

B. Bradycardia

C. Clammy skin

D. Bradypnea - *CORRECT ANSWERS* - A. Hypotension

Tachycardia, hot dry skin, and tachypnea are other manifestations of heat stroke

A home health nurse is discussing the dangers of food poisoning w/a client. Which of the following info should the nurse include in her counseling? Select all.

A. Most food poisoning is caused by a virus

B. Immunocompromised individuals are at risk for complications from food poisoning

C. Clients who are especially at risk are instructed to eat or drink only pasteurized milk, yogurt, cheese, or other dairy products

D. Healthy individuals usually recover from the illness in a few weeks

E. Handling raw & fresh food separately to avoid cross contamination may prevent food poisoning - *CORRECT ANSWERS* - B, C, E

Most food poisoning is caused by a bacteria such as E. coli.

Healthy individuals usually recover in a few days.

A nurse is caring for a client diagnosed w/severe acute respiratory syndrome (SARS). The nurse is aware that health care professionals are required to report communicable & infectious diseases. Which of the following illustrate the rationale for reporting? Select all.

- A. Planning & evaluating control & prevention strategies
- B. Determining public health priorities
- C. Ensuring proper medical treatment
- D. Identifying endemic disease
- E. Monitoring for common-source outbreaks - *CORRECT ANSWERS* - A, B, C, E

Not D because endemic disease is already prevalent within a population, so reporting is not necessary

A nurse is contributing to the plan of care for a client who is being admitted to the facility w/a suspected diagnosis of pertussis. Which of the following should the nurse include in the plan of care? Select all that apply.

- A. Place the client in a room that has negative air pressure of at least 6 exchanges/hr
- B. Wear a mask when providing care within 3 ft of the client
- C. Place a surgical mask on the client if transportation to another dept is unavoidable
- D. Use sterile gloves when handling soiled linens
- E. Wear a gown when performing care that may result in contamination from secretions - *CORRECT ANSWERS* - B, C, E

Private room w/droplet precautions indicated for this client.

The nurse should wear a gown when contamination from body fluids might happen

- A. Place the client in semi-Fowler's position
- B. Have the client rest an arm across the abdomen
- C. Observe 1 full respiratory cycle before counting the rate
- D. Count the rate for 1 min if it is regular
- E. Count & report any signs the client demonstrates - *CORRECT ANSWERS* - A, B, C

For D, this is if the rate is irregular after initial count, for E, sighs are expected & don't need to be reported

A nurse who is admitting a client who has a fractured femur obtains a BP reading of 140/94 mmHg. The client denies any history of HTN. Which of the following actions should the nurse take next?

- A. Request a prescription for an antihypertensive med
- B. Ask the client if she is having pain
- C. Request a prescription for an anti-anxiety med
- D. Return in 30min to recheck the client's BP - *CORRECT ANSWERS* - B

Perform a pain assessment would be the appropriate action to take next

A nurse is performing an admission assessment on a client. When measuring her vital signs, the nurse finds that her radial pulse rate 68/min & her simultaneous apical pulse rate is 84/min. What is the client's pulse deficit? - *CORRECT ANSWERS* -16/min

the pulse deficit is the difference between the apical & radial pulse rates.

$$84-68=16$$

- A. Encourage isometric exercises
- B. Suction Q8 hr
- C. Give low-dose heparin
- D. Promote incentive spirometer use - *CORRECT ANSWERS* - Answer: D. it helps keep airways open and prevent atelectasis

- A-this strengthens skeletal muscles
- B-this is not indicated
- C-helps prevent thrombus formation

A nurse is caring for a client who is postop. Which of the following nursing interventions reduce the risk of thrombus development? Select all.

- A. Instruct the client not to use the Valsalva maneuver
- B. Apply elastic stockings
- C. Review lab values for total protein level
- D. Place pillows under the client's knees & lower extremities
- E. Assist the client to change position often - *CORRECT ANSWERS* - B, E

A nurse is instructing a postop client about the sequential compression device the provider has prescribed. Which of the following statements should indicate to the nurse that the client understands the teaching?

- A. "This device will keep me from getting sores on my skin."
- B. "This thing will keep the blood pumping through my leg."

low-residue diets are low in fiber and easy to digest: dairy products especially

A nurse is caring for a client who weighs 80 kg (176 lb) and is 1.6 m ( 5 ft 3 in) tall. Calculate her BMI & determine whether this client is obese based on her BMI. - *CORRECT ANSWERS* -BMI=30

above 30 equals obese so yes.

A nurse in a senior center is counseling a group of older adults about their nutritional needs & considerations. Which of the following info should the nurse include? Select all.

- A. Older adults are more prone to dehydration than younger adults are
- B. Older adults need the same amount of most vitamins & minerals as younger adults do
- C. Many older men & women need calcium supplementation
- D. Older adults need more calories than they did when they were younger
- E. Older adults should consume a diet low in carbs - *CORRECT ANSWERS* -A, B, C

D-they need fewer calories not more

E-they need more carbs & fiber

A nurse is caring for a client who is 1 day postop following a total knee arthroplasty. The client states his pain level is a 10 on a scale of 0-10. After reviewing the client's medication administration record, which of the following medications should the nurse administer?

C. "Administer tablets through the tube slowly."

D. "Mix all the crushed meds prior to dissolving in water." - *CORRECT*

*ANSWERS -A*

The client should flush the tube w/15-30 mL of water to prevent clogging of the tube

A nurse educator is teaching a module on pharmacokinetics to a group of newly licensed nurses. Which of the following statements by a newly licensed nurse indicates an understanding of the 1st-pass effect?

A. "Some meds block normal receptor activity regulated by endogenous compounds or receptor activity caused by other meds."

B. "Some meds may have to be administered by a parenteral route to avoid inactivation as they travel through the liver."

C. "Some meds leave the body more slowly & therefore have a greater risk of accumulation & toxicity."

D. "Some meds have a wide safety margin, so there is no need for routine serum medication level monitoring." - *CORRECT ANSWERS -B.*

first pass deals with the liver

A nurse is teaching an adult client how to administer ear drops. Which of the following statements by the client indicates understanding of the proper technique?

A. "I will straighten my ear canal by pulling my ear down & back."

B. "I will gently apply pressure w/my finger to the tragus of my ear after putting in the drops."

A nurse is caring for a client who is having difficulty breathing. The client is lying in bed & is already receiving oxygen therapy via nasal cannula. Which of the following interventions is the nurse's priority?

- A. Increase the oxygen flow
  - B. Assist the client to Fowler's position
  - C. Promote removal of pulmonary secretions
  - D. Obtain a specimen for arterial blood gases - *CORRECT ANSWERS - B*
- Fowler's facilitates better breathing

A nurse is preparing to perform endotracheal suctioning for a client. Which of the following are appropriate guidelines for the nurse to follow? Select all.

- A. Apply suction while withdrawing the catheter
- B. Perform suctioning on a routine basis, Q2-3 hours
- C. Maintain medical asepsis during suctioning
- D. Use a new catheter for each suctioning attempt
- E. Limit suctioning to 2-3 attempts - *CORRECT ANSWERS - A, D, E*

B-Suctioning is not w/out risk so it should be done as needed, not routinely.

C-endotracheal suctioning requires surgical asepsis

A nurse is caring for a client who has a tracheostomy. Which of the following actions should the nurse take each time he provides tracheostomy care? Select all.