

Question: 93

Correct Answer: 4

The nurse is reviewing an adult male's serum creatinine level of 4.0 mg/dL (353  $\mu$ mol/L). What does this level indicate?

1. Low
2. Normal
3. Slightly elevated and needs referral
4. Very high, indicating severe renal failure

Question: 94

Correct Answer: 256

The nurse is preparing to administer a feeding through a percutaneous endoscopic gastrostomy (PEG) tube. What nursing action is needed before starting the infusion? (Select all that apply.)

1. Palpate the abdomen
2. Verify the length and placement of the tube
3. Milk or massage the tube
4. Keep the feeding product refrigerated until ready to use
5. Elevate the head of the bed 30-45 degrees
6. Flush the tube with 30 mL of warm water

Question: 95

Correct Answer: 124

Following a surgical procedure, a pneumatic compression device is applied to the adult client. The client reports that the device is hot and the client is sweating and itching. Which of the following steps should the nurse take? (Select all that apply.)

1. Check for appropriate fit
2. Confirm pressure setting of 45 mm Hg
3. Explain that the health care provider ordered the device and it cannot be removed
4. Collaborate with health care provider for anti-embolism stockings to be worn under the sleeves of the device
5. Inform the client that removing the device will likely result in the formation of deep vein thrombosis

Question: 96

Correct Answer: 1235

The nurse is obtaining a health history from a client and is assessing for risk factors associated with osteoporosis. The nurse would be most concerned if which data were obtained? Select all that apply.

1. The client reports that she doesn't exercise much at all.
2. The client reports that she smokes a few cigarettes a day.
3. The client reports that she is taking phenytoin to treat a seizure disorder.

Question: 118

Correct Answer: 2

A nurse is caring for a client with status epilepticus. Which of the following is most important to monitor?

1. injuries to the extremities
2. level of consciousness
3. pulse and respiration
4. amount of intravenous fluid infused

Question: 119

Correct Answer: 3

A nurse is assisting in the exam of a pregnant client in the third trimester. The parents have been informed that the ultrasound suggests that the baby is small for gestational age (SGA). An earlier ultrasound indicated normal growth. The nurse understands that this change is most likely associated with what condition?

1. chromosomal abnormalities
2. sexually transmitted infection
3. maternal hypertension
4. exposure to teratogens

Question: 120

Correct Answer: 2

A client was admitted to the eating disorder unit with a diagnosis of bulimia nervosa. When a nurse gathers data about a history of any complications, which of these findings should the nurse expect?

1. respiratory distress, dyspnea
2. dental erosion, parotid gland enlargement
3. bacterial gastrointestinal infections, overhydration
4. metabolic acidosis, constricted colon

Question: 121

Correct Answer: 4

A nurse is discussing with an older adult client the proper use of metered dose inhalers (MDI's). The nurse is concerned that the client is unable to coordinate the release of the medication during the inhalation phase. The nurse should recommend the use of what approach for the client?

1. request a visiting nurse to follow the client at home
2. asking a family member to assist the client with the MDI
3. nebulized treatments for home care
4. adding a spacer device to the MDI canister

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- ① Absent bowel sounds
2. Borborygmi sounds
3. High-pitched and gurgling sounds
4. Swishing or buzzing sounds

Question: 46

Correct Answer: 2

The nurse provides discharge instructions to a client at 14 weeks gestation who has received a prophylactic cervical cerclage. Which client statement indicates an understanding of teaching?

1. "I need to be on bed rest for the duration of my pregnancy."
- ② "I will notify my health care provider if I start having low back aches."
3. "Pelvic pressure is to be expected after cerclage placement."
4. "The cerclage will be removed once my baby is at 28 weeks."

Question: 47

Correct Answer: 10 mL

The health care provider prescribes a continuous IV infusion of regular insulin at 5 units/hr. The infusion bag contains 50 units of regular insulin in 100 mL of normal saline solution. At what rate in milliliters per hour (mL/hr) does the nurse set the IV pump? Record your answer using a whole number.

Question: 48

Correct Answer: 2

Two members of the interdisciplinary team are arguing about the plan of care for a client. Which action could any one of the members of the team use as a de-escalation strategy?

1. Adjourn the meeting and reschedule when everyone has calmed down
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Question: 49

Correct Answer: 3

A three-year-old child diagnosed with celiac disease attends a day care center. Which food would be an appropriate snack?

1. Vanilla cookies



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The nurse provides discharge instructions to a client at 14 weeks gestation who has received a prophylactic cervical cerclage. Which client statement indicates an understanding of teaching?

1. "I need to be on bed rest for the duration of my pregnancy."
- ② "I will notify my health care provider if I start having low back aches."
3. "Pelvic pressure is to be expected after cerclage placement."
4. "The cerclage will be removed once my baby is at 28 weeks."

Question: 47

Correct Answer: 10 mL

The health care provider prescribes a continuous IV infusion of regular insulin at 5 units/hr. The infusion bag contains 50 units of regular insulin in 100 mL of normal saline solution. At what rate in milliliters per hour (mL/hr) does the nurse set the IV pump? Record your answer using a whole number.

Question: 48

Correct Answer: 2

Two members of the interdisciplinary team are arguing about the plan of care for a client. Which action could any one of the members of the team use as a de-escalation strategy?

1. Adjourn the meeting and reschedule when everyone has calmed down
- ② Bring the communication focus back to the client
3. Interrupt, apologize for interruption, and change the subject
4. Tell the violators they must calm down and be reasonable

Question: 49

Correct Answer: 3

A three-year-old child diagnosed with celiac disease attends a day care center. Which food would be an appropriate snack?

1. Vanilla cookies

Question: 45

Correct Answer: 1

The post-anesthesia care unit nurse receives report on a client after abdominal surgery. What sounds would the nurse expect to hear when auscultating the bowel?

- ① Absent bowel sounds
2. Borborygmi sounds
3. High-pitched and gurgling sounds
4. Swishing or buzzing sounds

Question: 46

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- ① "What type of assistance does your mother require?"
2. "Are you able to assist with the care of your mother in any manner?"
3. "What is your opinion of nursing homes or assisted living facilities?"
4. "Is your mother taking any over the counter or prescription medications at the present time?"

Question: 200

Correct Answer: 2

A nurse is checking a woman in early labor. During the positioning of the woman for a vaginal exam, the woman complains of dizziness and nausea and appears pale. Her blood pressure has dropped slightly. What is the appropriate nursing action?

1. encourage deep breathing
- ② turn her to her left side
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A client with a burn injury is applying mafenide acetate cream to the wound. The client calls the health care provider's (HCP's) office and tells the nurse that the medication is uncomfortable and is causing a burning sensation. The nurse should instruct the client to take which action?

1. Discontinue the medication.
2. Continue with the treatment, as this is expected.
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Question: 187

Correct Answer: 2

The nurse administers 20 units of insulin isophane recombinant to a hospitalized client with diabetes mellitus at 7:00 a.m. The nurse should monitor the client most closely for a hypoglycemic reaction at which time?

1. 4:00 p.m.
2. 9:00 a.m.
3. 10:00 a.m.
4. 12:00 midnight

Question: 188

Correct Answer: 3

An adult female client has a hemoglobin level of 10.8 g/dL (108 mmol/L). The nurse interprets that this result is most likely caused by which condition noted in the client's history?

1. Dehydration
2. Heart failure
3. Iron deficiency anemia
4. Chronic obstructive pulmonary disease

Question: 189

Correct Answer: 3

On assessment during a well-baby visit, the nurse notes that a 6-month-old infant has crossed eyes. Which interpretation would the nurse make based on this finding?

1. The condition will resolve without treatment.
2. The condition is normal up to the age of 2 years.
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Question: 190

Correct Answer: 3

The nurse should care for a newborn who was infected with human immunodeficiency virus (HIV) in utero based upon knowledge of which information?

1. careful monitoring of renal function is indicated
2. the disease will incubate longer and progress more slowly in this infant
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Question: 186

Correct Answer: 2

A client with a burn injury is applying mafenide acetate cream to the wound. The client calls the health care provider's (HCP's) office and tells the nurse that the medication is uncomfortable and is causing a burning sensation. The nurse should instruct the client to take which action?

1. Discontinue the medication.
2. Continue with the treatment, as this is expected.
3. Apply a thinner film than prescribed to the burn site.
4. Come to the office to see the HCP immediately.

Question: 187

Correct Answer: 2

The nurse administers 20 units of insulin isophane recombinant to a hospitalized client with diabetes mellitus at 7:00 a.m. The nurse should monitor the client most closely for a hypoglycemic reaction at which time?

1. 4:00 p.m.
2. 9:00 a.m.
3. 10:00 a.m.
4. 12:00 midnight

Question: 188

Correct Answer: 3

An adult female client has a hemoglobin level of 10.8 g/dL (108 mmol/L). The nurse interprets that this result is most likely caused by which condition noted in the client's history?

1. Dehydration
2. Heart failure
3. Iron deficiency anemia
4. Chronic obstructive pulmonary disease

Question: 189

Correct Answer: 3

On assessment during a well-baby visit, the nurse notes that a 6-month-old infant has crossed eyes. Which interpretation would the nurse make based on this finding?

1. The condition will resolve without treatment.
2. The condition is normal up to the age of 2 years.
3. Surgical intervention may be necessary to realign weak eye muscles.
4. Once the child begins to read, eye muscles strengthen and the condition will resolve.

Question: 190

Correct Answer: 3

The nurse should care for a newborn who was infected with human immunodeficiency virus (HIV) in utero based upon knowledge of which information?

1. careful monitoring of renal function is indicated
2. the disease will incubate longer and progress more slowly in this infant
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Question: 126

Correct Answer: 3

The CNA informs the nurse that a client's condition has changed. Which assessment finding is the earliest indication of inadequate oxygen transport?

1. Somnolence
2. Confusion
3. Restlessness
4. Crackles in the lungs

Question: 127

Correct Answer: 3

The parents of a toddler ask: "How long will our child have to sit in a car seat when riding in a car?" The best response by a nurse is that, "The use of a car or booster seat is required until the child

1. is at least five years-old."
2. is 50 inches tall."
3. weighs at least 40 pounds."
4. is content to use a regular seat belt."

Question: 128

Correct Answer: 3

The nurse is reviewing the data on a client who is suspected of having diabetes insipidus. What finding should the nurse anticipate following a water deprivation test?

1. Rapid protein excretion
2. Increased edema and weight gain
3. Unchanged urine specific gravity
4. Decreased blood potassium

Question: 129

Correct Answer: 2

Which statement by a nurse reflects the best use of therapeutic interaction techniques?

1. "You look very sad. How long have you been this way? Have you been taking care of yourself?"
2. "You look upset. Tell me what's been happening?"
3. "I understand that you lost your partner. Let's talk about how you can go on."
4. "I'd like to know more about your children. Tell me about them."

Question: 130

Correct Answer: 1

A male client is admitted with the diagnosis of a spinal cord injury at level C-4. A nurse should reinforce the client's understanding as to how the injury is going to affect any sexual function by which statement?

Question: 126

Correct Answer: 3

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