A nurse is providing teaching to a client who has esophageal cancer and is to undergo radiation therapy. Which of the following statements should the nurse identify as an indication that the client understands the teaching?
- "I will use my hands rather than a washcloth to clean the radiation area."
74. A nurse is providing teaching to a client who has hypertension and a new prescription for verapamil. Which of the following statements by the client indicates an understanding of the teaching?
- "I will count my heart beats before taking this medication."
75. A nurse is providing teaching to a client who has hypothyroidism and is receiving levothyroxine. The nurse should instruct the client that which of the following supplements can interfere with the effectiveness of the medication?
- Calcium
76. A nurse is providing teaching to a client who is at risk for developing type 1 diabetes mellitus. The nurse should inform the client that which of the following manifestations indicate diabetes? (Select all that apply.)
- Polyuria, Polydipsia, Neuropathy
77. A nurse is providing teaching to a client who is receiving chemotherapy and has a new prescription for epoetin alfa. Which of the following client statements indicates an understanding of the teaching?
- "I will monitor my blood pressure while taking this medication."
78. A nurse is providing teaching to a client who takes ginkgo biloba as an herbal supplement. Which of the following statements should the nurse make?
- "Ginkgo biloba can cause an increased risk for bleeding."
79. A nurse is receiving report on a client who is postoperative following an open repair of Zenker's diverticulum. The nurse should anticipate the surgical incision to be in which of the following locations? (You will find hot spots to select in the artwork below. Select only the hot spot that corresponds to your answer.)
- A
80. A nurse is reviewing the health record of a client who is scheduled for allergy skin testing. The nurse should postpone the testing and report to the provider which of the following findings? (Click on the "Exhibit" button for additional information about the client. There are three tabs that contain separate categories of data.)
- Current medications
81. A nurse is reviewing the laboratory findings of a client who developed chest pain 6 hr ago. The nurse should identify which of the following findings as an indication of a myocardial infarction (MI)?
- Troponin I 8 ng/mL
82. A nurse is reviewing the laboratory report of a client who is receiving nonsurgical treatment for Cushing's disease. Which of the following laboratory findings should the nurse identify as a positive outcome of the treatment?
- Decreased sodium
83. A nurse is reviewing the laboratory results of a client who had a recent exposure to hepatitis C virus. Which of the following tests should the nurse identify as indicating the presence of hepatitis C antibodies?
- Enzyme immunoassay (EIA)

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| 84. | A nurse is reviewing the laboratory results of a client who has AIDS and is taking amphotericin B for a fungal infection. The nurse should identify that which of the following values is an indication of an adverse effect of the medication? | BUN 34 mg/dL |
| 85. | A nurse is reviewing the laboratory results of a client who has cirrhosis. Which of the following laboratory values should the nurse expect? | Elevated bilirubin level |
| 86. | A nurse is reviewing the medical record of a client who is taking warfarin for chronic atrial fibrillation. Which of the following values should the nurse identify as a desired outcome for this therapy? | INR 2.5 |
| 87. | A nurse is teaching a client who has a cardiac dysrhythmia about the purpose of undergoing continuous telemetry monitoring. Which of the following statements by the client reflects an understanding of the teaching? | "This identifies if the pacemaker cells of my heart are working properly." |
| 88. | A nurse is teaching a group of newly licensed nurses about pain management for older adult clients. Which of the following statements by a newly licensed nurse indicates an understanding of the teaching? | "Ibuprofen can cause gastrointestinal bleeding in older adult clients." |
| 89. | A nurse on a medical-surgical unit is reviewing the medical record of an older adult client who is receiving IV fluid therapy. Which of the following client information should indicate to the nurse that the client requires a revision of his IV therapy prescription? (Click on the "Exhibit" button for additional information about the client. There are three tabs that contain separate categories of data.) | BUN |
| 90. | An older adult client is brought to an emergency department by a family member. Which of the following assessment findings should cause the nurse to suspect that the client has hypertonic dehydration? | Urine specific gravity is 1.045. |
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| 1. | A charge nurse is instructing a newly licensed nurse about caring for a client who has MRSA which of the following statements by the newly licensed nurse indicates an understanding of the teaching | I will leave assessment equipment in the room to use on this client the nurse should follow contact precautions and use dedicated equipment when assessing the client to prevent cross-contamination with other clients |
| 2. | A client is admitted to the ER with anxiety loss of muscle coordination and skin is hot and dry the client had been working on the yard prior to coming to the hospital which of the following actions should the nurse anticipate taking first | Place the client on a cooling blanket because these findings indicate the client is at greatest risk for hyperthermia |
| 3. | A nurse at an urgent care clinic is caring for a client who is experiencing an anaphylactic reaction. After ensuring a patent Airway which of the following interventions is the priority | applying oxygen via face mask because the priority intervention is for the nurse to apply oxygen using a high-flow non-rebreather mask to deliver oxygen at 90 to 100% |

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| <p>4. A nurse in an emergency department is admitting a client who reports dyspnea and shortness of breath. Which of the following actions is the priority for the nurse to perform prior to administering oxygen?</p> | <p>Determine if the client has a history of COPD. According to evidence based practice the nurse should first assess if the client has COPD. Administering oxygen can worsen chronic hypercarbia in a client who has COPD</p> |
| <p>5. A nurse in an emergency department is assessing an older adult client who has a fractured wrist following a fall during the assessment the client states last week I crashed my car because my vision suddenly became blurry which of the following actions is the nurses priority</p> | <p>Check the clients neurologic status because the first action you should take is to assess the client</p> |
| <p>6. A nurse in an emergency department is caring for a client who has full thickness Burns over 20% of his total body surface area after ensuring a patent Airway and administering oxygen which of the following items should the nurse prepared to administer first</p> | <p>IV fluids to provide circulatory support</p> |
| <p>7. A nurse in an emergency department is caring for a client who reports vomiting and diarrhea for the past 3 days which of the following findings should indicate to the nurse that the client is experiencing fluid volume deficit</p> | <p>Heart rate of 110 per minute</p> |
| <p>8. A nurse in an emergency department is planning care for a client who has a flail chest on the right side following a motor vehicle crash which of the following actions should the nurse plan to take</p> | <p>Prepare the client for positive pressure ventilation to promote lung expansion and stabilize the pressure within the client's chest then there should also administer analgesics to alleviate pain while breathing to achieve optimal lung reexpansion</p> |
| <p>9. A nurse in a provider's office is assessing a client who has migraine headaches and is taking Feverfew to prevent her headaches the nurse should identify that which of the following client medications interact with Feverfew</p> | <p>Naproxen because they both impaired platelet aggregation and place the client at risk for bleeding</p> |
| <p>10 A nurse in a provider's office is caring for a client who requests sildenafil to treat erectile dysfunction. Which of the following statements should the nurse make?</p> | <p>You will not be able to use sildenafil if you are taking nitroglycerin. The client should not use sildenafil when taking nitroglycerin because both medications can cause vasodilation and lead to significant hypotension</p> |

11 A nurse is assessing a client following the completion of hemodialysis which of the following findings is the nurses priority to report to the provider

Restlessness because using the Urgent vs. Non-urgent approach to client care the nurse to determine that the priority finding to report to the provider is restlessness which can be an indication of the client is experiencing disequilibrium syndrome which is caused by the rapid removal of electrolytes for the clients blood and can lead to dysrhythmias or seizures other manifestations include nausea vomiting fatigue and headache

12 A nurse is assessing a client while suctioning the clients tracheostomy tube which of the following findings should indicate to the nurse that the client is experiencing hypoxia

The clients heart rate increases because hypoxia related to suctioning can cause the clients heart rate to increase if this occurs the nurse should discontinue the suctioning and immediately oxygenate the client with 100% oxygen the nurse should instruct the client to take three or four deep breaths prior to suctioning to reduce the risk for hypoxia

13 A nurse is assessing a client who has Graves disease. Which of the following findings should indicate to the nurse that the client has exophthalmos?

The nurse should identify an outward protrusion of the eyes is exophthalmos a common finding of graves disease. An overproduction of the thyroid hormone causes edema of the extraocular muscle and increases fatty tissue behind the eye which results in the eyes protruding outward. Exophthalmos can cause the client to experience problems with vision including focusing on objects as well as pressure on the optic nerve.

14 A nurse is assessing a client who has had a suspected cerebrovascular accident the nurse should place the priority on which of the following findings

Dysphasia because it indicates that the client is at greatest risk for aspiration due to impaired sensation and function within the oral cavity

15 A nurse is assessing a client who has hypokalemia which of the following manifestations should the nurse expect

Decreased peristalsis due to a decrease in gastrointestinal smooth muscle contraction

16 A nurse is assessing a client who has peripheral artery disease which of the following findings should the nurse expect

Hair loss on the lower legs the nurse should expect a client who is Peripheral arterial disease to have hair loss on the lower legs as a result of impaired arterial circulation affecting follicular growth

17 A nurse is assessing for compartment syndrome in a client who has a short leg cast which of the following findings should the nurse identify as a manifestation of this condition	Pain that increases with passive movement because compartment syndrome results from a decrease in blood flow in the extremities because of a decrease in the muscle compartment size due to a cast that is too tight
18 a nurse is caring for a client following excavation of her endotracheal tube 10 minutes ago. Which of the following findings should the nurse report to the provider immediately	Strider. Using the Urgent vs. Non-urgent approach to client care the nurse should determine that the priority finding a Strider. Strider can indicate and narrowing Airway or possible obstruction caused by edema or laryngeal spasms the nurse should report the finding immediately Implement an intervention
19 a nurse is caring for a client who had a nephrostomy tube inserted 12 hours ago. Which of the following findings should the nurse report to the provider	The client reports back pain the nurse should notify the provider if the client reports back pain which can indicate that the nephrostomy tube is dislodged or clogged
20 a nurse is caring for a client who had an open thoracotomy with chest tube insertion which of the following actions should the nurse take	Keep the chest tube collection chamber below the level of the lungs
21 A nurse is caring for a client who has a leg cast and is returning demonstration on the proper use of crutches while climbing stairs. Identify the sequence the client should follow when demonstrating crutch use.	Place body weight on the crutches Advance the unaffected leg onto the stair shift weight from the crutches to the unaffected leg and then bring the crutches and the affected leg up to the stair
22 A nurse is caring for a client who has an arterial line. Which of the following actions should the nurse take?	Place a pressure bag around the flush solution. The nurse should place a pressure bag around the flush solution because the pressure from an artery is greater than that of the line
23 A nurse is caring for a client who has an arteriovenous fistula for dialysis which of the following requires intervention by the nurse	Numb fingers distal to the fistula it indicates impaired circulation and requires intervention
24 A nurse is caring for a client who has a new diagnosis of hyperthyroidism which of the following is the priority assessment finding that the nurse should report to the provider	Blood pressure of 170 over 80 because using the Urgent vs. Non-urgent approach to client care the nurse determines that the priority finding is a systolic blood pressure of 170 which indicates that the client is at risk for thyroid storm
25 A nurse is caring for a client who has a new prescription for tpn the client is to receive 2,000 kcalories per day the t-pn solution has 500 kcalories per liter the IV pump should be set at how many milliliters per hour	167 milliliters per hour
26 A nurse is caring for a client who has a positive culture for Clostridium difficile which of the following actions should the nurse take	Implement contact precautions for the client because direct contact is the mode of transmission

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| <p>27 A nurse is caring for a client who has a prescription for Enalapril the nurse should identify which of the following findings as an adverse effect of the medication</p> | <p>Orthostatic hypotension because dilation of arteries and veins causes orthostatic hypotension which is an adverse effect of Enalapril</p> |
| <p>28 A nurse is caring for a client who has bilateral pneumonia and an spo2 of 88% the client is dyspneic and productive cough and is using accessory muscles to breathe which of the following actions should the nurse take first</p> | <p>Place the client in a high Fowler's position</p> |
| <p>29 A nurse is caring for a client who has chronic glomerulonephritis with oliguria which of the following findings should the nurse identify as a manifestation of chronic glomerulonephritis</p> | <p>Hyperkalemia as a result of kidney failure because kidney failure results in decreased excretion of potassium</p> |
| <p>30 A nurse is caring for a client who has dka which of the following findings should indicate to the nurse at the client's condition is improving</p> | <p>Glucose of 272 because a glucose reading less than 300 indicates Improvement in the client's status</p> |
| <p>31 A nurse is caring for a client who has hypothyroidism. Which of the following manifestations should the nurse expect</p> | <p>Constipation. A client who has hypothyroidism can experience constipation due to the decrease in the client's metabolism resulting and slow motility of the gastrointestinal tract. The nurse should instruct the client to increase fiber and fluid and take to reduce the risk of constipation</p> |
| <p>32 A nurse is caring for a client who is 12 hours post-operative following a total hip arthroplasty. Which of the following actions should the nurse take?</p> | <p>Place a pillow between the clients legs. The nurse should place a pillow between the clients legs to prevent hip dislocation.</p> |
| <p>33 A nurse is caring for a client who is eight hours post-operative following a total hip arthroplasty the client is unable to void on the bed pan Which of the following actions should the nurse take first</p> | <p>Scan the bladder with a portable ultrasound the first action should be using the nursing process which is assisting the client scanning the bladder with a portable ultrasound device will determine the amount of urine in the bladder</p> |
| <p>34 A nurse is caring for a client who is exhibiting manifestations of a febrile reaction while receiving a blood transfusion which of the following medications should the nurse administer</p> | <p>Acetaminophen to reduce fever and decreased the manifestation of the febrile reaction manifestations of a febrile reaction include tachycardia fever hypotension and chills the nurse should discontinue the transfusion and return the blood bag and tubing to the blood bank</p> |
| <p>35 a nurse is caring for a client who is experiencing supraventricular tachycardia upon assessing the client the nurse observes the following findings heart rate 200 per minute blood pressure 78 over 40 and respiratory rate 30 per minute which of the following actions should the nurse take</p> | <p>Perform synchronized cardioversion</p> |
| <p>36 A nurse is caring for a client who is having a seizure which of the following interventions is the nurses priority</p> | <p>Turn the client to the side because the greatest risk to this client is hypoxia from an impaired Airway</p> |

- 37 A nurse is caring for a client who is on bed rest and has a new prescription for enoxaparin subcutaneous. Which of the following actions should the nurse take? Administer the medication at the same time each day. The nurse administer the medication to the client at the same time each day to maintain consistent serum levels
- 38 A nurse is caring for a client who is post-operative following a total hip arthroplasty. Which of the following laboratory values should the nurse report to the provider? HGB of 8. The nursery report and HGB level of 8 which is below the expected reference range and as an indicator of postoperative hemorrhage or anemia.
- 39 A nurse is caring for a client who is receiving mechanical ventilation via a tracheostomy to the nurse should recognize that which of the following complications is associated with long-term mechanical ventilation Stress ulcers because of elevated levels of hydrochloric acid in the stomach
- 40 A nurse is caring for a client who is receiving plasmapheresis through a venous access site. Which of the following actions should the nurse take? Check electrolyte levels before and after therapy. R: Plasmapheresis can cause citrate induced hypocalcemia. Therefore the nurse should monitor the clients electrolyte levels before and after therapy.
- 41 A nurse is caring for a client who is receiving tpn a new bag is not available when the current infusion is nearly completed which of the following actions should the nurse take Administer dextrose 10% in water until the new bag arrives. Tpn Solutions have a high concentration of dextrose therefore if a t-pn solution is temporarily unavailable the nurse administer dextrose 10% or 20% and water to avoid a precipitous drop in the client's blood glucose level
- 42 A nurse is caring for a client who presents to a clinic for a one-week follow-up visit after hospitalization for heart failure based on the information in the clients chart which of the following findings should the nurse report to the provider Heart rate of 55 per minute is a significant drop from the clients Baseline of 74 permanent and it can indicate the development of digoxin toxicity
- 43 A nurse is caring for a client who recently had a stroke of the right hemisphere which of the following manifestations should the nurse expect Impulsive behavior
- 44 A nurse is checking the ECG Rhythm strip for a client who has a temporary pacemaker the nurse notes a spike or a pacemaker artifact followed by a QRS complex. Which of the following actions should the nurse take Document that depolarization has occurred. When a pacing stimulus is delivered to The ventricle a spike appears on the ECG Rhythm strip this bike should be followed by a QRS complex which indicates pacemaker capture or depolarization
- 45 A nurse is in a provider's office is providing teaching to a client who has a urinary tract infection and a new prescription for ciprofloxacin. Which of the following instructions should the nurse include Avoid taking magnesium containing antacids with this medication. The nurse should instruct the client to take Ciprofloxacin either two hours before or 6 hours after taking an antacid but not to take Ciprofloxacin with an antacid because magnesium containing antacids decrease the absorption of Ciprofloxacin

- 46 A nurse is obtaining a medication history from a client who is scheduled to undergo cataract surgery the nurse should recognize that which of the following client medications is a contraindication for the surgery and notify the provider
Warfarin because it is an anticoagulant which increases the client's risk for bleeding and is contraindicated for a client scheduled for I or Central Nervous System since surgery
- 47 A nurse is performing a cardiac assessment for a client who had a myocardial infarction 2 days ago. Which of the following actions should the nurse take first after hearing the following sound?
Listen with the client on his left side. When providing nursing care the nurse should first use the least invasive intervention. Therefore after auscultating a murmur the first action the nurse should take is to place the client on his left side and listen to his heart again.
- 48 A nurse is performing a dressing change for a client who is recovering from a hemicolectomy when removing the dressing with the nurse notes that a large part of the bowel is protruding through the abdomen which of the following actions should the nurse take first
Call for help because evidence based practice indicates that the nurse should first stay with the client and call for assistance the client will require emergency surgery and is at risk for shock therefore the nurse should attain immediate assistance
- 49 A nurse is planning care for a client who is post-operative following a laparotomy and has a closed suction drain which of the following actions should the nurse take to manage the drain
Compress the drain Reservoir after emptying because it creates a vacuum that draws fluid out of the room through the drain and into the reservoir
- 50 A nurse is planning care for a client who is post-operative following a parathyroidectomy which of the following actions should the nurse identify as the priority
Placed a tracheostomy tray at the bedside in case of Airway obstruction
- 51 A nurse is planning care for a client who is scheduled for a thoracentesis which of the following interventions should the nurse include in the plan
Encourage the client to take deep breaths after the procedure to read expand the lung
- 52 A nurse is planning care for a client who was having a modified radical mastectomy of the right breast which of the following interventions should the nurse include in the plan of care
Instruct the client that the drain is removed when there is 25 milliliters of output or less over a 24-hour period the drain will remain in place for one to three weeks after surgery and we've removed when there is 25 milliliters of output or less in a 24-hour period
- 53 A nurse is planning discharge teaching for a client who has an external fixation device for a fracture of the lower extremity which of the following instructions should the nurse include in the plan of care
Used crutches with rubber tips to prevent the client from slipping and decrease the risk of Falls
- 54 A nurse is planning teaching for a client who has bladder cancer and is to undergo a cutaneous diversion procedure to establish and ureterostomy. Which of the following statements should the nurse include in the teaching
Cut the opening of The Skin Barrier one eighth of an inch wider than the stoma. The client should cut the opening of The Skin Barrier 1/8 inch wider than the stoma to minimize irritation of the skin from exposure to urine

- 55 A nurse is preparing to administer a blood transfusion to a client who has anemia. Which of the following actions should the nurse take first?
- Check for the type and number of units of blood to administer. According to evidence based practice the nurse should first confirm that the type and number of units of blood to administer matches what is indicated in the clients medication administration record.
- 56 A nurse is preparing to assist with the insertion of a non-tunneled percutaneous central venous catheter into a client's subclavian vein the nurse should plan to place the client in which of the following positions
- Trendelenburg disposition facilitates the insertion of the catheter by dilating the blood vessels of the clients neck and
- 57 A nurse is preparing to present a program about atherosclerosis at a health fair. Which of the following recommendations should the nurse plan to include? Select all that apply.
- Follow a smoking cessation program maintain an appropriate weight eat a low-fat diet and increase fluid intake. Smoking cessation is an important lifestyle modification to prevent Arthure sclerosis and preventing obesity through diet and exercise can help prevent atherosclerosis. Eating a low fat diet decreases LDL cholesterol and can prevent atherosclerosis.
- 58 A nurse is providing dietary teaching to a client who is post-operative following a thyroidectomy with removal of the parathyroid glands the nurse should instruct the client to include which of the following foods that has the greatest amount of calcium in her diet
- 12 almonds because they are the best source of calcium to recommend because they contain 36 milligrams of calcium removal of the parathyroid glands which regulate calcium in the body can result in hypocalcemia
- 59 A nurse is providing discharge instructions to a client who has active tuberculosis which of the following information should the nurse include in the instructions
- Sputum specimens are necessary every 2 to 4 weeks until there are three negative cultures after three negative sputum cultures the client is no longer considered infectious
- 60 A nurse is providing discharge instructions to a client who has laryngeal cancer and received is receiving radiation treatment which of the following statements by the client indicates an understanding of the teaching
- I will avoid direct exposure to the Sun because the client should avoid exposure of irradiated skin areas to the Sun for at least one year after completing radiation therapy skin in the radiation path is especially sensitive to sun damage
- 61 A nurse is providing discharge teaching to a client who has heart failure and a new prescription for potassium sparing diuretic which of the following information should the nurse include in the teaching
- Try to walk at least 3 times per week for exercise because the development of a regular exercise routine can improve outcomes in clients who have heart failure
- 62 A nurse is providing discharge teaching to a client who is to self administer heparin subcutaneously. Which of the following responses by the client indicates an understanding of the teaching
- I will use an electric razor to shave. Heparin is an anticoagulant that places the client at risk for bleeding therefore the nurse should instruct the client to use an electric razor when shaving to reduce the risk of cuts to the skin

- 63 A nurse is providing follow-up care for a client who sustained a compound fracture three weeks ago. The nurse should recognize that an unexpected finding for which of the following laboratory values is a manifestation of osteomyelitis and should be reported to the provider
- Sedimentation rate. And increased sedimentation rate occurs when a client has any type of inflammatory process such as osteomyelitis
- 64 A nurse is providing instruction about traveling for a client who has a new diagnosis of type 1 diabetes mellitus and is planning a trip by airplane which of the following should the nurse include in the teaching
- Take an additional pair of shoes
- 65 A nurse is providing instructions to a client who has Type 2 diabetes mellitus and a new prescription for metformin which of the following statements by the client indicates an understanding of the teaching
- I should take this medication with a meal to improve absorption and to minimize gastrointestinal distress
- 66 A nurse is providing medication teaching to a group of clients who have seizure disorders which of the following information should the nurse include about phenytoin
- Phenytoin decreases the effectiveness of oral contraceptives because it stimulates the synthesis of hepatic enzymes which can decrease the activity of other medications including oral contraceptives
- 67 A nurse is providing preoperative teaching for a client who is scheduled for an open cholecystectomy which of the following actions should the nurse take
- Demonstrate ways to deep breathe and cough to prevent respiratory complications
- 68 A nurse is providing teaching to a client who has a gastric ulcer and a new prescription for Omeprazole. The nurse should instruct the client that the medication provides Relief by which of the following actions
- Suppressing gastric acid production. I love her soul is a proton pump inhibitor it relieves manifestations of gastric ulcers by suppressing gastric acid production
- 69 A nurse is providing teaching to a client who has AIDS which of the following statements by the client indicates an understanding of the teaching
- I will take my temperature once a day a client who has AIDS is immunocompromised and is at risk for infection the client should take his temperature daily to identify a temperature greater than 100 degrees which is an early manifestation of an infection
- 70 A nurse is providing teaching to a client who has anemia and a new prescription for an oral iron supplement. Which of the following statements by the client indicates an understanding of the teaching?
- I will eat more high-fiber foods. The client should eat high-fiber foods to help prevent constipation which is a common adverse effect of oral iron supplements.
- 71 A nurse is providing teaching to a client who has a new prescription for psyllium which of the following information should the nurse include in the teaching
- Drink 240 milliliters of water after Administration

- 72 A nurse is providing teaching to a client who has asthma about the use of a metered dose inhaler. The nurse should identify that which of the following client actions indicates an understanding of the teaching
- Holding breath for 10 seconds after inhaling so that the medication can move deep into the Airways
- 73 A nurse is providing teaching to a client who has chronic kidney disease and a new prescription for erythropoietin. Which of the following statements by the client indicates an understanding of the teaching?
- I am taking this medication to increase my energy level. The goal of erythropoietin therapy is to increase the level of hematocrit and clients who have anemia. When the medication is effective the client should have a decreasing fatigue and an improvement and activity tolerance.
- 74 A nurse is providing teaching to a client who has hypothyroidism and is receiving Levothyroxine. The nurse should instruct the client that which of the following could interfere with the absorption of the medication
- Calcium supplements
- 75 A nurse is providing teaching to a client who has irritable bowel syndrome. Which of the following instructions should the nurse include in teaching
- Increase fiber intake to at least 30 grams per day to produce bulky soft stools and establish regular bowel patterns
- 76 A nurse is providing teaching to a client who has Type 1 diabetes mellitus and a new prescription for insulin lispro. Which of the following statements by the client indicates an understanding of the teaching
- I will need to take this bro in addition to my other prescribed insulin because it is a rapid-acting insulin that the client can use in conjunction with an intermediate or long-acting insulin
- 77 A nurse is providing teaching to a client who is perimenopausal and has a prescription for hormone replacement therapy. For which of the following adverse effects should the nurse instruct the client to notify the provider? Select all that apply.
- Calf pain, numbness in the arms and intense headache. Calf pain is an indication of DVT and the client should report this finding to the provider immediately. Numbness in the arms can indicate cerebrovascular accident which is an adverse effect of hormone replacement therapy and an intense headache can indicate a cerebrovascular accident.
- 78 A nurse is providing teaching to a female client who has a history of urinary tract infections. Which of the following information should the nurse include in the teaching
- Clean the perineum from front to back after voiding or defecating to avoid introducing bacteria to the urethra
- 79 A nurse is providing teaching to an older adult client who has cancer and a new prescription for an opioid analgesic for pain management. Which of the following information should the nurse include in the teaching
- You should increase your fiber intake to prevent constipation because opioids slow paracelsus in the gastrointestinal tract which causes constipation
80. A nurse is providing teaching to an older adult female client who has stress incontinence and a BMI of 32. Which of the following statements by the client indicates an understanding of the teaching question
- I am dieting to lose weight. Excess weight cut creates increased abdominal pressure that can result in stress incontinence.
- mark

81. A nurse is reviewing the ABG results of a client who has advanced COPD. Which of the following results should the nurse expect? Paco₂ of 56. A client who has COPD retains paco₂ due to the weakening and the collapse of the alveolar sacs which decreases the area and lungs for gas exchange and causes the paco₂ to increase above the expected reference range.
82. A nurse is reviewing the laboratory results of a client who has a new diagnosis of acute leukemia which of the following findings should the nurse identify as an expected finding? Increased white blood cell count due to overproduction of white blood cells by the bone marrow
83. A nurse is reviewing the laboratory results of a client who has aplastic anemia. Which of the following findings indicates a potential complication? White blood cell count of 2000. This white blood cell count is below the expected reference range and indicates a risk for severe immunosuppression.
84. A nurse is reviewing the medical record of a client who has osteomyelitis and a prescription for Gentamicin which of the following findings from the client's medical record should indicate to the nurse the need to withhold the medication and notify the provider? Serum creatinine because a client who has an elevated serum creatinine level should not receive Gentamicin because the medication is nephrotoxic
85. A nurse is reviewing the medical record of a client who has systemic lupus erythematosus. Which of the following findings should the nurse expect? Facial butterfly rash. R: A butterfly rash is a manifestation of SLE. It appears as a dry red rash on the client's cheeks and nose and can disappear during times of remission.
86. A nurse is reviewing the medication history of a client who is to undergo allergy testing the nurse should instruct the client to discontinue which of the following medications before testing? Prednisone because it is a glucocorticoid that can cause the client to have false negative test results they should discontinue antihistamine medications several weeks prior to testing
87. A nurse is reviewing the medication history of a client ... who is to undergo allergy testing. The nurse should instruct the client to discontinue which of the following medications before the testing?
88. A nurse is teaching a client who has atrial fibrillation about the purpose of wearing a Holter monitor. Which of the following information should the nurse include in the teaching? This device can detect when you have an irregular heart rate because it reports and transmits electrical impulses of the heart and alerts the nurse to dysrhythmias myocardial injury or conduction defects a Holter monitor allows the client freedom of movement while cardiac activity is recorded
89. A nurse is teaching a client who has end-stage kidney disease about organ donation which of the following information should the nurse include in the teaching? The client who receives a kidney from a live donor has a lower rate of transplant rejection because the donor is often more medically compatible than a donor who is deceased
90. A nurse is teaching a client who has venous insufficiency about self-care. Which of the following statements should the nurse identify as an indication that the client understands teaching? I will wear clean graduated compression stockings everyday. The client should apply a clean pair of graduated compression stockings each day and clean soiled stockings with mild detergent and warm water by hand.

91. A nurse is teaching an older adult client about Fludrocortisone due to an increase in bone resorption by osteoporosis prevention the nurse should instruct the osteoclasts it can also reduce intestinal absorption of calcium client that which of the following medications can increase her risk for developing osteoporosis
- 92 A nurse is teaching to a client who has hypertension and a new prescription for Verapamil. Which of the following juices should the nurse instruct the client to avoid Grapefruit because it inhibits the hepatic metabolism of the medication and then place the current client at risk for toxicity
- 93 A nurse on a medical-surgical unit is receiving change of shift report on four clients which of the following clients should the nurse identify as having the greatest risk for developing an infection A client who has COPD and is receiving steroid therapy because of decreased oxygenation and increased mucus production additionally taking a steroid medication increases the client's risk for infection by suppressing the immune system and masking the presence of an infection
- 94 A nurses in an acute care facility is caring for a client who is at risk for seizures which of the following precautions should the nurse implement Ensure that the client has a patent IV in the event that the client requires medication to stop seizure activity
- 95 A pacu nurse is assessing a client who is post-operative following a right nephrectomy the client's initial vital signs for heart rate 80 permanent blood pressure 130 over 70 respiratory rate 16 and temperature 96.8 which of the following Vital sign changes should alert the nurse the client might be hemorrhaging heart rate of 110 per minute because one of the first signs of hemorrhage is an increase in the heart rate from the clients Baseline which occurs to compensate for blood
- 96 Where would you palpate to assess for an inguinal hernia The nurse should palpate at the right groin area because an inguinal hernia forms of the peritoneum which contains part of the intestine and can protrude into the scrotum in males