1. A primigravida at 26 weeks' gestation asks the nurse what causes heartburn during pregnancy. The nurse should explain to the client that heartburn during pregnancy is usually caused by which of the following?
   ○ 1. Increased peristaltic action during pregnancy.
   ○ 2. Displacement of the stomach by the diaphragm.
   ○ 3. Decreased secretion of hydrochloric acid.
   ○ 4. Backflow of stomach contents into the esophagus.

2. A client at a follow-up appointment after having a miscarriage 2 weeks previously yells at the nurse, "How could God do this to me? I've never done anything wrong." Which of the following responses by the nurse would be most appropriate at this time?
   ○ 1. "God can handle your anger. It's OK."
   ○ 2. "I know you are angry. It's so hard to lose your baby."
   ○ 3. "It isn't God's fault. It was an accident."
   ○ 4. "You're a strong person. You will get through this."

3. A client with cancer has been advised by the physician that he should have chemotherapy. The client is concerned about chemotherapy and wants to take herbal treatments instead. The nurse's best response to the client is which of the following?
   ○ 1. "You are making a mistake and placing your life in jeopardy."
   ○ 2. "Herbal treatments are not approved by the FDA."
   ○ 3. "Herbal treatments have not been researched with cancer."
   ○ 4. "Tell me about your concerns with chemotherapy."

4. A 4-year-old child is admitted for a cardiac catheterization. Which of the following is most important to include as the nurse teaches this child about the cardiac catheterization?
   ○ 1. A plastic model of the heart.
   ○ 2. A catheter that will be inserted into the artery.
   ○ 3. The parents.
   ○ 4. Other children undergoing a catheterization.

5. A client has a reddened area over a bony prominence. The nurse finds a nursing assistant massaging this area. The nurse should
   ○ 1. reinforce the nursing assistant's use of this intervention over the bony prominence.
   ○ 2. explain to the nursing assistant that massage is effective because it improves blood flow to the area.
   ○ 3. inform the nursing assistant that massage is even more effective when combined with the use of lotion.
   ○ 4. instruct the nursing assistant that massage is contraindicated because it decreases blood flow to the area.

6. A worried mother confides in the nurse that she wants to change physicians because her infant is not getting better. The best response of the nurse is which of the following?
   ○ 1. "This doctor has been on our staff for 20 years."
   ○ 2. "I know you are worried, but the doctor has an excellent reputation."
   ○ 3. "You always have an option to change. Tell me about your concerns."
   ○ 4. "I take my own children to this doctor."

7. A recently widowed, elderly male client is receiving chemotherapy. He tells the nurse that he does not like to cook for himself. A community resource for this client is
   ○ 2. Visiting Nurses' Association (VNA).
   ○ 3. Meals on Wheels.

8. The nurse assists the doctor in inserting a temporary pacemaker into the client. The nurse knows that it will be critical to document
   ○ 1. the client's cardiovascular status.
   ○ 2. the client's emotional state.
   ○ 3. the type of sedation used.
   ○ 4. pacemaker information: rate, type, settings.

9. The nurse judges that the mother of a 9-month-old infant in a hip spica cast understands how to feed her child when she states which of the following?
1. “I can lay my child flat and feed that way.”
2. “I'll raise my child's head up and leave the hips and legs on a pillow.”
3. “I can borrow a special feeding table to use.”
4. “It will take two of us, one to hold and one to feed.”

10. The nurse is assessing a client who has had a myocardial infarction. The nurse notes the cardiac rhythm shown in Figure 1. The nurse identifies this rhythm as:
   1. atrial fibrillation.
   2. atrial tachycardia.
   3. premature ventricular contractions.
   4. ventricular tachycardia.

11. The nursing staff have finished a particularly difficult restraint with an adolescent client. In addition to determining whether anyone was injured, the staff are mandated to evaluate the incident to obtain which of the following ultimate outcomes?
   1. Coordinate documentation of the incident.
   2. Resolve negative feelings and attitudes.
   3. Improve the use of restraint procedures.
   4. Calm down before returning to the other clients.

12. The nurse is caring for a client who has experienced severe multiple trauma. The client's arterial blood gases reveal low arterial oxygen levels that are not responsive to high concentrations of oxygen. The nurse is aware that this finding is a major indicator of the development of which of the following conditions?
   1. Hypostatic pneumonia.
   2. Hypovolemic shock.
   3. Acute respiratory distress syndrome (ARDS).
   4. Asthma.

13. A client asks the nurse why he was asked to complete an advance directive when he entered the hospital. The nurse's best response is which of the following?
   1. “This will provide a substitute for informed discussion with the physician.”
   2. “It is a legal requirement for all clients entering a hospital to be offered the chance to make an advance directive.”
   3. “The physician will make the best decisions for you in an emergency.”
   4. “Are you worried that extraordinary means will be taken if you are dying?”

14. When witnessing the client's signature on a consent for a procedure, the nurse verifies that the consent was obtained in an appropriate manner. Which of the following is an unrealistic expectation for the nurse to verify?
   1. That there was adequate disclosure of information.
   2. That there was sufficient comprehension of information.
   3. That there was voluntary consent on the client's part.
   4. That the client has full awareness of the rehabilitation process.

15. An elderly client is diagnosed with temporal arteritis. The medication of choice is:
   1. Prednisone (Deltasone).
   2. Naproxen (Naprosyn).
   3. Aspirin.
   4. Azathioprine (Imuran).

16. A pregnant woman at 12 weeks' gestation is diagnosed with gonorrhea. The physician orders doxycycline. The first action of the nurse should be to:
   1. instruct the client about the effects of the drug.
   2. make sure the record notes that the baby must receive eye drops when born.
   3. have the physician add a single dose of ceftriaxone (Rocephin).
   4. discuss with the physician the need to change the order.
17. After a client undergoes a contraction stress test that is negative, which of the following would the nurse assess next?
   ○ 1. Evidence of ruptured membranes.
   ○ 2. Viability status of the fetus.
   ○ 3. Indications that contractions have ceased.
   ○ 4. Fetal heart rate variability.

18. The infant is at risk for an ileus after surgery to correct intussusception. Which observation would the nurse not include in an assessment for this complication?
   ○ 2. Assessment of bowel sounds.
   ○ 3. Characteristics of the first stool.

19. A client with asthma asks the nurse if she should use her salmeterol (Serevent) inhaler when she exercises and experiences wheezing and shortness of breath. The nurse’s best response is which of the following?
   ○ 1. “Yes, use the inhaler immediately for these symptoms.”
   ○ 2. “No, this drug is a maintenance drug, not a rescue inhaler.”
   ○ 3. “Use the inhaler 5 minutes before you exercise to prevent the wheezing.”
   ○ 4. “This inhaler is for allergic rhinitis, not asthma.”

20. When assessing a client who is receiving clozapine (Clozaril), the nurse finds a pulse rate of 148 bpm. Which of the following would the nurse do next?
   ○ 1. Give the clozapine, and tell the client to lie down.
   ○ 2. Withhold the clozapine, and tell the client to go to exercise group.
   ○ 3. Administer the clozapine, and notify the physician.
   ○ 4. Withhold the clozapine, and notify the physician.

21. A client has been diagnosed with absence seizures. The nurse would expect the physician to prescribe which of the following drugs?
   ○ 1. Valproic acid (Depakote).
   ○ 2. Phenytoin (Dilantin).
   ○ 4. Paroxetine (Paxil).

22. The nurse is watching two siblings, ages 7 and 9 years, verbally arguing over a toy. The nurse has counseled the mother before about how to handle this situation. The nurse would judge that the teaching has been effective when the mother does which of the following?
   ○ 1. Tells the siblings to stop arguing and shake hands.
   ○ 2. Ignores the arguing and continues what she is doing.
   ○ 3. Tells the children they will be punished when they go home.
   ○ 4. Says they will not go out to lunch now since they have argued.

23. A 64-year-old man is admitted with palpitations, hyperventilation, a choking sensation, and tightness in the chest. The nurse analyzes the results of arterial blood gas studies. Which of the following metabolic factors will be depleted?
   ○ 1. Sodium.
   ○ 2. Oxygen.
   ○ 3. Potassium.
   ○ 4. Carbon dioxide.

24. A client is diagnosed with genital herpes, (herpes simplex virus type 2, or HSV-2). The nurse should instruct the client that
   ○ 1. using occlusive ointments may decrease the pain from the lesions.
   ○ 2. reducing stressful life events may decrease the incidence of herpetic outbreaks.
   ○ 3. there are no effective drug therapies to manage herpes symptoms.
   ○ 4. herpes is transmitted to partners only when lesions are weeping.

25. The client is having ototoxic effects of the vestibular branch of the acoustic nerve. Which clinical manifestation would not be associated with this problem?
   ○ 1. Vertigo.
   ○ 2. Tinnitus.
   ○ 3. Nausea and vomiting with motion.
   ○ 4. Ataxia.

26. A young male client presents to the clinic with a bite he received in a fight. He has a bite mark on his forearm and the skin is broken. His last tetanus shot was about 8 years ago. Recommended treatment should include
   ○ 1. administration of 0.5 mL of tetanus toxoid IM.
   ○ 2. administration of 0.5 mL of tetanus toxoid IV.
   ○ 3. closure of the wound with sutures.
   ○ 4. withholding medication to see if signs of infection develop.

27. At 6 weeks postpartum, the nurse instructs a primiparous client scheduled to receive prescribed subdermal hormonal implants after delivery of a term neonate about the advantages of this method of contraception. Which of the following, if stated by the client as an advantage, indicates successful teaching?
   ○ 1. Lack of the side effects associated with progesterone therapy.
   ○ 2. A slowed return of fertility after being discontinued.
   ○ 3. Continuation of breast-feeding without adverse effects.
   ○ 4. Protection against sexually transmitted diseases.
28. In the care and treatment of a client with heart failure, the nurse would expect the client to be taking which of the following types of drugs?
   ○ 1. Selective serotonin reuptake inhibitors (SSRIs).
   ○ 2. Nonsteroidal anti-inflammatory drugs (NSAIDs).
   ○ 3. Diuretics.
   ○ 4. Steroids.

29. A mother who is visibly upset tells the nurse she wants to take her child home because the child is dying. Which of the following would be the nurse's best response?
   ○ 1. “I know how you feel, but the medication will make your child feel better.”
   ○ 2. “I can’t let you do this without calling your physician first.”
   ○ 3. “Can you tell me why you want to take your child home now?”
   ○ 4. “I can imagine how hard this is for you, but it's not what’s best for the child.”

30. Clients with chronic obstructive pulmonary disease (COPD) may be bedridden at home and get little exercise. Which of the following is a normal physiologic reaction to prolonged periods of bed rest and inactivity?
   ○ 1. Increased sodium retention.
   ○ 2. Increased calcium excretion.
   ○ 3. Increased insulin use.
   ○ 4. Increased red blood cell production.

31. Which of the following parameters would indicate to the nurse that a 5-month-old weighing 15 pounds and being treated for dehydration has a normal urine output?
   ○ 1. 1 to 2 mL/kg per hour.
   ○ 2. 3 to 5 mL/kg per hour.
   ○ 3. 6 to 8 mL/kg per hour.
   ○ 4. 10 to 12 mL/kg per hour.

32. A 24-year-old client has been diagnosed with acute osteomyelitis in the left leg. He complains of acute pain in the leg that intensifies when he moves it. The client has a temperature of 101°F (38.3°C) and a reddened, warm area in the midcalf region over the shaft of the tibia. Based on this information, which of the following nursing diagnoses would be most appropriate for this client?
   ○ 1. Anticipatory Grieving related to possible left leg amputation.
   ○ 2. Activity Intolerance related to severe left leg pain.
   ○ 3. Disturbed Body Image related to left leg swelling and inflammation.
   ○ 4. Deficient Fluid Volume related to elevated temperature of 101°F (38.3°C).

33. A client has undergone a vasectomy. The nurse instructs the client that he can begin having unprotected intercourse
   ○ 1. when desired
   ○ 2. as soon as the tenderness resolves.
   ○ 3. when the sperm count reflects sterilization.
   ○ 4. after 6 to 10 ejaculations.

34. Long-term administration of gentamycin sulfate (Garamycin) to a client has been discontinued. The client should be instructed to have which of the following assessments?
   ○ 1. Hemoglobin level in 2 weeks.
   ○ 2. White blood cell count in 2 weeks.
   ○ 3. Vestibular check in 3 to 4 weeks.
   ○ 4. Serum potassium level in 1 week.

35. Which of the following nursing interventions would best accomplish the goal of preventing atelectasis and pneumonia in a postoperative client?
   ○ 1. Administer oxygen therapy as needed to maintain adequate oxygenation.
   ○ 2. Offer pain medication 30 minutes before having the client cough and deep-breathe.
   ○ 3. Encourage the client to cough, deep-breathe, and turn in bed once every 4 hours.
   ○ 4. Force fluids to 2000 mL every 24 hours.

36. A 7-year-old child is admitted to the hospital with the medical diagnosis of acute rheumatic fever. When discussing long-term care for the child with the parents, the nurse should teach them that a necessary part of this care is
   ○ 1. physical therapy.
   ○ 2. antibiotic therapy.
   ○ 3. psychological therapy.
   ○ 4. anti-inflammatory therapy.

37. The nurse is assessing the perineal changes of a woman in the second stage of labor. Figure 2 represents which of the following perineal changes?
   ○ 1. Anterior-posterior slit.
   ○ 2. Oval opening.
   ○ 3. Circular shape.

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**Figure 2.**
38. A client is admitted to the hospital with a diagnosis of suspected pulmonary embolism. Physician orders include the following: oxygen 2 to 4 L/minute per nasal cannula, oximetry at all times, and intravenous administration of 5% dextrose in water (D5W) at 100 mL/hour. The client complains of increasing dyspnea and has a respiratory rate of 32 breaths/minute. What is the nurse’s first response to this situation?
- 1. Increase the oxygen flow rate from 2 to 4 L/minute.
- 2. Call the physician immediately.
- 3. Provide reassurance to the client.
- 4. Obtain a sample for arterial blood gas analysis.

39. The mother of a 10-month-old child calls the nurse because her child has cold symptoms. The mother asks how she can clear the infant’s nose. Which of the following would be the nurse’s best recommendation?
- 1. Use a cool air vaporizer with plain water.
- 2. Use saline nose drops and then a bulb syringe.
- 3. Blow into the child’s mouth to clear the infant’s nose.
- 4. Administer a nonprescription vasoconstrictive nose spray.

40. Clinical symptoms of metastatic lung cancer may include
- 1. diarrhea.
- 2. constipation.
- 3. voice hoarseness.
- 4. weight gain.

41. A client is at risk for development of metabolic alkalosis because of persistent vomiting. Which of the following symptoms is indicative of metabolic alkalosis?
- 1. Confusion.
- 3. Diarrhea.
- 4. Edema.

42. Which of the following would first alert the nurse that a child is hemorrhaging after a tonsillectomy?
- 1. Mouth breathing.
- 2. Frequent swallowing.
- 3. Requests for a drink.
- 4. Increased pulse rate.

43. Nursing interventions for a client having a transfusion reaction include all but which of the following?
- 1. Discontinue the current intravenous site and restart the infusion at a different site.
- 2. Start a normal saline infusion at 30 mL/hour.
- 3. Assess vital signs every 10 minutes.
- 4. Send the blood bag and blood slip to the blood bank.

44. The nurse is to administer chloramphenicol 50 mg IV in 100 mL of D5W over 30 minutes. The infusion set administers 10 gtt/mL. What is the flow rate of the infusion?
- 1. 21 gtt/minute.
- 2. 27 gtt/minute.
- 3. 33 gtt/minute.
- 4. 35 gtt/minute.

45. A client’s belief in her “special mission from God” can be referred to as a religious delusion of grandeur. The nurse incorporates this delusion into the client’s plan of care based on the understanding that the primary purpose of such a delusion is to provide which of the following?
- 1. Sexual outlet.
- 2. Comfort.

46. A client who has been vomiting for 2 days has a nasogastric tube inserted. The nurse notes that over the past 10 hours the tube has drained 2 L of fluid. The nurse should plan to implement treatment that will prevent which of the following electrolyte imbalances?
- 1. Hypermagnesemia.
- 3. Hypokalemia.
- 4. Hypocalcemia.

47. During the clinical breast examination, which of the following is a normal finding?
- 1. Pronounced unilateral venous pattern.
- 2. Peau d’orange breast tissue.
- 4. Breast tissue that is darker than the areolae.

48. A child with sickle cell crisis is being discharged. As part of discharge teaching to prevent further crisis, the nurse advises the parent to do which of the following?
- 1. Encourage the child to drink lots of liquids.
- 2. Take the child’s temperature every morning.
- 3. Weigh the child every day.
- 4. Offer the child a high-protein diet.

49. While assessing a neonate 30 minutes after birth, the nurse observes that the child has a short neck covered with webbing. The nurse notifies the pediatrician based on the interpretation that this usually indicates which of the following?
- 1. Genetic deviations.
- 2. Cleft palate.
- 4. Neural tube defects.

50. In a client with severe diarrhea, the nurse would conclude that the client was experiencing hypokalemia if which of the following signs were observed?
- 1. Muscle spasms.
- 2. Thirst.
51. The nurse identifies clinical manifestations of a superimposed infection when a client who has been taking an antibiotic returns to the medical clinic. Which of the following is not associated with a superinfection?

- Black, hairy tongue.
- Pruritus.
- Glossitis.
- Anal itching.

52. Which of the following is the most reliable indicator of the existence and intensity of acute pain?

- The client’s vital signs.
- The client’s self-report of pain.
- The nurse’s assessment of the client.
- The severity of the condition causing the pain.

53. The nurse advises a mother with a 2-year-old child to avoid encouraging excessive milk consumption (more than 3.5 cups per day) by the infant because excess milk consumption can lead to

- vitamin C deficiency.
- iron deficiency.
- biotin deficiency.
- folate deficiency.

54. The nurse is caring for a client with a fracture of a long bone. Which of the following assessments would be the earliest symptom of a fat embolism?

- Respiratory distress.
- Confusion.
- Petechiae.
- Fever.

55. A client tells the nurse, “Everybody smiles at me because they know that I was chosen by God for this mission.” The nurse interprets this statement as which of the following?

- Thought insertion.
- Visual hallucination.
- Neologism.

56. To test the hearing ability of a neonate at 12 hours of age, the nurse claps the hands while standing away from the neonate at approximately which of the following distances?

- 3 inches.
- 6 inches.
- 12 inches.
- 24 inches.

57. The physician decides to change a client’s current dose of intramuscular (IM) meperidine hydrochloride (Demerol) to an oral dosage. The current IM dose is 75 mg every 4 hours as needed. What dosage of oral meperidine hydrochloride will be required to provide an equivalent analgesic dose?

- 25 to 50 mg every 4 hours.
- 75 to 100 mg every 4 hours.
- 125 to 140 mg every 4 hours.
- 150 to 300 mg every 4 hours.

58. Which of the following nursing measures is most useful in preventing the development of osteoporosis in a client who is immobilized?

- Beginning weight-bearing activities as soon as possible.
- Increasing the client’s calcium intake in the diet.
- Performing passive range-of-motion exercises four times a day.
- Teaching the client to perform isometric exercises.

59. The mother of a toddler asks the nurse what she should do with her toddler when he has a temper tantrum. Which of the following suggestions would be most appropriate?

- Move the toddler to a time-out chair.
- Try to talk the toddler out of the tantrum.
- Leave the toddler alone during the tantrum as long as he is safe.
- Punish the toddler for having a temper tantrum.

60. The nurse who is stuck by a used needle but has not completed the hepatitis B immunization should receive

- both active and passive immunization.
- active immunization.
- passive immunization.
- immunization only after a blood titer has been drawn.

61. Which of the following nursing interventions is appropriate for preventing pressure ulcers?

- Cleanse the skin daily using mild soap and hot water.
- Perform a systematic skin assessment at least once a day.
- Massage bony prominences gently every shift.
- Encourage the client to sit in a chair as much as possible.

62. The nurse is evaluating the pin insertion site of a client’s skeletal traction. Which of the following signs would be indicative of a complication?

- Presence of crusts around the pin insertion site.
- Serous drainage on the dressing.
- Pin moves slightly at insertion site.
- Client does not feel pain at insertion site.

63. On the night before a 58-year-old wife and mother is to have a lobectomy for lung cancer, she remarks to the nurse, “I am so scared of this cancer. I should have quit smoking years ago. Now I’ve brought all this fear and sadness on myself and now my family.” What would be the nurse’s best response to the client?
1. "It's normal to be scared. I would be too. We'll help you through it."
2. "Do you feel guilty because you smoked?"
3. "Don't be so hard on yourself. You don't know if your smoking caused the cancer."
4. "It's okay to be scared. What is it about cancer that you're afraid of?"

64. The nurse is caring for an elderly client who has hip pain related to rheumatoid arthritis. The nurse knows that the client is practicing appropriate self-care activities when the client chooses to sit which of the following chairs?
   1. Recliner chair with arms to support wrists and hands.
   2. Couch with soft cushions to support thighs.
   3. Straight-back chair with elevated seat.

65. The nurse is with the parents of a 16-year-old boy who recently attempted suicide. The nurse cautions the parents to be especially alert for which of the following in their son?
   1. Expression of a desire to date.
   2. Decision to try out for an extracurricular activity.
   3. The giving away of valued personal items.
   4. Desire to spend more time with his friends.

66. Which of the following responses would be most appropriate for the nurse when comforting a primiparous client whose critically ill neonate delivered at 25 weeks dies while the mother is present?
   1. "This is probably for the best because his organs were so immature."
   2. "You should try to get pregnant again soon to get over this loss."
   3. "You can stay with your baby as long as you want and say anything you want."
   4. "If you want me to, I can call the chaplain to stay with you."

67. A 32-year-old woman recently diagnosed with Hodgkin's disease is admitted to the hospital outpatient clinic for staging by undergoing a bone marrow aspiration and biopsy. The nurse assesses the client's nutrition status. Which of the following blood examinations would be most helpful in determining whether the client's diet lacks protein?
   1. Red blood cell count.
   2. Direct and indirect bilirubin levels.
   3. Reticulocyte count.
   4. Albumin level.

68. The nurse teaches a client taking desmopressin (DDAVP) nasal spray about how to manage treatment. The nurse determines that the client needs additional instruction when he makes which of the following comments?
   1. "I should check for sores in my nose while taking this medication."
   2. "I should use the same nostril each time I take the medicine."
   3. "I should report nasal congestion."
   4. "I should report any signs of respiratory infection."

69. The nurse has an order to administer ampicillin 250 mg IM. After reconstituting the ampicillin with sterile water for injection, the solution available is 500 mg/mL. How many milliliters should the nurse administer?
   1. 0.05 mL.
   2. 0.4 mL.
   3. 0.5 mL.
   4. 1.0 mL.

70. The nurse assesses a client and notes that he has a weak, irregular pulse, as well as soft, flabby muscles. These findings are indicative of which electrolyte imbalance?
   1. Hypercalcemia.
   2. Hypomagnesemia.
   3. Hypokalemia.
   4. Hypomagnesemia.

71. A primipara at 48 hours postpartum is to be given medroxyprogesterone acetate (Depo-Provera) before discharge. Which of the following would the nurse include in the teaching plan before administering this medication?
   1. There is an increased risk of ovarian cancer.
   2. Amenorrhea is common during the first 6 months.
   3. Heavy menstrual bleeding may occur.
   4. The client may experience periods of increased energy.

72. The nurse establishes the goal of preventing the development of a stress ulcer in a burn client. Which of the following interventions would most likely contribute to the achievement of this goal?
   1. Implementing relaxation exercises.
   2. Administering a sedative as needed.
   3. Providing a soft, bland diet.
   4. Administering cimetidine (Tagamet) as ordered.

73. A parent of a child with acquired immunodeficiency syndrome (AIDS) asks the nurse how to look for signs and symptoms of infection. The nurse responds that they need to be especially alert for which of the following?
   1. Erythema around the infected area.
   2. Rectal temperature higher than 100.5°F (38°C).
   3. Tenderness of the infected area.
   4. Warmth of the infected area.

74. The nurse is teaching a group of unlicensed personnel new to psychiatry about providing care to clients with depression. To care effectively for these clients, the nurse would emphasize that caregivers demonstrate which of the following behaviors?
1. Cheerful demeanor.
2. Empathetic concern.
3. Serious, business-like affect.
4. Humorous lightheartedness.

75. When fluids by mouth are appropriate for the infant after surgery to correct intussusception, the nurse most likely would initiate feeding with
   ○ 1. cereal-thickened formula.
   ○ 2. full-strength formula.
   ○ 3. half-strength formula.
   ○ 4. oral electrolyte solution.

76. A client is taking paroxetine (Paxil) 20 mg orally every morning. The nurse would monitor the client for which of the following side effects?
   ○ 1. A hypertensive crisis.
   ○ 2. Sleep disturbance.
   ○ 4. Orthostatic hypotension.

77. The Dietary Approaches to Stop Hypertension (DASH) diet includes ensuring the adequate intake of very specific nutrients. These specific nutrients include
   ○ 1. magnesium, potassium, vitamin C, and calcium.
   ○ 2. vitamins B6, B12, E, and A.
   ○ 3. iron, zinc, vitamin D, and vitamin K.
   ○ 4. biotin, protein, riboflavin, and pantothentic acid.

78. Which of the following neurologic changes indicates that the client is in the progressive stage of shock?
   ○ 1. Restlessness.
   ○ 2. Confusion.
   ○ 3. Incoherent speech.
   ○ 4. Unconsciousness.

79. The code team and crash cart arrive in the room of a client who has had a cardiac arrest. What is the first piece of monitoring equipment applied to the client by the code team members?
   ○ 1. Electrocardiogram (ECG) electrodes.
   ○ 2. Pulse oximeter.
   ○ 4. Doppler for pulse check.

80. The nurse is talking to a group of parents about drug abuse among adolescents. One parent says he has heard that you can tell which drug a person is using by how the eyes look. The parent asks how you could tell a person was using heroin. Which of the following would the nurse use to describe the eyes of a person using heroin?
   ○ 1. Whites red and bloodshot.
   ○ 2. Pupils small and constricted.
   ○ 3. Pupils large and dilated.
   ○ 4. Drooping eyelids.

81. When performing routine health evaluations in school-aged children, which of the following would alert the school nurse to pediculosis capitis (head lice)?
   ○ 1. Spotty baldness.
   ○ 2. Wheals with scalp blistering.
   ○ 3. Frequent scalp scratching.
   ○ 4. Dry, scaly patches on the skin.

82. Which of the following best indicates that a client’s peristaltic activity is returning to normal after surgery?
   ○ 1. The client passes flatus.
   ○ 2. The client says that she is hungry.
   ○ 3. Bowel sounds are hypoactive on auscultation.
   ○ 4. Peristalsis can be felt on abdominal palpitation.

83. A client appears flushed and has shallow respirations. The arterial blood gas report shows the following: pH, 7.24; pCO₂, 49 mm Hg; HCO₃⁻, 24 mEq/L. These findings are indicative of which of the following acid-base imbalances?
   ○ 1. Metabolic acidosis.
   ○ 2. Respiratory alkalosis.
   ○ 3. Respiratory acidosis.
   ○ 4. Metabolic alkalosis.

84. Which of the following measures is most important for pain management for a client after a lobectomy?
   ○ 1. Reposition the client immediately after administering pain medication.
   ○ 2. Reassess the client 30 minutes after administering pain medication.
   ○ 3. Reassure the client after administering pain medication.
   ○ 4. Readjust the pain medication dosage as needed.

85. The nurse is evaluating a female client’s understanding of how to prevent sexually transmitted diseases (STDs). Which of the following statements indicates that the client understands how to protect herself?
   ○ 1. “I will be sure my partner uses a condom.”
   ○ 2. “I need to be sure to take my birth control pills.”
   ○ 3. “I will always douche after sexual intercourse.”
   ○ 4. “I will be sure to take antibiotics to prevent an STD.”

86. While assessing a multigravid client at 10 weeks' gestation, the nurse notes a purplish color to the vagina and cervix. The nurse documents this finding as which of the following?
   ○ 1. Goodell’s sign.
   ○ 2. Chadwick’s sign.
   ○ 3. Hegar’s sign.
   ○ 4. Melasma’s sign.

87. A client with bipolar disorder, mania has flight of ideas and grandiosity and becomes easily agitated. To prevent harmful behaviors, which of the following would the nurse do initially?
   ○ 1. Encourage the client to stay in his room.
   ○ 2. Seclude the client at the first sign of agitation.
Tell the client to seek out staff when feeling agitated.

Instruct the client to ask for medication when agitated.

The nurse is preparing written information for a client. Which of the following represents a sound approach to providing information?

1. Use charts to help convey information.
2. Prepare information at an eighth-grade reading level.
3. Use short words.
4. Print the material in a medium-sized type.

A nurse is evaluating the proper use of crutches by a client who has fractured her right leg. Which statement by the client indicates that she is using the correct technique?

1. “I move my left leg forward first as I swing forward on my crutches.”
2. “I need to increase my arm strength, because my arms tingle after I use my crutches.”
3. “I padded the tops of my crutches so that I can lean more comfortably on my crutches.”
4. “I feel pressure on the palms of my hands when I am walking with my crutches.”

Which of the following factors is a priority when evaluating discharge plans for a 68-year-old man after a lower left lobectomy for lung cancer?

1. The distance the client lives from the hospital.
2. Support available for assisting the client at home.
3. The client’s ability to do home blood pressure monitoring.
4. The client’s knowledge of the causes of lung cancer.

A primiparous client planning to breast-feed her term neonate delivered vaginally asks, “When will my ‘real’ milk come in?” The nurse explains to the client that after delivery breasts begin to fill with milk within which of the following periods?

1. 12 hours.
2. 24 hours.
3. 2 to 4 days.
4. 7 days.

The nurse is caring for an elderly, debilitated client who has been bedridden for an extended period. Which of the following is an expected client outcome related to one of the nursing diagnoses made for the child with intussusception: Acute Pain related to cramping? The client

1. exhibits no manifestations of discomfort.
2. is very still.
3. has a normal bowel movement.
4. has not vomited in 3 hours.

Garamycin 25 mg IM has been ordered every 6 hours. Garamycin 40 mg/mL is available. How many mL should the nurse administer?

1. 0.55 mL.
2. 0.6 mL.
3. 1.0 mL.
4. 1.6 mL.

Assessment of a 36-year-old woman complaining of malaise and dysuria reveals a temperature of 100°F (37.4°C) and painful blisters on the outside of her vagina. The client tells the nurse she had intercourse with a new partner 5 days ago. Which of the following would the nurse suspect as most likely?

1. Human immunodeficiency virus (HIV) infection.
2. Chlamydia trachomatis infection.
3. Syphilis.
4. Herpes genitalis.
99. A child with leukemia fails to respond to therapy. Which of the following statements offers the nurse the best guide in making plans to assist the parents in dealing with their child's imminent death?

- 1. Knowing that the prognosis is poor helps prepare relatives for the death of children.
- 2. Relatives are especially grieved when a child does well at first but then declines rapidly.
- 3. Trust in health personnel is most often destroyed by a death that is considered untimely.
- 4. It is more difficult for relatives to accept the death of a 10-year-old than the death of a younger child whose family membership has been short.

100. A client who states that he is allergic to penicillin has an order to receive cefazolin (Ancef). The nurse's initial response is to

- 1. ask the client if he has taken cefazolin (Ancef) before.
- 2. consult with the physician or a clinical pharmacist.
- 3. administer cefazolin (Ancef) immediately.
- 4. observe the client closely for urticaria.

101. A client with chronic renal failure tells the nurse that her skin feels dry and is constantly itching. Based on these data, which of the following is an appropriate nursing diagnosis?

- 1. Ineffective Health Maintenance related to poor hygiene.
- 2. Chronic Pain related to skin irritation.
- 3. Risk for Impaired Skin Integrity related to severe pruritus.
- 4. Ineffective Coping related to manifestations of chronic illness.

102. When preparing the teaching plan for a client and his family about lithium therapy, the nurse would expect to include teaching about which of the following?

- 1. Maintaining an adequate sodium intake.
- 2. Discontinuing sodium in the diet.
- 3. Buying foods labeled "low in sodium."
- 4. Increasing sodium in the diet.

103. A client who is undergoing radiation therapy develops mucositis. Which of the following interventions should be included in the client's plan of care?

- 1. Increase mouth care to twice per shift.
- 2. Provide the client with hot tea to drink.
- 3. Promote regular flossing of teeth.
- 4. Use half-strength hydrogen peroxide on mouth ulcers.

104. A parent calls the Poison Control Center because her 3-year-old has eaten 10 to 12 chewable acetaminophen tablets. The nurse instructs the parent to take the child to the emergency department after doing which of the following first?

- 1. Giving the child a large glass of milk.
- 2. Giving the child water with syrup of ipecac.
- 3. Giving the child baking soda in 4 ounces of water.
- 4. Not allowing the child to drink any fluids.

105. While waiting for the physician, the parent of a preschool-aged child tells the nurse that the child is hyperactive and something needs to be done. Which of the following responses would be most appropriate initially?

- 1. "What makes you think your child is hyperactive?"
- 2. "What do you think needs to be done?"
- 3. "How does your child behave normally?"
- 4. "Why not wait and see what the doctor says?"

106. When preparing for the discharge of a newborn after surgery to correct tracheoesophageal fistula (TEF), the nurse teaches the parents about the need for long-term health care because their child has a high probability of developing which of the following?

- 1. Recurrent mild diarrhea with dehydration
- 2. Esophageal stricture
- 3. Speech problems
- 4. Ulcers

107. A young man with Hodgkin's disease has been readmitted to the hospital because of his aggressive disease that is unresponsive to multiple therapies. Death appears imminent. One goal for this client is to

- 1. reduce feelings of isolation.
- 2. reduce fear of pain.
- 3. reduce fear of more aggressive therapies.
- 4. reduce feelings of social inadequacy.

108. A nulligravid client is admitted in early active labor at 39 weeks' gestation with intact membranes. When assessing the fetal heart rate, the nurse locates the heart sounds above the client's umbilicus midline. The nurse would suspect that the fetus is lying in which of the following positions?

- 1. Cephalic
- 2. Frank breech
- 3. Face
- 4. Transverse

109. The nurse is caring for a client who has been diagnosed with pernicious anemia. Which of the following statements by the client indicates an understanding of the treatment of pernicious anemia?

- 1. "I will need to increase my dietary intake of foods that are high in vitamin B12."
- 2. "I will receive my first injection of vitamin B12 tomorrow, and I will return for a follow-up injection in 1 month."
- 3. "I understand that the oral form of vitamin B12 is preferred because it is safer and less expensive than the injection form."

- 4. "I will receive my first injection of vitamin B12 tomorrow, and I will return for a follow-up injection in 1 month."
4. “I will need to take vitamin B₁₂ replacements for the rest of my life.”

110. A client’s 12:00 noon blood glucose concentration was inaccurately documented as 301 instead of 130. This error was not noticed until 1:00 PM. The nurse administered the sliding scale insulin for a blood sugar of 310 instead of 130. What should the nurse do first?
  ○ 1. Notify the physician.
  ○ 2. Take orange juice to the client.
  ○ 3. Consult with the clinical pharmacist.
  ○ 4. Call the charge nurse.

111. An older infant who has been injured in an automobile accident has to wear a splint on the injured leg. The mother reports that the infant has become mobile even while wearing the splint. The nurse would advise the mother to do which of the following?
  ○ 1. Notify the physician immediately to adjust the treatment plan.
  ○ 2. Confine the infant to one room in the apartment.
  ○ 3. Keep the infant in the splint at night, removing it during the day.
  ○ 4. Remove any unsafe items from the area in which the infant is mobile.

112. While preparing a client for surgery, the nurse assesses for psychosocial problems that may cause preoperative anxiety. Which of the following is believed to be the most distressing fear a preoperative client is likely to experience?
  ○ 1. Fear of the unknown.
  ○ 2. Fear of changes in body image.
  ○ 3. Fear of the effects of anesthesia.
  ○ 4. Fear of being in pain.

113. A 56-year-old woman is admitted for a modified radical mastectomy. The client appears anxious and asks many questions. The nurse’s best course of action is to
  ○ 1. tell the client as much as she wants to know and is able to understand.
  ○ 2. delay discussing the client’s questions with her until the convalescent phase of her care.
  ○ 3. delay discussing the client’s questions with her until her apprehension subsides.
  ○ 4. explain to the client that she should discuss her questions with her physician.

114. The nurse asks the client to sign a consent form before undergoing surgery. The client indicates that he was not told about the risks of the surgical procedure. Which of the following statements by the nurse is most appropriate?
  ○ 1. “What are your concerns? I can answer any questions that you have.”
  ○ 2. “You can go ahead and sign the form. I will be sure to tell the surgeon you have questions.”
  ○ 3. “It is important that your questions are answered before you consent to the procedure. I will contact the surgeon.”
  ○ 4. “Actually, the risks associated with this procedure are minimal. The surgeon has performed this surgery many times.”

115. The nurse is assessing fetal position in a 32-year-old woman in her eighth month of pregnancy. From Figure 3, the fetal position can be described as
  ○ 1. left occipital transverse.
  ○ 2. left occipital anterior.
  ○ 3. right occipital transverse.
  ○ 4. right occipital anterior.

116. The father of an infant states that the physician told him that his child has a urinary tract infection. The father calls the clinic to ask about the signs and symptoms that he should watch out for in the future to indicate a recurrence. Which of the following would the nurse tell the father?
  ○ 1. Increased urine output and clear urine.
  ○ 2. Loss of appetite and fussiness.
  ○ 3. Feeding problems and jaundice.
  ○ 4. Fever and dysuria.

117. After teaching a mother about the neonate’s positive Babinski’s reflex, the nurse determines that the mother understands the instructions when she says that a positive Babinski’s reflex indicates
  ○ 1. possible partial paralysis
  ○ 2. possible lower limb defect
  ○ 3. immature central nervous system
  ○ 4. possible injury to nerves that innervate the legs

118. The nurse should instruct a client who is taking dexamethasone (Decadron) and furosemide (Lasix) to observe for signs of hypokalemia, which include
  ○ 1. excitability.
  ○ 2. muscle weakness.

Figure 3.
119. A client with a suspected diagnosis of lung cancer has a bronchoscopy with biopsy. Which of the following interventions would be appropriate after the procedure? 
- Encourage the client to gargle with oral lidocaine to decrease throat irritation.
- Monitor the client for signs of pneumothorax.
- Administer pain medication as needed to relieve mediastinal discomfort.
- Advise the client not to talk until the gag reflex returns.

120. A child is to receive 500 mL of an IV solution over 12 hours via tubing that delivers microdrips at 60 drops/mL. The nurse would infuse the solution at which of the following rates?
- 21 drops/minute.
- 42 drops/minute.
- 63 drops/minute.
- 84 drops/minute.

121. Which of the following techniques is correct when administering a subcutaneous injection?
- Use a 1-inch needle for injection.
- Insert the needle at a 45-degree angle to the skin.
- Spread the skin tightly at the injection site.
- Draw 0.2 mL of air into the syringe before administration.

122. Which of the following is a priority nursing diagnosis for the client presenting with pelvic inflammatory disease?
- Imbalanced Nutrition: Less than Body Requirements.
- Bathing/Hygiene Self-Care Deficit.
- Acute Pain.
- Impaired Skin Integrity.

123. After talking with the mother of a child, the nurse determines that the child has a difficult temperament. Which of the following would the nurse expect to include when developing this child’s plan of care?
- Allow the child to determine when feeding should occur.
- Ensure that the child is fed even though crying does not occur.
- Provide structured feeding times and bedtimes.
- Instruct the mother to take extra safety precautions around the house.

124. Which of the following steps is appropriate for the nurse to include when giving a client a tube feeding?
- Warm the feeding solution before administration.
- Position the client side-lying on the left side.
- Aspirate residual gastric contents before the feeding and discard.
- Verify position of the tube before beginning feeding.

125. A multiparous client 48 hours postpartum who is breast-feeding tells the nurse, “I’m having a lot of cramping. This didn’t happen when I nursed my first baby.” Which of the following would be the nurse’s best response?
- I will notify your doctor. It’s possible there are some placental fragments remaining.
- I need to check your lochial flow. You may have a clot that is being dislodged.
- You must have gotten a heavy dose of oxytocin (Pitocin). It should wear off soon.
- “The cramping is normal and is caused by your baby’s sucking, which stimulates the release of oxytocin.”

126. The mother of a child with moderate diarrhea calls the clinic to find out how to manage her child’s illness. Which of the following would the nurse suggest?
- Begin clear liquids for 24 hours.
- Feed the child bananas, rice, applesauce, and toast.
- Offer foods that are low in fat.
- Continue the child’s regular diet.

127. The nurse is performing routine tracheostomy care. Which of the following steps would be appropriate for the nurse to include in the performance of the procedure?
- Remove the inner cannula every 2 hours for cleaning.
- Secure the tracheostomy ties with a square knot.
- Use cut gauze under the neck plate to protect the skin.
- Suction the inner cannula on completion of the procedure.

128. What is the nurse’s most appropriate response when finding a sealed container of IV 50% dextrose in a catch-all bin on the unit?
- Leave it where found and notify risk management.
- Send it to pharmacy.
- File an incident report.
- Discard it in a sharps container.

129. To reduce the risk of pressure ulcer formation, which of the following activities would the nurse teach the client who is wheelchair-bound as a result of a spinal cord injury?
- Bathe daily.
- Eat a high-carbohydrate diet.
- Shift your weight every 15 minutes.
- Move from the bed to the wheelchair every 2 hours.

130. A nulligravid client in the second stage of labor has had no anesthesia or analgesia. Anatomically, which of the following would be the most effective position for the client to begin pushing?
- Squatting with body curved in a C shape.
2. Side-lying while keeping the head elevated.
3. In the knee-chest position while keeping the head down.
4. Squatting with the back arched.

A client with antisocial personality disorder tells the nurse, “I punched the guy out because he deserved it and then the cops arrested me.” Which of the following responses would be most helpful to the client?
1. “It’s wrong to punch others.”
2. “If you punch people out, you’ll get into trouble.”
3. “I wouldn’t do that again if I were you.”
4. “Don’t ever do that again; you’re an adult.”

The nurse is teaching unlicensed personnel about the care of clients with self-mutilation. Which of the following, if stated by the unlicensed personnel about self-mutilation, demonstrates that the teaching has been effective?
1. “It is a means of getting what the person wants.”
2. “It is a nonserious event that can be ignored.”
3. “It is a way to express anger and rage.”
4. “It is a form of manipulation.”

The nurse has obtained the nursing history of a client diagnosed with hepatitis C. What would be considered a potential risk factor for acquiring hepatitis C?
1. Drinking contaminated water.
2. Traveling to India.
3. Having a tattoo.
4. Eating shellfish.

A client is experiencing symptoms of early alcohol withdrawal. His blood pressure is 150/85 mm Hg and his pulse is 98 bpm. The nurse would expect to administer which of the following medications?
1. Lorazepam (Ativan).
2. Naltrexone (ReVia).
3. Methadone (Dolophine).
4. Imipramine (Tofranil).

After a child returns from the postanesthesia care unit after surgery, which of the following would the nurse assess first?
1. The intravenous fluid access site.
2. The child’s level of pain.
3. The surgical site dressing.
4. The functioning of the nasogastric tube.

A critical nursing intervention to protect a client who has received tissue plasminogen activator (t-PA) or alteplase recombinant (Activase) therapy includes
1. using the radial artery to obtain blood gas samples.
2. maintaining arterial pressure for 10 seconds.
3. administering intramuscular injections.
4. encouraging physical activity.

Two clients have been following low-sodium diets for several weeks. One of the clients states that his blood pressure has not changed and asks the nurse why not. The nurse should base the response on the fact that the percentage of the population that are able to lower their blood pressure through a sodium-restricted diet is only which of the following?
1. 10%.
2. 25%.
3. 50%.
4. 70%.

A client is admitted with acute pancreatitis. Which laboratory value is indicative of pancreatitis?
1. Decreased urinary amylase.
2. Hypercalcemia.
3. Hypoglycemia.
4. Increased serum amylase and lipase.

For the client with a substance abuse problem, which of the following would be most helpful to aid the client in dealing with feelings and concerns related to alcohol and drugs?
1. Individual therapy.
2. Group sessions.
3. Solitary activities.
4. Recreation.

Which of the following assessment findings would the nurse expect to observe in a client with cystitis?
1. Flank pain.
2. Oliguria.
3. Nausea and vomiting.
4. Foul-smelling urine.

A client with acute stress disorder is telling the nurse about the tornado that leveled his house and killed his wife and baby while he was out of town on business. He states, “If only I’d been at home, I could have saved them.” Which of the following responses would be most appropriate?
1. “Don’t blame yourself; you’ll only feel worse.”
2. “It’s not your fault; so stop feeling so guilty.”
3. “You might not have been at home.”
4. “You couldn’t have prevented the tornado; it just happened.”

On the first postpartum day, the nurse is caring for a primiparous client who has recently emigrated from Japan to the United States and speaks only a little English. The nurse observes that the client has been bottle-feeding her neonate on occasion, but most of the neonatal care is being performed by the client’s mother-in-law. Which of the following actions would be most appropriate?
1. Notify the social worker because bonding may be affected.
2. Document the unusual maternal behavior in the client’s chart.
3. Determine whether this is a cultural practice for the client and her family.

4. Obtain an order to make a home visit after the client's discharge.

143. A client is scheduled for a creatinine clearance test. Which one of the following preparations is appropriate for the nurse to make?

1. Instruct the client about the need to collect urine for 24 hours.
2. Prepare to insert an indwelling urethral catheter.
3. Provide the client with a sterile urine collection container.
4. Instruct the client to force fluids to 300 mL/day.

144. When the nurse is assessing a client's cultural adaptation, which of the following statements is least sensitive to the client's needs?

1. “What are some of your favorite foods?”
2. “Describe any health problems in your past.”
3. “Please tell me how you would like to be addressed.”
4. “Your eyes look dark; is this normal for you?”

145. After several months of taking olanzapine (Zyprexa), the client reports that he is no longer hearing voices of any kind. Which of the following would confirm that the client is developing insight into his illness?

1. “That Zyprexa is the best medicine I have ever had.”
2. “I didn’t realize how sick I could get from a chemical brain imbalance.”
3. “My mom is proud of me for staying on my medicines.”
4. “I think I may be able to get a little part-time job soon.”

146. A client who is a computer operator has developed carpal tunnel syndrome. The nurse explains to the client that carpal tunnel syndrome is caused by which of the following pathophysiologic conditions?

1. Decreased circulation to the brachial nerve.
2. Muscle atrophy resulting from disuse.
3. Median nerve compression.
4. Progressive flexion contracture of the wrist.

147. In addition to milk and eggs, which of the following foods is most often implicated in allergic reactions?

1. Peanuts.
2. Soy.
3. Fish.
4. Orange juice.

148. A client who is recovering from a transurethral resection of the prostate (TURP) experiences urinary incontinence. He tells the nurse that he has decreased his fluid intake because of the incontinence. What would be the nurse's best response to the client?

1. “Yes, limiting your fluids can decrease your incontinence.”
2. “Limiting your fluids will cause kidney stones.”
3. “Drink 8 glasses of water a day and urinate every 2 hours.”
4. “If your incontinence continues, we will reinsert your catheter.”

149. An infant has surgery to correct a tracheoesophageal fistula. The most appropriate nursing diagnosis for the nurse to identify after surgery is

1. Risk for Infection.
2. Acute Pain.
3. Constipation.
4. Impaired Physical Mobility.

150. The nurse teaches girls 10 to 12 years of age about self-care during menses. The nurse emphasizes that a risk factor for toxic shock syndrome (TSS) is

1. changing tampons every 3 hours.
2. avoiding use of deodorized tampons.
3. alternating tampons with sanitary pads.
4. using only tampons at night.

151. A client with a history of cystitis is admitted to the hospital with a diagnosis of pyelonephritis. Which of the following assessment findings specifically supports a diagnosis of pyelonephritis?

1. Suprapubic pain.
2. Dysuria.
3. Urinary retention.

152. A woman is taking oral contraceptives. The nurse teaches the client that medications that may interfere with oral contraceptive efficacy include

1. antihypertensives.
2. antibiotics.
3. diuretics.
4. antihistamines.

153. A 28-year-old female client is prescribed danazol (Danocrine) for endometriosis. Which of the following would the nurse include as a side effect when teaching the client about the drug?

1. Headaches.
2. Weight loss.
3. Increased libido.
4. Hair loss.

154. To which of the following unlicensed personnel should the nurse assign a male client of Mexican American descent who needs complete morning care?

1. Mary, who has 2 complete morning care clients.
2. Joe, who has 1 complete morning care client.
3. Jill, who has 4 partial morning care clients.
4. Jim, who has 5 partial morning care clients.
A client with chronic renal failure is experiencing central nervous system (CNS) changes caused by uremic toxins. Which nursing intervention would be most appropriate for addressing the changes?
○ 1. Allow the client to grieve for body image changes.
○ 2. Restrict foods that are high in potassium.
○ 3. Restrict fluid intake to 1000 mL/day.
○ 4. Assess the client’s mental status regularly.

The nurse is preparing to give a subcutaneous injection to an elderly, emaciated client. Which needle length and angle would the nurse plan to use to administer the injection safely?
○ 1. A 1/2-inch needle at a 90-degree angle.

A young female client comes into the emergency department with complaints of flank pain, dysuria, frequency, burning on urination, and malaise. The nurse obtains a urine specimen because the nurse anticipates that the client’s symptoms are related to
○ 1. pelvic inflammatory disease.
○ 2. renal calculi.
○ 3. urinary tract infection.
○ 4. renal failure.

A multigravid client at 38 weeks’ gestation is admitted to the hospital’s birthing center with dark, scant vaginal bleeding and abdominal pain. The nurse observes frequent low-amplitude uterine activity while the client’s contraction pattern is externally monitored. Which of the following would the nurse suspect?
○ 1. Abruptio placenta.
○ 2. Placenta accreta.
○ 3. Placenta previa.
○ 4. Battledore placenta.

A female client is treated for trichomoniasis with metronidazole (Flagyl). The nurse instructs the client that
○ 1. the medication should not alter the color of the urine.
○ 2. she should discontinue oral contraceptive use during this treatment.
○ 3. she should avoid alcohol during treatment and for 24 hours after completion of the drug.
○ 4. her partner does not need treatment.

A client is in the advanced stages of osteoarthritis. Which of the following best describes the pain that occurs in the advanced stage of the disease?
○ 1. Pain occurs with minimal activity.
○ 2. Crepitation develops and intensifies pain.
○ 3. Joints are symmetrically affected by pain.
○ 4. Fatigue accompanies pain.

A family may request to have a client of Vietnamese descent transferred to die at home because it is traditionally believed that
○ 1. it is disloyal to their loved one to be left in the hospital.
○ 2. the hospital cannot be trusted.
○ 3. the family can provide more comfort at home.
○ 4. reincarnation will not occur in the hospital.

A client has just been admitted with acute delirium of unknown etiology. The client’s daughter states that she is worried about her mom because she has never been this sick before. Which of the following would be the most helpful statement to make to the daughter?
○ 1. “Please don’t worry. We will take good care of your mother.”
○ 2. “The doctor will order tests to find out what is causing her condition.”
○ 3. “We can help you learn how to take care of her after she is discharged.”
○ 4. “It helps if you avoid arguing when she talks about seeing people who aren’t there.”

A client with dementia is going to live with his daughter who does not work outside of the home. The nurse would evaluate that the daughter needs further education when she makes which of the following statements?
○ 1. “I’ve put special locks on all the doors that Dad won’t be able to unlock.”
○ 2. “Dad said that what he missed most while he was here was using his aftershave.”
○ 3. “Dad will be in a bedroom that has nothing for him to trip over getting to the bathroom.”
○ 4. “I’ve taken the knobs off of the stove so he won’t be able to turn it on.”

Allopurinol (Zyloprim) is prescribed for a client who has chronic gout. Which of the following comments indicates that the client understands how to take the allopurinol?
○ 1. “I will take the medication whenever my joints hurt.”
○ 2. “I must take this drug on an empty stomach.”
○ 3. “I should drink plenty of fluids when taking allopurinol.”
○ 4. “I should not take aspirin when taking allopurinol.”

A client complains of severe vulvar itching. The nurse recognizes that a client with moniliasis (Candida albicans) has a vaginal discharge that is
○ 1. yellow-green in color.
○ 2. thick and white.
○ 3. fishy smelling.
○ 4. purulent.

The next-door neighbor of a nurse comes over to say that her toddler just got burned on the arm. The nurse should advise the mother to first
1. pack the arm in ice, then take the child to the closest emergency room.
2. rub the burned area with an antibacterial ointment, then call the doctor.
3. run cool water over the burned area, then wrap it in a clean cloth.
4. call the child’s health care provider immediately, then wrap the arm in a clean cloth.

167. The nursing assessment of a client with osteomyelitis of the left great toe reveals pain with partial weight bearing, unsteady gait, and complaints of general weakness. Based on these data, the priority nursing diagnosis for the client is
   ○ 1. Impaired Physical Mobility.
   ○ 2. Impaired Skin Integrity.
   ○ 3. Ineffective Coping.
   ○ 4. Risk for Injury.

168. A client receiving a blood transfusion begins to complain of chills and headache within the first 15 minutes of the transfusion. Based on these data, what should be the nurse’s first response to the client’s complaints?
   ○ 1. Administer acetaminophen.
   ○ 2. Take the client’s blood pressure.
   ○ 3. Discontinue the transfusion.
   ○ 4. Check the infusion rate of the blood.

169. A 72-year-old client is referred for counseling. During the initial nursing assessment, the client denies the need for counseling. The nurse would agree with her if she made which of the following comments?
   ○ 1. “My doctor just put me on an antidepressant, and I’ll be fine in a week or so.”
   ○ 2. “My daughter sent me here. She’s mad because I don’t have the energy to take care of my grandkids.”
   ○ 3. “Since I’ve gotten over the death of my husband, I’ve had more energy and been more active than before he died.”
   ○ 4. “My son got worried because I made this silly comment about wanting to be with my husband in heaven.”

170. A client takes isosorbide dinitrate (Isordil) as an antianginal medication. Which of the following statements indicates that the client understands the side effects of the drug?
   ○ 1. “I should take my pulse before taking the medication.”
   ○ 2. “I should take Isordil with food.”
   ○ 3. “I will need to change positions slowly so I won’t get dizzy.”
   ○ 4. “It is important that I report any swelling in my ankles.”

171. The nurse is working on discharge plans with a client who is diagnosed with intermittent explosive disorder, characterized by sudden angry outbursts. The nurse determines that the client is ready for discharge when he makes which of the following comments?
   ○ 1. “I’m just not going to let myself get angry anymore.”
   ○ 2. “Drinking doesn’t help, but I like being with my buddies at the bar.”
   ○ 3. “I’ll be taking valproic acid (Depakote) and propranolol (Inderal) forever to help stay in control.”
   ○ 4. “It would help if my mom would stop getting on my case all the time.”

172. The nurse walks into a client’s room to administer the 9 AM medications and notices that the client is in an awkward position in bed. What is the nurse’s first action?
   ○ 1. Ask the client his name.
   ○ 2. Check the client’s name band.
   ○ 3. Straighten the client’s pillow behind his back.
   ○ 4. Give the client his medications.

173. Which of the following would be an expected outcome for a client 24 hours after an abdominal hysterectomy?
   ○ 1. Bowel sounds will be heard on auscultation.
   ○ 2. The perineal pad will have a minimal amount of serous drainage.
   ○ 3. The client will express feelings of a positive body image.
   ○ 4. The client will perform leg exercises hourly.

174. A client has been prescribed furosemide (Lasix) 80 mg twice daily. The cardiac monitor technician informs the nurse that the client has started having rare premature ventricular contractions (PVC) followed by runs of bigeminy lasting 2 minutes. During the assessment, the nurse determines that the client is asymptomatic and has stable vital signs. Which of the following actions should the nurse perform next?
   ○ 1. Call the physician.
   ○ 2. Check the client’s potassium level.
   ○ 3. Summon the nurse manager.
   ○ 4. Administer potassium.

175. During a home visit 3 weeks after delivery of a term neonate, a primiparous client tells the nurse that she has had tremendous mood swings, uncontrollable crying, loss of energy, and no appetite. Based on an analysis of the client’s assessment findings, which of the following would the nurse suspect?
   ○ 1. Postpartum blues.
   ○ 2. Postpartum depression.
   ○ 3. Postpartum psychosis.

176. After a child with leukemia dies, the mother asks the nurse, “What if we had brought her in when she
first complained of an earache?” Which of the following would be the nurse’s best response to the mother?
- 1. Explain that nothing could have helped the child.
- 2. Provide comfort by saying that the child is no longer suffering with an incurable illness.
- 3. Reassure the mother that all possible care was given.
- 4. Explain that infections are often the result of leukemia rather than the cause of it.

177. The nurse has received the following information from unlicensed assistant personnel about various clients. Which of the following clients should the nurse assess immediately?
- 1. A postoperative client who has a temperature of 100°F (37.8°C).
- 2. A client who had a TURP and complains of bladder spasms with 60 mL of urine output from his catheter.
- 3. A client with an ileal conduit who has a urinary appliance pouch that is one-third full of urine.
- 4. A client recovering from a bronchoscopy with a biopsy who expectorates a small amount of bloody sputum.

178. The physician orders 500 mL of D5W to be administered over 10 hours. Using a microdrip administration set, to what flow rate would the nurse adjust the IV?
- 1. 50 gtt/minute.
- 2. 60 gtt/minute.
- 3. 75 gtt/minute.
- 4. 100 gtt/minute.

179. A client who had been taking phenelzine (Nardil) is being switched to fluoxetine (Prozac) by the physician. Which of the following facts would the nurse emphasize with the client?
- 1. The client must wait 14 days before he can start taking fluoxetine (Prozac).
- 2. The client must have his blood levels drawn every week while taking fluoxetine (Prozac).
- 3. The client must notify his physician before taking any over-the-counter medication.
- 4. The client must report symptoms of headache and nausea to the physician immediately.

180. The nurse would evaluate that a client is coughing effectively after surgery if the nurse observes which of the following activities?
- 1. The client breathes through her nose, holds her breath, and then exhales slowly before coughing.
- 2. The client takes short, panting breaths and coughs from the throat to expectorate sputum.
- 3. The client takes a deep abdominal breath and then “huff” coughs three or four times.
- 4. The client takes three deep breaths and then coughs forcefully.

181. A 14-year-old nulligravid client with no history of prenatal care is admitted to the birthing unit in active labor. On admission, the client’s cervix is dilated to 9 cm, completely effaced, at 1+ station. The client is thrashing in the bed, screaming and crying, and tells the nurse, “Do something for the pain!” Which of the following would the nurse do first?
- 1. Tell the client to calm down immediately.
- 2. Tell the client to breathe deeply with each contraction.
- 3. Get the client’s attention by looking her in the eyes.
- 4. Call the physician for an order for analgesia.