



1. 9. A client who has a diagnosis of complete placenta previa is admitted to the labor and delivery suite at 36 weeks gestation with contractions 5 min in frequency and 1 min in duration. Which of the following actions should the nurse take? Prepare the client for a cesarean section
- A. Rupture the amniotic sac
 - B. Medicate the client for pain
 - C. Prepare the client for a cesarean section
 - D. Perform a vaginal exam
-
2. 177. A nurse enters a client's room and finds the client lying on the floor in a puddle of water. Which of the following statements should the nurse document in an incident report? Client found lying on the floor near the bedside table
- A. Client fell out of bed because an assistive personnel left the rails of the bed down
 - B. Client's roommate thinks the client is confused and fell when getting out of bed
 - C. Client appears to have slipped in water but reports no injuries
 - D. Client found lying on the floor near the bedside table
-
3. 178. A charge nurse on a pediatric unit is making assignments for a float nurse from the medical unit. Which of the following clients is appropriate to assign to the float nurse? A 10-year-old client who has pneumonia and is receiving respiratory treatments
- A. A 10-year-old client who has pneumonia and is receiving respiratory treatments
 - B. A 4-year-old client who has a Wilms tumor and is receiving chemotherapy
 - C. An 8-month-old client who is scheduled for a surgi-



cal repair of a ventricular septal defect tomorrow

D. A 14-year-old client who is scheduled for discharge today following placement of a Herrington rod

4. 179. A nurse is preparing to administer vancomycin to a client who has an infected wound. The nurse should plan to monitor for which of the following adverse reactions? Ototoxicity
- A. Hepatotoxicity
 - B. Ototoxicity
 - C. Hypercalcemia
 - D. Hypertension
-

5. 180. A nurse is assessing an infant who has water intoxication. Which of the following findings should the nurse expect? Thready pulse
- A. Generalized edema
 - B. Elevated urine specific gravity
 - C. Thready pulse
 - D. Increased hematocrit
-

6. 1. A home health nurse is conducting an initial home visit for a client who has terminal breast cancer. The client has two school-age children and a limited support system. Which of the following is the priority nursing action? Inform the client of available community resources
- A. Inform the client of available community resources
 - B. Assist the client in finding child care options
 - C. Agree upon short-term goals for the client
 - D. Ask the client about their understanding of the diagnosis
-

7.



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2. A nurse in an emergency department is assessing a client who has a nasal fracture. Which of the following findings should cause the nurse to suspect a skull fracture?
- Clear fluid drainage from the nares
- A. Clear fluid drainage from the nares
 - B. Report of pain around the eyes
 - C. Dried blood in the mouth
 - D. Mandibular asymmetry
-
8. 3. A nurse in an urgent care clinic is collecting admission history from a client who is at 16 weeks of gestation and has bacterial vaginosis. The nurse should recognize that which of the following clinical findings are associated with this infection?
- Profuse milky white discharge
- A. Profuse milky white discharge
 - B. Frequency and dysuria
 - C. Low-grade fever
 - D. Hematuria
-
9. 4. A nurse is discussing the z-track administration of hydroxyzine with a newly licensed nurse. Which of the following statements indicates the newly licensed nurse understands the purpose of the technique?
- This technique decreases the risk of subcutaneous infiltration
- A. This technique prevents injury to the sciatic nerve
 - B. This technique decreases the risk of subcutaneous infiltration
 - C. This technique allows a larger amount of medication to be injected
 - D. This technique increases the absorption rate of the drug
-
10. Dry the newborn



10. A nurse is caring for a full-term newborn immediately following birth. Which of the following actions should the nurse take first?

- A. Instill erythromycin ophthalmic ointment in the newborn's eyes
 - B. Weigh the newborn
 - C. Place identification bracelets on the newborn
 - D. Dry the newborn
-

11. 11. A nurse is planning to provide community education about viral hepatitis. Which of the following should the nurse plan to include in the teaching?

- A. A series of four hepatitis vaccines is recommended to prevent viral hepatitis
- B. Hepatitis B is transmitted by contaminated food
- C. Chronic hepatitis can lead to renal cell cancer
- D. Clients who have a history of viral hepatitis are unable to donate blood

Clients who have a history of viral hepatitis are unable to donate blood

12. 12. A nurse in a residential mental health facility is planning care for a new client who has obsessive compulsive disorder. Which of the following is appropriate for the nurse to include in the plan of care?

- A. Work with the client to create a flexible daily schedule
- B. Gradually decrease the time allowed for ritualistic behavior
- C. Offer solutions to assist in problem solving
- D. Teach the client to meditate about obsessive thoughts

Work with the client to create a flexible daily schedule

13.

Malnutrition



13. A nurse is assessing an adult male who has a BMI of 20. The nurse should identify that the client's BMI falls within which of the following categories?

- A. Healthy weight
 - B. Malnutrition
 - C. Overweight
 - D. Obesity
-

14. 14. A nurse is caring for a client who is nulliparous and in the first stage of labor. The last internal assessment revealed 100% cervical effacement with 5 cm of dilation. At the end of the last contraction, the nurse observes a large gush of fluid coming out of the client's perineal area. Which of the following is a priority action by the nurse?

Check the FHR

- A. Perform another internal exam
 - B. Notify the client's provider
 - C. Check the FHR
 - D. Obtain a pH test of the fluid
-

15. 15. A nurse is creating a plan of care for a client who has anorexia nervosa. Which of the following interventions should the nurse include in the plan?

I think its D

- A. Encourage the client to gain 2.3 kg per week
 - B. Weigh the client once per week throughout hospitalization
 - C. Monitor the client for 1 hr after meals
 - D. Allow the client to choose meal times
-

16. 16. A nurse is performing a skin assessment on a client who has risk factors for development of skin cancer. The nurse should understand that a suspicious lesion

Asymmetric, with variegated coloring



is

- A. Asymmetric, with variegated coloring
 - B. Scaly and red
 - C. Brown, with a wart-like texture
 - D. Firm and rubbery
-

17. 17. A nurse is assessing a client's internal eye structures with an ophthalmoscope. Which of the following actions should the nurse take? Dim the lights in the room prior to the examination
- A. Position the examination light toward the client's face
 - B. Stand on the right side of the client when examining the left eye
 - C. Dim the lights in the room prior to the examination
 - D. Place the ophthalmoscope directly against the client's forehead
-
18. 18. A nurse is observing a newly licensed nurse irrigate a client's wound. Which of the following actions should the nurse identify as an indication that the newly licensed nurse understands wound irrigation? Administers PO analgesia 20 minutes prior to irrigation
- A. Cleanses the wound with povidone-iodine with cotton balls
 - B. Administers PO analgesia 20 min prior to irrigation
 - C. Warms the irrigation solution in the microwave oven prior to application
 - D. Irrigates the wound from the top to the bottom
-
19. 19. A nurse is planning care for a child who has increased intracranial pressure with a decrease in level of consciousness. Which of the following interventions should the nurse include in the plan of care? Maintain the head at a midline position



- A. Perform active range-of-motion exercises
 - B. Maintain the head at a midline position
 - C. Suction the airway frequently
 - D. Perform neurological checks every 4 hrs
-

20. 20. A nurse notices smoke coming from a client's room and discovers a fire in the wastebasket. After moving the client to safety, which of the followings is the priority action? Close the fire door on the unit
- A. Notify the facility operator
 - B. Close the fire doors on the unit
 - C. Turn off oxygen sources
 - D. Put out the fire with the appropriate extinguisher
-

21. 21. A nurse is talking with an adult child of a client who was involuntarily admitted to an inpatient mental health facility. Which of the following statements should the nurse make? The provider can prescribe restraints if your parent tries to harm others
- A. The provider will notify your patient's employer about admission to the facility
 - B. Your parent will have to take the medication that the doctor prescribes
 - C. Your parent might have electroconvulsive therapy without providing consent
 - D. The provider can prescribe restraints if your parent tries to harm others
-

22. 22. A nurse is assessing a client who has delirium due to a febrile illness. Which of the following findings should the nurse expect? Hallucinations
- A. Hallucinations
 - B. Agnosia



- C. Bradycardia
 - D. Aphasia
-

23. 23. A nurse is assessing a client who is receiving enter- Bounding pulses
al feedings via a gastrostomy tube. The nurse should
identify that which of the following findings indicates
fluid overload?
A. Diminished bowel sounds
B. Bradycardia
C. Hypotension
D. Bounding pulses

24. 24. A nurse is caring for a client following an open Hyperemesis
colectomy. Which of the following findings places the
client at risk for delayed wound healing?
A. INR 1.1
B. Hyperemesis
C. HbA1c 5.6%
D. Uncontrolled pain

25. 25. A nurse is assessing a client who has a complete Heart rate greater than
heart block and is receiving transcutaneous pacing. 60/min
Which of the following findings indicates to the nurse
that the treatment is effective?
A. Heart rate greater than 60/min
B. Pedal pulses 2+
C. Pacer spikes after the QRS complex
D. Distended jugular veins

26. 26. A nurse is caring for a client who is taking levothy- Weight loss
roxine. Which of the following findings should indicate
to the nurse that the medication is effective?
A. Decreased blood pressure



- B. Weight loss
 - C. Decreased inflammation
 - D. Absence of seizures
-

27. 27. A nurse at the family planning clinic triages several client over the phone. Which of the following clients should the nurse instruct to come to the clinic?
- A client who has sharp pain in her shoulder following a laparoscopic tubal ligation yesterday
- A. A client who uses a diaphragm for contraception and has lost 30 lb in the past 6 months dieting
 - B. A client who had an intrauterine device inserted yesterday and has cramping and bleeding
 - C. A client who has started taking oral contraceptives and is experiencing bright red vaginal breakthrough bleeding
 - D. A client who has sharp pain in her shoulder following a laparoscopic tubal ligation yesterday
-

28. 28. A home health nurse is reviewing treatment goals with a client who has diabetes mellitus. The nurse should evaluate which of the following laboratory tests to determine effective long-term management of blood glucose levels?
- HbA1C
- A. 3-hr oral glucose tolerance test
 - B. HbA1c
 - C. Fasting blood glucose test
 - D. Urinalysis for ketones
-

29. 29. A nurse is caring for a client who has neutropenia due to HIV. Which of the following precautions should the nurse take while caring for this client?
- Use a dedicated stethoscope
- A. Wear an N95 respirator
 - B. Insert an indwelling urinary catheter to monitor
-



urinary output

C. Monitor the client's vital signs every 8 hr

D. Use a dedicated stethoscope

30. 30. A nurse is planning care for a client who has a gambling disorder. Which of the following instructions should the nurse provide to the client? Participate in a 12-step program

A. Participate in a 12-step program

B. Plan to take clozapine for the next 6 months

C. Use systematic desensitization to decrease gambling behaviors

D. Learn to use projection to adapt to stressful experiences

31. 31. A nurse is caring for a client who reports difficulty falling asleep at night. Which of the following actions should the nurse take? Tell the client to avoid drinking fluids 1 hr before bedtime

A. Encourage the client to ambulate in the hallway 1 hr before bedtime

B. Tell the client to avoid drinking fluids 1 hr before bedtime

C. Schedule routine care tasks during hours when the client is awake

D. Advise the client to leave the television in the room on when trying to fall asleep

32. 32. A nurse is planning care for a newborn who has hyperbilirubinemia and is to receive phototherapy. Which of the following interventions should the nurse include? Place the newborn 45 cm from the light source

A. Clothe the newborn in light cotton

B. Check the newborn's temperature every 8 hrs.



- C. Administer 120 mL of water between feedings
 - D. Place the newborn 45 cm from the light source
-

33. 33. A nurse is providing teaching to a client who is at 8 week gestation and experiencing episodes of nausea and vomiting. Which of the following instructions should the nurse include? Eat a dry carbohydrate before getting out of bed
- A. Brush teeth immediately after eating
 - B. Lay down for 30 min after meals
 - C. Drink 12 oz of water with each meal
 - D. Eat a dry carbohydrate before getting out of bed
-

34. 34. A nurse is teaching a client who is scheduled for placement of a peripherally inserted central catheter line. Which of the following information should the nurse include in the teaching? Your PICC line will allow long-term access for antibiotic therapy
- A. Your PICC line will allow long-term access for antibody therapy
 - B. You should use a 5-milliliter barrel syringe to flush your PICC line at home
 - C. Your PICC line must be placed in your nondominant arm
 - D. You should immobilize the arm with the PICC line using a sling
-

35. 35. A nurse is planning care for a client who has schizophrenia and is having difficulty expressing their feelings. Which of the following referrals should the nurse make? Social worker
- A. Art therapist
 - B. Speech-language pathologist



- C. Social worker
 - D. Recreational therapist
-

36. 36. A nurse in a mental health clinic is observing clients in the day room. The nurse sits down to talk with an adolescent client who was admitted with clinical depression. After a few minutes of conversation, the adolescent asks the nurse, "Why did you choose to talk to me out of this room full of kids?" Which of the following responses by the nurse is therapeutic?
- You're curious why I am interested in you and not the others
- A. You looked like you would be the most likely to talk back with me
 - B. Let's go see what activities are going on outside
 - C. Why shouldn't I talk to you? You looked lonely
 - D. You're curious why I am interested in you and not the others?
-
37. 37. An occupational health nurse at a group of health care clinics is planning activities to prevent and control the spread of communicable disease. The nurse should identify that which of the following activities is a secondary level of prevention?
- Tuberculosis screenings
- A. Influenza immunizations
 - B. Tuberculosis screenings
 - C. Presentations about safer sex practices
 - D. Evaluations of bloodborne pathogen policies
-
38. 38. A nurse is caring for a client who has heart failure and has started taking a loop diuretic. Which of the following findings indicates the client is experiencing an adverse effect of the medication?
- Decreased reflexes
- A. Decreased reflexes



- B. Weight gain of 1.4 kg
 - C. Increased urinary output
 - D. Jugular vein distention
-

39. 39. A nurse is caring for a client who is postoperative following a bowel surgery and has an NG tube connected to low intermittent suction. Which of the following assessment findings should indicate to the nurse that the NG tube might not be functioning properly? Abdominal rigidity
- A. Wall suction set to 60 mmHg
 - B. Drainage fluid is greenish-yellow
 - C. Aspirate pH of 3
 - D. Abdominal rigidity
-

40. 40. A nurse is caring for a 7-year-old child who has severe dehydration. Which of the following findings should the nurse expect? Heart rate 152/min
- A. Blood pressure 94/68 mmHg
 - B. Urinary output 30 mL/hr
 - C. Respiratory rate 24/min
 - D. Heart rate 152/min
-

41. 41. A client who is having suicidal thoughts tells the nurse, "It just does not seem worth it. Why not end my misery?" Which of the following responses by the nurse is appropriate? Do you have a plan to end your life?
- A. Why do you think your life is not worth it anymore?
 - B. You can trust me and tell me what you are thinking?
 - C. I need to know what you mean by misery?
 - D. Do you have to plan to end your life?
-

42.



42. A nurse is caring for a client who has schizophrenia. Which of the following findings is the nurse's priority? The client reports hearing voices

- A. The client asks other clients on the unit for help with bathing and getting dressed
- B. The client refuses to take prescribed oral risperidone
- C. The client reports hearing voices
- D. The client's thoughts jump rapidly from one idea to the next when speaking

43. 43. At the start of an evening shift on a cardiac unit, a licensed practical nurse brings the nurse a list of client reports. Which of the following client reports should the nurse assess first? Indigestion

- A. Constipation
- B. Indigestion
- C. Swollen ankles
- D. Urinary frequency

44. 44. A nurse is caring for a client who has just returned to the unit following a bronchoscopy. Which of the following actions by the assistive personnel requires the nurse to intervene? Offers oral fluids to the client

- A. Encourages the client to use the incentive spirometer
- B. Elevates the head of the client's bed
- C. Offers oral fluids to the client
- D. Checks the client's pulse oximetry

45. 45. A nurse is reviewing the medical history of a client who is taking a garlic supplement. The nurse should The client takes aspirin daily



identify that which of the following findings is a contraindication for taking this supplement?

- A. The client is taking an antidepressant
 - B. The client has a history of a seizure disorder
 - C. The client takes aspirin daily
 - D. The client has a history of rheumatoid arthritis
-

46. 46. A nurse in a mental health facility is interviewing a newly admitted client. Which of the following actions should the nurse take when conducting the interview?
- A. Insist the client use direct eye contact during the interview
 - B. Seat the client at least 3.7m from the nurse
 - C. Position the client's chair between the nurse's chair and the door
 - D. Lean in slightly when speaking to the client
-

Seat the client at least 3.7m from the nurse

47. 47. A nurse on a medical unit has just received change-of-shift report. Which of the following clients should the nurse assess first?
- A. A 68 year old client who had a myocardial infarction 2 days ago and reports chest pain as a 4 on a scale of 0 to 10
 - B. A 48 year old client who has AIDS, pneumocystic pneumonia, and a temperature of 38.3 C (101F)
 - C. A 60 year old client who has COPD, is receiving 2 L/min O₂ via a nasal cannula, and has an oxygen saturation of 89%
 - D. A 26 year old female client who has pelvic inflammatory disease and is unable to void
-

A 68 year old client who had a myocardial infarction 2 days ago and reports chest pain as a 4 on a scale of 0 to 10



48. 48. A nurse is assessing a client prior to performing a blood draw. The nurse should identify that an allergy to which of the following food can indicate that the client has an allergy to latex? Avocados
- A. Peanuts
 - B. Shellfish
 - C. Avocados
 - D. Eggs
-
49. 49. A nurse is planning discharge teaching for a client who is scheduled to receive intravenous infusions at home. Which of the following instructions should the nurse plan to include? Place the infusion pump cord against the base-boards
- A. Plug the infusion pump in an outlet next to the bathroom
 - B. Pull the cord when unplugging the infusion pump
 - C. Clean the infusion pump when it is turned on
 - D. Place the infusion pump cord against the base-boards
-
50. 50. A nurse is preparing to witness a client's signature on an informed consent for a total knee arthroplasty. Which of the following client statements indicates the nurse should contact the surgeon? I am thankful there are no serious complications from this type of surgery
- A. I wonder if the metal in my knee will show up in airport screenings
 - B. The physical therapy has not been working, so I will need to have the surgery
 - C. I look forward to being able to bend my knee again when I sit in a chair
 - D. I am thankful there are no serious complications from this type of surgery
-



51. 5. A nurse plans to ambulate a client on the third day after cardiac surgery. Which of the following interventions should the nurse take so that the client will best tolerate ambulation? Premedicate the client with the prescribed analgesic
- A. Provide the client with a water
 - B. Premedicate the client with the prescribed analgesic
 - C. Obtain the client's vital signs and oximetry prior to ambulation
 - D. Reinforce the client's surgical dressing
-
52. 6. A nurse is planning the discharge of an infant who has tetralogy of Fallot. The nurse anticipates the need for which of the following equipment? Pulse oximeter
- A. Portable suction
 - B. Cervical collar
 - C. Hemodialyzer
 - D. Pulse oximeter
-
53. 7. A nurse is admitting a client who has antisocial personality disorder. Which of the following client behaviors should the nurse identify as consistent with this disorder? Uses others for personal gain
- A. Compulsive attention to details
 - B. Avoids interacting with others
 - C. Uses others for personal gain
 - D. Socially awkward in group situations
-
54. 8. A nurse is teaching the parent of a school-age child who has scabies about the application of permethrin 5% cream. The nurse should include which of the following as a potential adverse effect of the medica- Burning



tion?

- A. Burning
 - B. Discoloration
 - C. Photosensitivity
 - D. Alopecia
-

55. 149. A nurse is teaching a client who has a new prescription for digoxin. Which of the following statements should the nurse include in the teaching? Report a weight gain of one-half pound per day
- A. "Notify your provider if you experience muscle weakness."
 - B. "Reports a weight gain of one-half pound per day."
 - C. "Expect this medication to increase your blood pressure."
 - D. "You will need to take a diuretic while taking this medication."
-

56. 150. A nurse is planning teaching for a client who is at 10 weeks of gestation and has a history of urinary tract infections. Which of the following information should the nurse plan to include in the teaching about UTI prevention? Empty the bladder before and after intercourse
- A. Decrease intake of citrus foods and beverages
 - B. Wear nylon underwear
 - C. Empty the bladder before and after intercourse
 - D. Increase the time between voiding
-

57. 151. A nurse is providing discharge teaching to a client who is postpartum and plans to breastfeed. Which of the following should the nurse recommend the client increase in their diet during lactation? Iron
- A. Vitamin D



- B. Iron
 - C. Vitamin A
 - D. Calcium
-

58. 153. A nurse is caring for a client who has been taking propranolol. Which of the following findings indicates a need to withhold the medication? Pulse 54/min

- A. Blood pressure 156/90 mm Hg
 - B. Pulse 54/min
 - C. Potassium 5.2 mEq/L
 - D. Sodium 130 mEq/L
-

59. 154. A nurse is providing teaching about preventing mastitis to a client who is postpartum and breastfeeding her newborn. Which of the following instructions should the nurse include? Try to have your baby empty your breasts with each feeding

- A. "Wear an underwire bra between feedings."
 - B. "Cover your breasts immediately after feedings."
 - C. "Apply cold compresses to your breasts before feedings."
 - D. "Try to have your baby empty your breasts with each feeding."
-

60. 155. A nurse is caring for a client who is receiving total parenteral nutrition. Which of the following findings requires immediate intervention by the nurse? Weight increase of 2 kg in the past 24 hr

- A. Blood glucose level of 120 mg/dL
 - B. Serum sodium 138 mEq/L
 - C. Oral temperature of 37.6C
 - D. Weight increase of 2 kg in the past 24 hours
-

61. 159. A nurse is caring for a client who reports chest pain. Which of the following findings indicates my- Troponin I 1.8 ng/mL



cardiac damage?

- A. aPTT 80 seconds
 - B. Troponin I 1.8 ng/mL
 - C. Erythrocyte sedimentation rate 17 mm/hr
 - D. Human B-type natriuretic peptide 88 pg/mL
-

62. 160. A nurse is assessing a client who has a fentanyl patch in place for chronic pain. Which of the following findings should the nurse report to the provider? No bowel movement for 3 days
- A. No bowel movement for 3 days
 - B. Report of dry mouth
 - C. Respiratory rate 14/min
 - D. Potassium level 4.8 mEq/L
-

63. 161. A nurse is providing teaching to a client who has osteoporosis and a new prescription for alendronate. I will take this medication with 8 ounces of water Which of the following statements by the client indicates an understanding of the teaching?
- A. "I will take this medication within 15 minutes of eating."
 - B. "I will take this medication at bedtime."
 - C. "I will take this medication with 8 ounces of water."
 - D. "I will increase my caffeine intake while taking this medication."
-

64. 162. A nurse is caring for a client who experienced a stroke and has dysphagia. Which of the following findings should indicate to the nurse the client is at risk for aspiration? The client pockets food on one side of his mouth
- A. The client tucks his chin while swallowing food
 - B. The client sits upright in bed during meals



- C. The client pockets food on one side of his mouth
 - D. The client has a cough reflex
-

65. 167. A nurse is caring for a group of clients. Which of the following clients should the nurse assign to an assistive personnel?
- A client who had a stroke 2 days ago and needs help toileting
- A. A client who has chronic obstructive pulmonary disease and needs guidance on incentive spirometry
 - B. A client who had a myocardial infarction 3 days ago and reports chest pain
 - C. A client who had a stroke 2 days ago and needs help toileting
 - D. A client who has awoken following a bronchoscopy and requests a drink
-

66. 168. A nurse is caring for a client who is receiving continuous enteral feedings and reports diarrhea. Which of the following actions should the nurse take?
- Discard opened cans of formula after 24 hrs
- A. Discard opened cans of formula after 24 hrs
 - B. Replace the extension tubing every 48 hrs
 - C. Irrigate the tubing every 12 hr with 50 mL of warm water
 - D. Increase the infusion rate
-

67. 169. A nurse is caring for an adolescent who is receiving treatment for heart failure. Based on the client's chart findings, which of the following actions should the nurse plan to take?
- Withhold digoxin
- A. Administer furosemide
 - B. Withhold digoxin
 - C. Withhold spironolactone
 - D. Administer ferrous sulfate
-



-
68. 171. A nurse is reviewing the employee health program for new employees. Which of the following diagnostic assessments should the nurse recommend for all new employees to screen for the presence of tuberculosis? Mantoux test
- A. Sputum culture
 - B. Chest x-ray
 - C. QuantiFERON-TB Gold blood analysis
 - D. Mantoux test
-
69. 172. A nurse is providing teaching about car seat safety to the parent of a term newborn. Which of the following statements by the parent indicates an understanding of the teaching? I should place my baby's car seat rear-facing until 6 months of age
- A. "I should place a rolled blanket along each side of my baby's head in the car seat."
 - B. "I should place my baby's car seat rear-facing until 6 months of age."
 - C. "I should put the car seat retainer clip at the level of my baby's belly button."
 - D. "I should position my baby's car seat at a 90-degree angle in the car."
-
70. 176. A nurse in the labor and delivery unit is reviewing medications for a group of clients. Which of the following medications places the fetus at risk for teratogenic effects? Phenytoin for seizure disorder
- A. Levothyroxine for hypothyroidism
 - B. Phenytoin for seizure disorder
 - C. Magnesium oxide for constipation
 - D. Ferrous sulfate for chronic anemia
-



71. 152. An emergency department nurse triages a group of school children injured in a school bus crash. Which of the following children should the nurse have the provider evaluate first?
- A. A child who has a forehead wound that is bleeding copiously
 - B. A child who has a compound fracture of the femur and is crying in pain
 - C. A child who reports diplopia and nausea and was unconscious at the scene but is now awake
 - D. A child who has several missing permanent teeth and a swollen, ecchymotic upper lip
-
72. 174. A nurse is caring for a client who is receiving total parental nutrition. For which of the following findings should the nurse monitor as a potential complication of TPN? Electrolyte imbalance
- A. Constipation
 - B. Respiratory depression
 - C. Hypotension
 - D. Electrolyte imbalance
-
73. 173. A nurse is analyzing the laboratory data on a client who has dehydration. Which finding should the nurse anticipate in a client who has fluid volume deficit? Elevated blood urea nitrogen
- A. Decreased serum osmolarity
 - B. Decreased hematocrit
 - C. Elevated blood urea nitrogen
 - D. Lower urine specific gravity
-

74.



175. A nurse is performing high-frequency chest compressions using a mechanical chest compression device for a child who has cystic fibrosis. Which of the following findings indicates the treatment has been effective?

The child has increased sputum production

- A. The child develops a dry, hacking cough
- B. The child has increased nasal secretions
- C. The child has increased sputum production
- D. The child develops diminished breath sounds

75. 165. A nurse in an inpatient mental health facility is caring for a client who has major depressive disorder and refuses to take her medication. Which of the following actions should the nurse take first?

Identify the reason for the client's refusal

- A. Explain to the client the consequences of refusal
- B. Identify the reason for the client's refusal
- C. Document the client's refusal in the medical record
- D. Inform the provider of the client's refusal

76. 170. A nurse is providing discharge teaching about disease prevention to a client who has active tuberculosis. Which of the following should the nurse include?

Educating the client how to cover the nose and mouth with tissues when coughing

- A. Educating the client how to cover nose and mouth with tissues when coughing
- B. Recommending the client may return to work after two negative sputum cultures
- C. Instructing the client that he is no longer contagious after 1 week of medication therapy
- D. Teaching the client's family to wear protective masks while with the client



77. 164. A nurse is caring for a client following a possible exposure to anthrax. Which of the following actions should the nurse take? D
- A. Administer an antitoxin
 - B. Quarantine the client
 - C. Monitor the client for a productive cough
 - D. Begin prophylactic treatment with ciprofloxacin
-
78. 163. A nurse is caring for a client who has a newly implanted sealed internal radiation device to treat cervical cancer. Which of the following is an appropriate action for the nurse to take? C
- A. Prohibit visitors for the first 24 hrs
 - B. Keep a 3 foot distance from the radiation implant
 - C. Maintain the client on bed rest for 72 hr
 - D. Require the client wear a dosimeter badge
-
79. 156. A nurse is admitting a client to the medical-surgical unit. Which of the following actions should the nurse take first? Observe the client's level of mobility
- A. Place the client's valuables in the facility's safe
 - B. Observe the client's level of mobility
 - C. Administer prescribed medications
 - D. Electronically enter the prescriptions from the provider
-
80. 158. A nurse is assessing a client in the PACU. Which of the following findings indicates decreased cardiac output? Oliguria
- A. Oliguria
 - B. Constricted pupils



- C. Shivering
 - D. Bradypnea
-

81. 157. A nurse in a newborn nursery is performing assessments on four neonates that are all less than 24 hr old. The nurse should plan to notify the provider of which of the following findings?
- A. Head circumference 1 cm greater than chest
 - B. Positive Babinski reflex on bilateral feet
 - C. Passage of meconium stool
 - D. Pinna below the outer canthus of the eye
82. 166. A nurse is providing teaching to the guardian of a school-age child who has a new prescription for ferrous sulfate capsules PO. Which of the following instructions should the nurse include in the teaching?
- A. Add the contents of the capsules to food
 - B. Dissolve the capsules in a glass of chocolate milk
 - C. Administer the medication with a glass of orange juice
 - D. Administer the medication at bedtime
83. 51. A nurse at a public health clinic is caring for a group of clients. Which of the following should the nurse identify as a reportable diagnosis to the CDC?
- A. Herpes simplex virus (HSV) type 1
 - B. Hepatitis A
 - C. Human papillomavirus (HPV)
 - D. Pediculosis capitis
84. 52. A nurse is giving change of shift report about a client who is 36 hr postoperative to another nurse. Which of the following should the nurse include?

Pinna below the outer canthus of the eye

Administer the medication with a glass of orange juice

Hepatitis A

Pain relieved by position change



- A. Daily bath given at 1000
 - B. Vomited a large amount of emesis immediately after surgery
 - C. Flushed IV with 0.9% sodium chloride
 - D. Pain relieved by position change
-

85. 54. A charge nurse is evaluating the time management skills of a newly licensed nurse. Which of the following actions should the charge nurse identify as an effective time management skill?
- Completes activities for one client before moving to the next client
- A. Delegates creation of a client's teaching plan to a licensed practical nurse
 - B. Completes activities for one client before moving to the next client
 - C. Focuses on activities rather than objectives
 - D. Skips break times to catch up on charting
-

86. 55. A nurse is caring for a client who has a prescription for atorvastatin. Which of the following client conditions is a contraindication to this medication?
- Hepatitis C
- A. Hepatitis C
 - B. Crohn's disease
 - C. Peptic ulcer disease
 - D. Bronchitis
-

87. 56. A nurse delegates tasks to a licensed practical nurse and an assistive personnel. When admitting a client who is experiencing acute liver failure and who has ascites and an NG tube, which of the following tasks is most appropriate for the nurse to delegate to the LPN?
- Insert an indwelling catheter if the client has not voided in 3 hr
- A. Insert an indwelling catheter if the client has not



voided in 3 hr

- B. Obtain the abdominal girth now and every 4 hr
 - C. Assess and document the level of consciousness every hour
 - D. Measure the amount of gastric drainage every 2 hr
-

88. 57. A nurse is assessing a client who has a long arm cast. For which of the following findings should the nurse monitor when assessing for acute compartment syndrome Edema
- A. Edema
 - B. Shortness of breath
 - C. Petechiae
 - D. Change in mental status
-

89. A nurse is caring for a client who has opioid use disorder and is experiencing withdrawal. Which of the following findings should the nurse expect? Hyperreflexia
- A. Hyperreflexia
 - B. Meiosis
 - C. Euphoria
 - D. Hypothermia
-

90. 59. A nurse is caring for a client who is at high risk for developing diabetes insipidus following a severe head injury. Which assessment finding indicates to the nurse that the client is developing DI? Serum sodium of 115 mEq/L
- A. Urine specific gravity of 1.028
 - B. Urine output of 250 mL/hr
 - C. Serum sodium of 155 mEq/L
 - D. Blood glucose of 198 mg/dL
-

91.



60. A nurse is planning to perform wound irrigation for a client who has an open secondary wound. When creating a sterile field, which of the following actions should the nurse take?

Hold the bottle of sterile solution with the palm over the label while pouring

- A. Set up the sterile field 7.6 cm below waist level
 - B. Hold the bottle of sterile solution with the palm over the label while pouring
 - C. Place the sterile items within 1 cm of the edge of the sterile border
 - D. Place the lid of a bottle of sterile solution within the sterile field
-

92. 61. A nurse is caring for a client who is in labor and receiving electronic fetal monitoring. The nurse is reviewing the monitor tracing and notes early decelerations. Which of the following should the nurse expect?

Head compression

- A. Head compression
 - B. Fetal hypoxia
 - C. Abruptio placentae
 - D. Postmaturity
-

93. 62. A nurse is caring for a client who is requesting treatment for a gambling disorder. Which of the following medications should the nurse expect the provider to prescribe?

Disulfiram

- A. Varenicline
 - B. Disulfiram
 - C. Sertraline
 - D. Clonidine
-

94.

Please stop this discussion



63. A charge nurse overhears two assistive personnel in the unit lobby discussing the HIV status of a client. Which of the following response is the priority for the nurse to make?

- A. Do you understand HIPAA regulations?
 - B. This discussion is only appropriate in a private area
 - C. Please stop this discussion
 - D. Did you know you can be liable if you breach confidentiality?
-

95. 64. A nurse is planning care for a client who is prescribed a cane for ambulation. Which of the following actions should the nurse include in the plan of care? Remind the client to place the cane on the unaffected side

- A. Remind the client to place the cane on the unaffected side
 - B. Adjust the length of the cane to equal the distance from the client's iliac crest to the floor
 - C. Remove the rubber tip from the cane to enhance ambulation
 - D. Place the cane safely in the closet during naps and at bedtime
-

96. 65. A nurse is planning care for a client who has a sealed radiation implant and is to remain in the hospital for 1 week. Which of the following should the nurse include in the plan of care? Wear a dosimeter film badge while in the client's room

- A. Limit each of the client's visitors to 1 hr per day
- B. Remove dirty linens from the room after double bagging
- C. Wear a dosimeter film badge while in the client's room



D. Ensure family members remain at least 1 m from the client

97. 66. A nurse is assessing a client who was brought to the emergency department by his adult child. The client has visible contusions on all four extremities. Which of the following actions should the nurse take? Report the incident to Adult Protective Services
- A. Report the incident to Adult Protective Services
 - B. Interview the client with his adult child present
 - C. Tell the client he must answer every assessment question
 - D. Advise the client to consult a social worker
-
98. 67. A home health nurse is assessing a client who reports a headache and appears confused and drowsy. The client has a kerosene space heater in use. Which of the following actions should the nurse take first? Take the client outdoors
- A. Take the client outdoors
 - B. Wrap blankets around the client
 - C. Loosen the client's clothing
 - D. Open the client's windows
-
99. 68. A nurse is caring for a client who reports the use of chondroitin and glucosamine. The health benefit of this supplement combination is to do which of the following? Improve joint functioning
- A. Treat mild to moderate depression
 - B. Enhance the immune system
 - C. Prevent and treat prostate enlargement
 - D. Improve joint functioning
-
100. 69. A nurse is assessing a client who is postoperative following abdominal surgery. The client states, "I feel Extend the client's legs above heart level



like my incision ripped open." The nurse notes dehiscence of the incision. Which of the following actions should the nurse take?

- A. Extend the client's legs above heart level
 - B. Place the client in a low-Fowler's position
 - C. Instruct the client to perform the Valsalva maneuver
 - D. Apply a dry gauze dressing to the incision
-

101. 71. A nurse is caring for a client who has a hearing impairment. When speaking to the client, the nurse should incorporate which of the following communication methods?

Rephrase sentences the client does not understand

- A. Speak directly into one of the client's ears
 - B. Rephrase sentences the client does not understand
 - C. Drop voice volume at the end of sentences
 - D. Exaggerate lip movements
-

102. 72. During the immediate postoperative period following thoracic surgery, a nurse medicates a client for pain on a schedule. The rationale for this nursing action is which of the following?

Facilitates deep breathing

- A. Suppresses the cough reflex
 - B. Decreases the level of anxiety
 - C. Reduces the respiratory rate
 - D. Facilitates deep breathing
-

103. 73. A nurse is providing teaching to the parent of a 6-month old infant who is teething and having difficulty sleeping. Which of the following instructions should the nurse include?

Administer acetaminophen drops to your child before bedtime



- A. Rub your child's gums with an aspirin tablet before bedtime
 - B. Place an amber teething necklace on your child before bedtime
 - C. Administer acetaminophen drops to your child before bedtime
 - D. Apply a teething product containing benzocaine to your child's gums before bedtime
-

104. 74. A nurse is providing dietary teaching to a client who has an increased cholesterol level. Which of the following foods should the nurse recommend? Egg Whites
- A. Beef liver
 - B. Egg whites
 - C. Steamed clams
 - D. Broiled lobster
-

105. 75. A nurse is following protocol for preventing puncture injuries. Which of the following actions should the nurse take? Place lancets in a puncture proof container
- A. Detach the needle from the syringe before discarding it
 - B. Place broken glass in a wastebasket
 - C. Recap the needle after administering an injectable medication
 - D. Place lancets in a puncture-proof container
-

106. 76. A home health nurse is teaching a guardian about administering tube feedings to their 3 month old infant. Which of the following information should the nurse include in the teaching? Allow the infant to suck on a pacifier during feedings
- A. Allow the infant to suck on a pacifier during feed-



ings

B. Place enough formula for 12 hr in the feeding container

C. Change the tube feeding setup every 36 hr

D. Flush the tube with 30 mL of water between feedings

107. 77. A nurse in the recovery room is assessing a client who has a new chest tube. The nurse finds that the water seal is no longer tidaling. The nurse should identify the finding as resulting from which of the following? The tubing may be kinked

A. An air leak noted at the insertion site

B. The tubing may be kinked

C. Water needs to be added to the suction-control chamber

D. The suction is set too low

108. 78. A nurse is assessing a client who has pericarditis. Which of the following findings is the priority? Paradoxical pulse

A. Dependent edema

B. Pericardial friction rub

C. Paradoxical pulse

D. Substernal chest pain

109. 79. A nurse is assessing a client 1 week after a successful bone marrow transplant. The client reports peeling of skin on her hands and feet. The nurse should recognize this desquamation as an indication of which of the following complications? Graft-versus-host disease

A. Failure to engraft

B. Veno-occlusive disease



- C. Graft-versus-host disease
- D. Pancytopenia

-
110. 80. A client has just returned to the nursing unit following cardiac catheterization. In the immediate post-procedure period, which of the following is the priority nursing action? Immobilizing the affected extremity
- A. Monitoring the insertion site for infection
 - B. Checking for orthostatic hypotension
 - C. Forcing fluids
 - D. Immobilizing the affect extremity
-
111. 81. A nurse is providing dietary teaching for a client who has a history of nephrolithiasis. Which of the following is appropriate to include in the teaching? Restrict dietary calcium intake
- A. Restrict dietary calcium intake
 - B. Limit fluid intake to 40 oz/day
 - C. Decrease complex carbohydrates in the diet
 - D. Avoid foods that have high levels of oxalates
-
112. 82. A charge nurse is creating assignments for the next shift for several nurses and one of the nurses is pregnant. Which of the following clients should the charge nurse assign to a nurse who is not pregnant? A 60 year old client who is recovering from shingles
- A. A 60 year old client who is recovering from shingles
 - B. A 20 year old client who is HIV positive
 - C. A 40 year old client who is suspected of having tuberculosis
 - D. An 80 year old client who has alcoholic pancreatitis and is being treated for impetigo
-
113. 83. A nurse is teaching a newly licensed nurse about informed consent. Which of the following statements Answer: A, B, C



should the nurse include in the teaching?

(Select all that apply)

- A. By witnessing the signing of the informed consent form, the nurse is indicating that the client voluntarily gave consent
 - B. A client who signs an informed consent form should understand the treatment plan
 - C. A client who signs an informed consent form should be competent
 - D. The nurse should disclose the purpose of the treatment before the client signs the consent form
 - E. Signing the informed consent form indicates that the family agrees to the treatment options
-

114. 84. A nurse is preparing to insert an indwelling catheter for a female client. Identify the sequence of actions the nurse should take

1. Apply sterile gloves and place cleansing balls in antiseptic solution
 2. Attach prefilled syringe to indwelling catheter inflation hub
 3. Lubricate the catheter and place fenestrated drape over perineum
 4. Cleanse the meatus with the dominant hand in a downward motion
 5. Insert the catheter until a flow of urine begins
-

115. 85. A nurse in a substance use unit spends an equal amount of time with each of his assigned clients, even though some of the clients have committed serious

Justice



crimes. Which of the following ethical principles is the nurse demonstrating?

- A. Justice
 - B. Autonomy
 - C. Nonmaleficence
 - D. Veracity
-

116. 86. A nurse is assessing a client who has a magnesium level of 4.4 mEq/L. Which of the following findings should the nurse expect? Hypotension

- A. Hypotension
 - B. Tachycardia
 - C. Muscle cramps
 - D. Hyperreflexia
-

117. 87. A nurse is reviewing the medical record of a client who has a new prescription for gentamicin. The nurse should identify that concurrent use with which of the following current medications can increase the client's risk for ototoxicity? Furosemide

- A. Captopril
 - B. Metoprolol
 - C. Furosemide
 - D. Hydrochlorothiazide
-

118. 88. A nurse is preparing to administer 2.5mL of medication intramuscularly to an adult client. Which of the following is the safest site for the nurse to use? Ventrogluteal

- A. Ventrogluteal
 - B. Dorsogluteal
 - C. Vastus lateralis
 - D. Rectus femoris
-



-
119. 89. A nurse is performing triage following a natural disaster. Which of the following clients should the nurse identify as the highest priority to receive care?
- A. A client who has agonal respirations
 - B. A client who has an open skull fracture and is unresponsive
 - C. A client who has a traumatic arm amputation
 - D. A client who has a fracture of the femur
- A client who has a traumatic arm amputation
-
120. 90. A nurse is caring for a group of clients. Which of the following clients should the nurse assess first?
- A. A client who has heart failure and reports shortness of breath while ambulating
 - B. A client who has abdominal pain and is vomiting coffee-ground emesis
 - C. A client who has benign prostatic hyperplasia and is unable to urinate
 - D. A client who had an open cholecystectomy and has green drainage from the T-tube
- A client who has abdominal pain and is vomiting coffee-ground emesis
-
121. 91. A charge nurse is providing teaching to a newly licensed nurse on how to clean surfaces contaminated with blood. Which of the following agents should the nurse include in the teaching?
- A. Hydrogen peroxide
 - B. Isopropyl alcohol
 - C. Chlorine bleach
 - D. Chlorhexidine
- Chlorine Bleach
-
122. 92. A nurse is planning care for a client who is experiencing acute mania. Which of the following actions should the nurse include in the plan of care?
- Provide high-calorie nutritional supplements



- A. Provide a flexible activity schedule
 - B. Provide high-calorie nutritional supplements
 - C. Allow the client to eat meals alone in her room
 - D. Allow the client to choose her clothes independently
-

123. 93. A nurse is reviewing the medical records of four clients. Which of the following prescriptions correct documentation? Enoxaparin 30 mg SC every 12 hr
- A. Atropine .4 mg IV stat
 - B. Lorazepam 1.0 mg IV PRN every 6 hr
 - C. Sucralfate 1 g PO hr ac
 - D. Enoxaparin 30 mg SC every 12 hr
-

124. 94. A nurse is performing a dressing change for a client who has a sacral wound using negative pressure wound therapy. Which of the following actions should the nurse take first? Determine the client's pain level
- A. Determine the client's pain level
 - B. Irrigate the wound with 0.9% sodium chloride irrigation
 - C. Apply skin preparation to wound edges
 - D. Don sterile gloves
-

125. 95. A nurse is assessing a client who is gravida 2, para 1. The client is at 41 weeks of gestation and is receiving oxytocin for the augmentation of labor. The nurse should decrease the infusion rate for which of the following findings? Contractions occur every 90 seconds
- A. Contractions are strong to palpation
 - B. Cervix is dilating at 1 cm every 4 hr



- C. Consistent contractions last 80 seconds
- D. Contractions occur every 90 seconds

126. 96. A nurse is caring for a client who has constricted pupils, delayed reflexes, and decreased blood pressure. The nurse should identify that these findings are potential manifestations of which of the following? Opioid intoxication

- A. Cannabis withdrawal
- B. Opioid intoxication
- C. Amphetamine intoxication
- D. Alcohol withdrawal

127. 97. A nurse in a postpartum unit is caring for several clients. After receiving a change of shift report, which of the following clients should the nurse assess first? A client who is 3 days postpartum and has not had a bowel movement since prior to admission

- A. A client who is 2 days postpartum and whose fundus is 2 fingerbreadths below the umbilicus
- B. A client who is 1 day postpartum and has not voided in 8 hr
- C. A client who is 3 days postpartum and has not had a bowel movement since prior to admission
- D. A client who is 4 days postpartum and has lochia serosa

128. 98. A nurse is precepting a nursing student who brings the following client observations to the nurse's attention. Which of the following clients should the nurse assess first? A client who is coughing up pink-tinged sputum following a bronchoscopy and lung biopsy 1 hr ago

- A. A client who is 3 hr post foley catheter removal and has not voided
- B. A client who is 3 days postoperative colectomy with a large, loose melena stool



- C. A client who is 1 day postoperative total hip replacement with a pain level of 7 on a scale of 0 to 10
- D. A client who is coughing up pink-tinged sputum following a bronchoscopy and lung biopsy 1 hr ago

-
129. 99. A nurse manager is reviewing documentation standards with a group of newly licensed nurses. Which of the following statements should the nurse manager include in the teaching?
- A. Include the complete name of the medication morphine sulfate
 - B. Do not use a leading zero prior to a decimal point
 - C. Write the letter U when noting the dosage of insulin
 - D. Use the abbreviation QOD when indicating every other day
130. 100. A nurse is caring for a client following insertion of a subclavian nontunneled percutaneous central venous catheter. The provider writes a prescription to initiate an IV infusion of Ringer's lactate at 150 mL per hr. Prior to starting the infusion, which of the following actions should the nurse take?
- A. Apply oxygen at 3 L/min per nasal cannula
 - B. Review the chest x-ray report
 - C. Flush the catheter with sterile water
 - D. Obtain a peripheral blood glucose level
131. 101. A nurse is planning care for a newly admitted client. Which of the following interventions should the nurse plan to take first?
- A. Initiate an IV access for the client
- Include the complete name of the medication morphine sulfate
- Review the chest x-ray report
- Administer pain medications to the client



- B. Administer pain medication to the client
 - C. Send the client to radiology for a CT scan
 - D. Insert an NG tube for the client
-

132. 102. A community health nurse is performing a vision screening on a 4 month old infant. When shining a light source into the infant's visual field, which of the following is an expected finding? The infant closes their eyes
- A. The infant's eyes turn toward the light
 - B. The infant's head turns away from the light
 - C. The infant's eyes remain focused toward the floor
 - D. The infant closes their eyes
-

133. 103. A nurse is monitoring a client during an IV urography procedure. Which of the following client reports is the priority finding? Swollen lips
- A. Metallic taste in mouth
 - B. Abdominal fullness
 - C. Feeling flushed and warm
 - D. Swollen lips
-

134. 104. A nurse is reviewing the history and physical of a client who has right ventricular heart failure. Which of the following is an expected finding? Hepatosplenomegaly
- A. Creptius
 - B. Elevated pulmonary artery pressure
 - C. Hepatosplenomegaly
 - D. Confusion
-

135. 105. A nurse is teaching a client and their family about home hospice care. Which of the following information should the nurse include in the teaching? Hospice care improves quality of life through palliative care
- A. Hospice care improves quality of life through pallia-



tive care

- B. Hospice care provides 24 hr, in home care
 - C. Hospice care is intended to postpone death
 - D. Hospice care encourages the family to coordinate health care services
-

136. 106. A nurse is preparing to administer eye drops to a client. Which of the following nursing actions is appropriate? Use aseptic technique and drop the medication into the conjunctival sac
- A. Have the client tilt her head slightly so that the medication enters the nasolacrimal duct
 - B. Gently wash away any exudate along the eyelid margin from the outside towards the inner canthus
 - C. Use aseptic technique and drop the medication into the conjunctival sac
 - D. Drop prescribed number of drops onto the cornea
-
137. 107. A nurse suspects another nurse is chemically impaired during their shift. Which of the following is an appropriate action for the nurse to take? Report to the nurse manager
- A. Report to the nurse manager
 - B. Set up a time to meet with the nurse
 - C. Assume care of the nurse's assigned clients
 - D. Ask another staff nurse to confirm the suspicion
-
138. 108. A nurse is providing teaching to an adolescent client who has cystic fibrosis and has a prescription for pancrelipase. Which of the following should the nurse include in the teaching? Take with meals
- A. Take on an empty stomach
 - B. Take 1 hr before meals



- C. Take 1 hr after meals
 - D. Take with meals
-

139. 109. A nurse manager is presenting information to the nursing staff regarding the appropriate use of client restraints. Which of the following should the nurse include? (Select all that apply) Answer: B, D, E
- A. The provider should renew the prescription for restraints every 48 hr
 - B. The nurse should pad the bony prominences
 - C. The nurse should tie the restraints using a square knot
 - D. The nurse should remove the restraints every 2 hr
 - E. The provider's prescription should include the type of restraint to use
-

140. 110. A nurse is preparing a client for surgery and has just administered the preoperative injection. Which of the following actions should the nurse take? Raise the side rails on the bed
- A. Take the client to the bathroom to void
 - B. Ask the client to verify the surgical site
 - C. Review deep breathing and coughing exercises
 - D. Raise the side rails on the bed
-

141. 111. A nurse is teaching the guardian of an infant who has developmental dysplasia of the hip about a Pavlik harness. Which of the following instructions should the nurse include? Gently massage the skin under the straps once per day
- A. Adjust the straps on the harness once per week
 - B. Use only ultra-thin diapers applied over the straps
 - C. Maintain the child in a prone position while the harness is in place



D. Gently massage the skin under the straps once per day

142. 112. A charge nurse is teaching a group of unit nurses about the policy for clients who have a history of methicillin-resistant *Staphylococcus aureus*. Which of the following information should the nurse include?
- A client who has a history of MRSA can still transmit the infection
- A. A client who has a history of MRSA will need antibiotics
 - B. A client who has a history of MRSA can develop immunity to the infection
 - C. A client who has a history of MRSA requires a protective environment
 - D. A client who has a history of MRSA can still transmit the infection
-

143. 113. A nurse manager at a public health clinic is concerned about the rising number of sexually transmitted infections in the community. The purpose of which of the following is to generate new ideas to address the public health concern?
- A brainstorming session with nurses
- A. A brainstorming session with nurses
 - B. A community-wide program
 - C. Role playing with nurses
 - D. Personal discussions with clients
-

144. 114. A nurse is checking laboratory results for a client. Which of the following laboratory findings indicates hypervolemia?
- Urine specific gravity 1.001
- A. Serum calcium 10 mg/dL
 - B. Urine specific gravity 1.001



- C. Serum sodium 138 mEq/L
 - D. Urine pH 6
-

145. 115. A nurse is teaching a group of farmworkers who work with pesticide about minimizing exposure. Which of the following information should the nurse include in the teaching? Change clothes after working in the field
- A. Change clothes after working in the field
 - B. Apply petroleum jelly to the nostrils prior to working in the field
 - C. Wipe fruits and vegetables from the field with a dry cloth before consuming
 - D. Take a hot shower 1 hr after finishing work
-
146. 116. A nurse is caring for a client who has cirrhosis of the liver. Which of the following actions should the nurse take? Monitor for abdominal ascites
- A. Monitor for abdominal ascites
 - B. Implement a low-carbohydrate diet
 - C. Review serum amylase levels
 - D. Place warm compresses on area of pruritus
-
147. 117. A nurse is giving discharge instructions to a client who has a new ileostomy. The nurse should recognize that the teaching has been effective when the client states, My stoma will drain liquid fluid continuously
- A. My stoma size will stay the same, even after it has healed
 - B. My stoma will drain liquid fluid continuously
 - C. I will change my pouch system every 2 weeks
 - D. I will ensure that my medications are enteric coated
-

148.



118. A nurse is planning care for a client who is postoperative following creation of an arteriovenous fistula in the left arm. Which of the following actions should the nurse include in the plan?

Auscultate the client's left arm for a bruit every 4 hr

- A. Auscultate the client's left arm for a bruit every 4 hr
- B. Compare blood pressure in both arms every 2 hr
- C. Instruct the client to keep the left arm in a dependent position
- D. Encourage the client to restrict movement of the left arm

149. 119. A nurse is caring for a client who has a new prescription for lithium carbonate. Prior to administering the first dose, which of the following laboratory values should the nurse evaluate?

Thyroid hormones

- A. Arterial blood gases
- B. Total cholesterol
- C. Thyroid hormones
- D. Hemoglobin

150. 120. A nurse is caring for an infant who is being treated for dehydration. Which of the following findings indicates the treatment is effective?

Flat anterior fontanel

- A. Flat anterior fontanel
- B. Oliguria
- C. Oral intake of 4 oz every 3 hr
- D. Capillary refill 4 seconds

151. 121. A nurse is receiving report on four clients. Which of the following clients should the nurse assess first?

A client who has chronic kidney disease with cloudy dialysate outflow

- A. A client who has an ileal conduit and mucus in the pouch



- B. A client who has an arteriovenous fistula that vibrates when palpated
- C. A client who had a transurethral resection of the prostate with red-tinged urine in the bag
- D. A client who has chronic kidney disease with cloudy dialysate outflow

-
152. 122. A nurse is caring for a client who is receiving systematic desensitization therapy to treat agoraphobia. Which of the following client statements should indicate to the nurse that the treatment has been effective?
- I was able to sit on a park bench for 30 minutes
- A. I have been able to watch a church service on television without anxiety
 - B. I was able to sit on a park bench for 30 minutes
 - C. I enjoyed a visit from four of my work friends at my house
 - D. I had a panic attack when driving by the grocery store
-
153. 123. A nurse is assessing a client who has a chest tube following a thoracotomy. Which of the following findings requires interventions by the nurse?
- Drainage collection chamber is one third full
- A. 1 cm of water present in the water seal chamber
 - B. Tidaling with spontaneous respirations
 - C. Suction chamber pressure of -20 cm H₂O
 - D. Drainage collection chamber is one-third full
-
154. 124. A nurse is caring for a client who is receiving a blood transfusion at 125mL/hr and develops a hemolytic reaction. Which of the following actions should the nurse perform?
- Infuse 0.9% sodium chloride IV



- A. Infuse 0.9% sodium chloride IV
- B. Administer an antipyretic
- C. Decrease the infusion rate to 75 mL/hr
- D. Place the client in a left lateral position

155. 125. A nurse is caring for a client who had a partial laryngectomy and is receiving continuous enteral feedings at 65mL/hr through a gastrostomy tube. Which of the following findings requires immediate intervention by the nurse?

The gastric residual volume is 250 mL following 2 hr of infusion

- A. The gastric residual volume is 250 mL following 2 hr of infusion
- B. The client is lying in a supine position
- C. The infusion pump for administering continuous feeding is turned off
- D. The enteral feeding bag and tubing are not dated

156. 126. A nurse is assessing a client's cardiovascular system. Identify where the nurse should place the diaphragm of the stethoscope to best hear the closing of the aortic heart valve.

157. 127. A nurse is performing change of shift assessments for four clients. Which of the following findings should the nurse report to the provider first?

A client who has gastroenteritis and is lethargic and confused

- A. A client who has gastroenteritis and is lethargic and confused
- B. A client who has cystic fibrosis, has a thick, productive cough, and reports thirst
- C. A client who has sickle cell anemia and reports pain 15 minutes after receiving oral analgesic



D. A client who has diabetes mellitus and has a morning fasting capillary glucose of 185 mg/dL

158. 128. A nurse on a labor and delivery unit is assessing four newly admitted clients. Which of the following clients should the nurse see first? A client who is at 36 weeks of gestation and reports decreased fetal movement for 2 days
- A. A client who is at 38 weeks of gestation and reports irregular uterine contractions
 - B. A client who is at 39 weeks of gestation and is scheduled for a weekly nonstress test.
 - C. A client who is at 40 weeks of gestation and is scheduled for an induction of labor
 - D. A client who is at 36 weeks of gestation and reports decreased fetal movement for 2 days
-

159. 129. A nurse in a pediatric unit is caring for a group of clients. For which of the following diseases should the nurse implement droplet precautions? Pertussis
- A. Varicella-zoster
 - B. Vancomycin-resistant enterococcus
 - C. Pertussis
 - D. Rotavirus
-

160. 130. A nurse is evaluating the allergy profile of a client who has Graves' disease and is to undergo a thyroid scan. The nurse should identify which of the following allergies as a contraindication for the client to undergo a thyroid scan? Iodine
- A. Eggs
 - B. Latex
 - C. Peanuts
 - D. Iodine
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161. 131. A nurse discovers that the wrong dosage of a medication was given to a client. When determining what action to take, the nurse should recognize that which of the following ethical principles should be applied?
- A. Utility
 - B. Paternalism
 - C. Fidelity
 - D. Veracity
-
162. 132. A nurse is providing postoperative teaching to a client who has a newly-inserted pacemaker. Which of the following statements by the client indicates that the teaching has been effective?
- A. I will use my cell phone on the ear opposite of my pacemaker
 - B. I can play softball with my family in 3 weeks
 - C. I should perform arm exercises daily
 - D. I will go to my cardiologist's office when the battery needs to be changed
- I will go to my cardiologist's office when the battery needs to be changed
-
163. 133. A nurse is observing bonding between a client and her newborn. Which of the following actions by the client requires the nurse to intervene?
- A. Holding the newborn in an en face position
 - B. Asking the father to change the newborn's diaper
 - C. Viewing the newborn's actions to be uncooperative
 - D. Requesting the nurse take the newborn to the nursery so she can rest
- Viewing the newborn's actions to be uncooperative
-
164. 134. A nurse in a mental health facility is evaluating the effectiveness of mechanical restraints for a client
- The client apologizes for their aggressive behavior



who threw a chair in the day room. The nurse should identify which of the following findings as an indication to remove the restraints?

- A. The client follows the nurse's simple instructions
 - B. The client apologizes for their aggressive behavior
 - C. The client requests that the restraints be removed
 - D. The client maintains eye contact while talking with the nurse
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165. 135. A nurse is preparing to administer an IV bolus of albumin 5% to a client who is receiving a continuous IV infusion. After confirming compatibility, which of the following actions should the nurse take?

Occlude the IV tubing above the injection port

- A. Use the injection port farthest from the IV catheter insertion site
 - B. Occlude the IV tubing above the injection port
 - C. Check for blood return after medication administration
 - D. Flush the IV tubing with a heparinized solution
-

166. 137. A nurse is caring for a client who is postpartum and has a new prescription for methylergonovine for vaginal bleeding refractory to fundal massage and oxytocin. When reviewing the client's medical history, the nurse should recognize which of the following diagnoses as a contraindication to the administration of methylergonovine?

Hypertension

- A. Diabetes mellitus
 - B. Hypertension
 - C. Migraine headaches
 - D. Hepatitis B
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167. 138. A nurse is caring for a client who has a prescription for vancomycin 1 g IV every 12 hr. The client is scheduled to have the morning dose at 0700. The nurse should schedule the trough level to be drawn at which of the following times? 1800
- A. 0900
 - B. 1800
 - C. 1300
 - D. 2100
-

168. 139. A nurse is caring for a toddler who has respiratory syncytial virus. Which of the following should the nurse plan to take? Use a designated stethoscope when caring for the toddler
- A. Wear an N95 respiratory mask while caring for the toddler
 - B. Place the toddler in a room with negative air pressure
 - C. Use a designated stethoscope when caring for the toddler
 - D. Remove the disposable gown after leaving the toddler's room
-

169. 140. A nurse is performing a skin assessment for a client who is on bedrest. Which of the following actions should the nurse take to prevent a pressure injury? Apply a donut ring pillow under the client's sacral area
- A. Encourage client fluid intake of 2,500 mL daily
 - B. Moisturize dry skin areas on the client every other day
 - C. Place a dehumidifier in the client's room
 - D. Apply a donut ring pillow under the client's sacral area
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170. 141. A nurse from the State Health Development is instructing a group of nurses regarding reportable infections. Which of the following infections should the nurse report to the Centers for Disease Control and Prevention?
- A. Herpes simplex virus 2
 - B. Candida albicans
 - C. Staphylococcus aureus
 - D. Lyme disease
- Lyme disease
-
171. 142. A nurse is planning care for a client following gastric bypass surgery. The nurse should include which of the following dietary instructions when preparing the client for discharge?
- A. Limit your meals to three times per day
 - B. Consume at least 25 grams of fiber daily
 - C. Start each meal with a protein source
 - D. Check your blood glucose levels before each meal
- Start each meal with a protein source
-
172. 143. A community health nurse is teaching a group of restaurant workers about hepatitis A. Which of the following statements should the nurse make?
- A. Manifestations first appear 6 months after exposure to the virus
 - B. With immunizations, your risk of contracting hepatitis A is reduced by half
 - C. You can get hepatitis A by eating undercooked pork products
 - D. Hepatitis A can be spread by fecal-oral contact
- Hepatitis A can be spread by fecal-oral contact
-
173. 144. A home health nurse is admitting a client who is prescribed peritoneal dialysis. Which of the following
- Demonstrate how to perform the procedure



actions should the nurse take first?

- A. Confirm schedule for delivery of supplies
 - B. Coordinate interdisciplinary health care services
 - C. Demonstrate how to perform the procedure
 - D. Clarify the client's actual and perceived health needs
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174. 145. A nurse is performing an admission assessment for a client who is to undergo a colonoscopy. The client informs the nurse that he took his prescribed medications before coming to the clinic. Which of the following medications is the priority to report to the provider? Metformin
- A. Metoprolol
 - B. Clopidogrel
 - C. Metformin
 - D. Digoxin
-

175. 146. A client asks the nurse if it is safe to take a glucosamine supplement. The nurse should assess for which of the following potential contraindications? Shellfish allergy
- A. Shellfish allergy
 - B. History of smoking
 - C. Cardiac dysrhythmia
 - D. Family history of malignant hyperthermia
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176. 147. A nurse is providing grief counseling for the parents of a school-age child whose sibling recently died. Which of the following statements should the nurse make? School-age children tend to view death as a temporary form of sleep
- A. Try to suppress your grief when your child is present



- B. Avoid discussing the funeral when your child is around
 - C. Bring the child to the funeral service before visitors arrive
 - D. School-age children tend to view death as a temporary form of sleep
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177. 148. A nurse is providing discharge teaching to a client ^{Fever} who has schizophrenia and is starting therapy with clozapine. Which of the following is the highest priority for the client to report to the provider?
- A. Blurred vision
 - B. Dry mouth
 - C. Fever
 - D. Constipation
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