   a. **Pulmonary emboli**
   b. Cardiac tamponade
   c. Widened pulse pressure
   d. Hemothorax

39. Client with schizophrenia and experiences auditory hallucinations. Which actions should the nurse include in the plan?
   a. Refer to the hallucinations as if they are real
   b. Encourage the client to lie down in a quiet room
   c. **Ask the client directly what he is hearing**
   d. Avoid eye contact with the client
40. Circumcised newborn. Which of the following instructions should the nurse include in the teaching?
   a. "Wrap sterile gauze around the penis if bleeding occurs."
   b. "Use soap to cleanse the site."
   c. "Apply petroleum jelly to the glans with diaper changes."
   d. "Remove yellow exudate around the penis."
41. Crohn's disease. Which of the following diagnostic procedures should the nurse plan to teach the client regarding pernicious anemia?
   a. **Schilling test** *(medsurg pg. 254)*
   b. Oral glucose tolerance test
   c. D-dimer test
   d. Thyroid scan
42. A nurse is creating a care plan for a client who is postoperative following a CABG. To prevent complications of cardiac surgery, which of the following instructions should the nurse include in the plan of care?
   a. Administer atropine to the client if tachycardia is present
   b. Maintain the indwelling urinary catheter until the client is ready for discharge
   c. Prepare for fluid volume replacement if the central venous pressure steadily increases
   d. **Check the client's hemoglobin level if chest tube drainage is 300 mL in the first 1 hr** *(medsurg pg. 185: volume exceeding 150 mL/hr could be a sign of hemorrhage)*
43. A nurse is reviewing the medication administration record of a client who has rheumatoid arthritis and is 1 day postoperative following a left total hip arthroplasty. Which of the following medications places the client at risk for delayed wound healing?
   a. Morphine
   b. Digoxin
   c. **Prednisone**
   d. Omeprazole
44. Client becomes unconscious and monitor displays v-tach. Which action should the nurse take first after determining the client does not have a palpable pulse?
   a. Establish IV access
   b. Administer epinephrine
   c. **Defibrillate**
   d. Assess heart sounds
45. A nurse is caring for several clients on a med surg unit. For which of the following nursing activities is it required that the nurse use sterile gloves?
   a. Initiating IV assess

   b. **Performing tracheostomy care**
   c. Inserting an NG tube
   d. Administering total parenteral nutrition through a central venous assess device

46. Lab results s/p surgery. Which should be reported to the provider?
   a. **Na 160 mEq/L**
   b. Cl 100 mEq/L
   c. Bicarbonate 26 mEq/L
   d. K 3.8 mEq/L

47. Nurse is developing care plan for client on Buck's traction and is schedules for surgery for a fractured femur of the right leg. Which should the nurse delegate to an AP?
   a. Observe the position of the suspended weight
   b. **Remind the client to use the incentive spirometer**
   c. Check the client's pedal pulse on the right leg
   d. Ask client to describe her pain

48. Client in ER experiencing stimulant withdrawal. Which finding should the nurse expect?
   a. Decreased appetite
   b. Runny nose
   c. Muscle spasms
   d. **Fatigue**

49. Postpartum client with a language barrier. Which of the following actions should the nurse take to gather the client's admission data?
   a. Allow client's partner to translate
   b. **Request female interpreter through the facility**
   c. Have client's child translate
   d. Ask nursing student who speaks the same language as the client to translate

50. Operating fire extinguisher [arrange]
   1) Unlock the handle by pulling on the pin
   2) Point the hose at the base of the fire
   3) Squeeze the handle by pulling on the pin
   4) Sweep the extinguisher from side to side

51. A nurse in a mental health clinic receives a request from a client who is undergoing psychotherapy obtain a copy of the therapist's notes. Which of the following responses should the nurse make?
   a. "Are you not happy with your treatment?"
   b. "Why are you interested in seeing your therapist's notes?"
   c. "I don't think you will benefit from reviewing your therapist's notes right now."
   d. **"We can provide a copy of your records, but the therapist's notes are not included."**

52. A nurse is assessing a client who has hypervolemia. Which of the findings should the nurse expect?
   a. Urinary frequency
   b. Decreased BP
   c. **Bounding pulse** *(medsurg pg. 267)*
   d. Bradycardia

53. Inserting indwelling urinary catheter to a male client. Which of the following actions should the nurse take?

b. Document client care at the end of the shift
c. Skip breaks until client tasks are completed
d. Make a client to-do list for the day

61. Protocols for belt restraints. Which of the following guidelines should the nurse include?
    a. Remove the client's restraint every 4 hr.
    b. Request a PRN restraint prescription for clients who are aggressive
    c. Attach the restraint to the bed's side rails
    d. Document the client's condition every 15 min
62. Assessing client in ER. Which of the following actions should the nurse take first? [View Exhibit]
    a. Obtain ABG levels
    b. Elevate the head of the client's bed to 30°
    c. Place client on a coating blanket
    d. Administer an analgesic
63. Client who has depressive disorder and a new prescription for amitriptyline. Which of the following statements by the client indicators an understanding of the teaching?
    a. "I can continue to take St. John's wort while taking this medication."
    b. "I know it will be a couple of weeks before the medication helps me feel better." *(pharm pg. 56: it can take 10-14 days or longer)*
    c. "I expect this medication to raise my blood pressure."
    d. "I should take this medication on an empty stomach."
64. A nurse is preparing to feed a newly admitted client who has dysphagia. Which of the following actions should the nurse plan to take?
    a. Instruct the client to lift her chin when swallowing
    b. Sit at or below the client's eye level during feedings
    c. Talk with the client during her feeding
    d. Discourage the client from coughing during feedings
65. Child with sickle cell anemia. The nurse should emphasize the importance of which of the following factors to prevent sickle cell crisis?
    a. A low-protein diet
    b. Adequate hydration
    c. Calorie restriction
    d. Increased iron intake
66. Client with indwelling urinary catheter. Which of the following actions should the nurse take to provide catheter care?
    a. Provide perineal hygiene after defecation
    b. Empty the collected urine once every 24 hr.
    c. Hang the drainage bag on a bed rail
    d. Change the indwelling catheter every 8 hr.
67. Client experiencing acute mania. Which of the foods should the nurse provide for this client?
    a. Peanut butter sandwich
    b. Chicken noodle soup
    c. Celery sticks
    d. Oatmeal with butter
68. ??????????

c. Eat a light snack before bedtime

d. Stay in bed at least 1 hr. if unable to fall asleep

176. Which of the following actions by the LPN indicates the need for intervention by the charge nurse?

a. Inserts an NG tube for a client using clean technique

b. Stabilizes a client's indwelling urinary catheter with the nondominant prior to inflation of the balloon

c. Uses an IV infusion pump to administer TPN nutrition to a client

d. Crushes an SL tablet to administer into a client's feeding tube

177. A 3-day old newborn that has a congenital heart defect. Which of the following interventions should the nurse include to decrease cardiac demands for the newborn?

a. Feed the infant when she is awake and crying

b. Maintain the infant's temperature at 37° C (98.6° F)

c. Encourage the infant's parents to limit visitation and physical touch

d. Keep the infant's bed in a flat position

178. ????

179. A nurse is teaching a parent about absence seizures. Which of the following information should the nurse include?

a. "The child usually has an aura prior to onset."

b. "This type of seizure can be mistaken for daydreaming."

c. "This type of seizure has a gradual onset."

d. "This type of seizure lasts 30-60 seconds."

180. A nurse on a medical-surgical unit is delegating tasks to an AP. Which of the following client care tasks is within the scope of practice for the AP?

a. Explaining the steps for a 24-hr urine collection

b. Assisting with low-carbohydrate diet selections

c. Interpreting blood glucose values

d. Performing postmortem care