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QUESTION 1

The mother of a child with nephrotic syndrome asks why her child must be weighed each morning. The nurse\\'s response should be based on the fact that this is important to determine the:

- A. Nutritional status
- B. Water retention
- C. Medication doses
- D. Blood volume

Correct Answer: B

QUESTION 2

The patient\\'s pre-operative blood pressure was 120/68 mmHg. On admission to the Post Anesthesia Care Unit, the blood pressure was 124/70 mmHg. Thirty minutes after admission, the patient\\'s blood pressure falls to 112/60 mmHg, pulse to 72 BPM, and the skin appears warm and dry. The most appropriate action by the nurse at this time is to:

- A. Raise the head of the bed
- B. Notify the anesthetist immediately
- C. Increase the rate of IV fluid replacement
- D. Continue to monitor the patient

Correct Answer: D

QUESTION 3

A medication was ordered by a physician. The nurse believes the medication dose is incorrect. What should the nurse do next?

- A. Clarify the order with another physician who is available on the unit
- B. Ask the nurse in charge if the order is correct
- C. Contact the pharmacy department
- D. Call the physician who prescribed the medication

Correct Answer: D

QUESTION 4

Which of the following techniques should the nurse implement to prevent the patient\\'s mucous membranes from drying



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when the oxygen flow rate is higher than 4 liters per minute?

- A. Use a non rebreather mask
- B. Add humidity to the delivery system
- C. Use a high flow oxygen delivery system
- D. Ensure that the prongs are in the nares correctly

Correct Answer: B

QUESTION 5

A patient presents to the emergency department with diminished and thready pulses, hypotension and an increased pulse rate. The patient reports weight loss, lethargy, and decreased urine output. The lab work reveals increased urine specific gravity. The nurse should suspect:

- A. Renal failure
- B. Sepsis
- C. Pneumonia
- D. Dehydration

Correct Answer: D

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