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QUESTION 1

A client is diagnosed with diabetic ketoacidosis. The nurse should be prepared to administer which of the following IV solutions?

A. D5in normal saline

B. D5W

C. 0.9 normal saline

D. D5in lactated Ringer\\'s

Correct Answer: C

(A) D5in normal saline would increase serum glucose. (B) D5W would increase serum glucose. (C) A concentration of 0.9 NS is used to correct extracellular fluid depletion. (D) D5in Ringer\\'s lactate would increase serum glucose.

QUESTION 2

A 4-year-old child has Down syndrome. The community health nurse has coordinated a special preschool program. The nurse\\'s primary goal is to:

A. Provide respite care for the mother

B. Facilitate optimal development

C. Provide a demanding and challenging educational program

D. Prepare child to enter mainstream education

Correct Answer: B

(A) Respite care for the family may be needed, but it is not the primary goal of a preschool program. (B) Facilitation of optimal growth and development is essential for every child. (C) A demanding and challenging educational program may predispose the child to failure. Children with retardation should begin with simple and challenging educational programs. (D) Mental retardation associated with Down syndrome may not permit mainstream education. A preschoolprogram\\'s primary goal is not preparation for mainstream education but continuation of optimal development.

QUESTION 3

The initial treatment for a client with a liquid chemical burn injury is to:

A. Irrigate the area with neutralizing solutions

B. Flush the exposed area with large amounts of water

C. Inject calcium chloride into the burned area

D. Apply lanolin ointment to the area

Correct Answer: B

(A) In the past, neutralizing solutions were recommended, but presently there is concern that these solutions extend the depth of burn area. (B) The use of large amounts of water to flush the area is recommended for chemical burns. (C) Calcium chloride is not recommended therapy and would likely worsen the problem. (D) Lanolin is of no benefit in the initial treatment of a chemical injury and may actually extend a thermal injury.

QUESTION 4

A 6-month-old infant who was diagnosed at 4 weeks of age with a ventricular septal defect, was admitted today with a diagnosis of failure to thrive. His mother stated that he had not been eating well for the past month. A cardiac catheterization reveals congestive heart failure. All of the following nursing diagnoses are appropriate. Which nursing diagnosis should have priority?

A. Altered nutrition: less than body requirements related to inability to take in adequate calories

B. Altered growth and development related to decreased intake of food

C. Activity intolerance related to imbalance between oxygen supply and demand

D. Decreased cardiac output related to ineffective pumping action of the heart

Correct Answer: D

(A) Altered nutrition occurs owing to the fatigue from decreased cardiac output associated with congestive heart failure. (B) The decreased intake occurs due to fatigue from the altered cardiac output. (C) Fatigue occurs due to the decreased cardiac output. (D) The ineffective action of the myocardium leads to inadequate O2 to the tissues, which produces activity intolerance, altered nutrition, and altered growth and development.

QUESTION 5

A 47-year-old client has been admitted to the general surgery unit for bowel obstruction. The doctor has ordered that an NG tube be inserted to aid in bowel de-compression. When preparing to insert a NG tube, the nurse measures from the:

A. Lower lip to the shoulder to the upper sternum

B. Tip of the nose to the lower lip to the umbilicus

C. End of the tube to the first measurement line on the tube

D. Tip of the nose to the ear lobe to the xiphoid process or midepigastric area

Correct Answer: D

(A) This measurement is _50 cm (48?9 cm). Fifty centimeters is considered the length necessary for the distal end of the tube to be in place in the stomach. This measurement is too short. (B) This measurement is _50 cm (47?8 cm). Fifty centimeters is considered the lengthnecessary for the distal end of the tube to be in place in the stomach. This measurement is too short. (C) This measurement gives an approximate indication of the length necessary for the distal end of the tube to be in place in the stomach, but it is not as accurate as actually measuring the client (nose-earxiphoid). (D) This is the correct measurement of 50 cm from the tip of the client\\'s nose to the tip of the earlobe to the xiphoid process (called the NEX [nose-ear-xiphoid] measurement). It is approximately equal to the distance necessary for the distal end of the tube to be located in the correct position in the stomach.

QUESTION 6

During burn therapy, morphine is primarily administered IV for pain management because this route:

A. Delays absorption to provide continuous pain relief

B. Facilitates absorption because absorption from muscles is not dependable

C. Allows for discontinuance of the medication if respiratory depression develops

D. Avoids causing additional pain from IM injections

Correct Answer: B

(A) Absorption would be increased, not decreased. (B) IM injections should not be used until the client is hemodynamically stable and has adequate tissue perfusion. Medications will remain in the subcutaneous tissue with the fluid that is present in the interstitial spaces in the acute phase of the thermal injury. The client will have a poor response to the medication administered, and a "dumping" of the medication can occur when the medication and fluid are shifted back into the intravascular spaces in the next phase of healing. (C) IV administration of the medication would hasten respiratory compromise, if present. (D) The desire to avoid causing the client additional pain is not a primary reason for this route of administration.

QUESTION 7

The nurse assists a client with advanced emphysema to the bathroom. The client becomes extremely short of breath while returning to bed. The nurse should:

A. Increase his nasal O2 to 6 L/min

B. Place him in a lateral Sims\\' position

C. Encourage pursed-lip breathing D. Have him breathe into a paper bag

Correct Answer: C

(A) Giving too high a concentration of O2 to a client with em-physema may remove his stimulus to breathe. (B) The client should sit forward with his hands on his knees or an overbed table and with shoulders elevated. (C) Pursed-lip breathing helps the client to blow off CO2 and to keep air passages open. (D) Covering the face of a client extremely short of breath may cause anxiety and further increase dyspnea.

QUESTION 8

Prior to an amniocentesis, a fetal ultrasound is done in order to:

A. Evaluate fetal lung maturity

B. Evaluate the amount of amniotic fluid

C. Locate the position of the placenta and fetus

D. Ensure that the fetus is mature enough to perform the amniocentesis

Correct Answer: C

(A) Amniocentesis can be performed to assess for lung maturity. Fetal ultrasound can be used for gestational dating, although it does not separately determine lung maturity. (B) Ultrasound can evaluate amniotic fluid volume, which may be used to determine congenital anomalies. (C) Amniocentesis involves removal of amniotic fluid for evaluation. The needle, inserted through the abdomen, is guided by ultrasound to avoid needle injuries, and the test evaluates the position of the placenta and the fetus. (D) Amniocentesis can be performed as early as the 15th?7th week of pregnancy.

QUESTION 9

A client has received digoxin 0.25 mg po daily for 2 weeks. Which of the following digoxin levels indicates toxicity?

A. 0.5 ng/mL

B. 1.0 ng/mL

C. 2.0 ng/mL

D. 3.0 ng/mL

Correct Answer: D

(A) 0.5 ng/mL of digoxin is a subtherapeutic level, not a toxic one. (B) 1.0 ng/mL is a therapeutic level. (C) 2.0 ng/mL is a therapeutic level. (D) Digoxin\\'s therapeutic level is 0.8?.0 ng/mL. Digoxin\\'s toxic level is>;2.0 ng/mL.

QUESTION 10

A client is admitted to the labor room. She is dilated 4 cm. She is placed on electric fetal monitoring. Which of the following observations necessitates notifying the physician?

A. Contractions every 2 minutes, lasting 100 seconds

B. Fetal heart decelerations during a contraction

C. Beat-to-beat variability between contractions

D. Fetal heart decelerations at the beginning of contractions

Correct Answer: A

(A) These are tetanic in nature and can cause rupture of the uterus. (B) The FHR decreases during contractions owing to vasoconstriction and should recover after the contraction. (C) Beat-to-beat variability is a normal finding and demonstrates fetal well- being. (D) The FHR may decrease at the beginning of a contraction owing to head compression.

QUESTION 11

A 29-year-old client delivered her fifth child by the Lamaze method and developed a postpartal hemorrhage in the recovery room. What are the initial symptoms of shock that she may experience?

A. Marked elevation in blood pressure, respirations, and pulse

B. Decreased systolic pressure, cold skin, and anuria

C. Rapid pulse; narrowed pulse pressure; cool, moist skin

D. No urinary output, tachycardia, and restlessness

Correct Answer: C

(A) Early shock does not exhibit the symptom of marked elevation in blood pressure. A narrowing of the pulse pressure is indicative of early shock. (B) Anuria is a clinical finding in late shock. (C) All of these clinical findings are congruent with early shock. (D) Absence of urinary output is a clinical finding in the late phase of shock.

QUESTION 12

When discussing the relationship between exercise and insulin requirements, a 26-year-old client with IDDM should be instructed that:

A. When exercise is increased, insulin needs are increased

B. When exercise is increased, insulin needs are decreased

C. When exercise is increased, there is no change in insulin needs

D. When exercise is decreased, insulin needs are decreased

Correct Answer: B

(A) If the client\\'s insulin is increased when activity level is increased, hypoglycemia may result. (B) Exercise decreased the blood sugar by promoting uptake of glucose by the muscles. Consequently, less insulin is needed to metabolize ingested carbohydrates. Extra food may be required for extra activity. (C) This statement directly contradicts the correct answer and is inaccurate. (D) When exercise is decreased, the client\\'s insulin dose does not need to be altered unless the blood sugar becomes unstable.

QUESTION 13

A client\\'s transfusion of packed red blood cells has been infusing for 2 hours. She is complaining of a raised, itchy rash and shortness of breath. She is wheezing, anxious, and very restless. The nurse knows these assessment findings are congruent with:

A. Hemolytic transfusion reaction

B. Febrile transfusion reaction

C. Circulatory overload

D. Allergic transfusion reaction

Correct Answer: D

(A) A hemolytic transfusion reaction would be characterized by fever, chills, chest pain, hypotension, and tachypnea. (B) Fever, chills, and headaches are indicative of a febrile transfusion reaction. (C) Circulatory overload is manifest by

dyspnea, cough, and pulmonary crackles. (D) Urticaria, pruritus, wheezing, and anxiety are indicative of an allergic transfusion reaction.

QUESTION 14

A client has been instructed in how to take her nitroglycerin tablets. The nurse giving her instructions knows the client understands the information when she tells her:

A. "I should contact my physician if I have headaches after I take this medicine."

B. "I should keep the tablets in the refrigerator."

C. "I should call the doctor if three doses of the medicine do not relieve my pain."

D. "I should take these with water but not with milk."

Correct Answer: C

(A) Headaches may occur after taking nitroglycerin because of vasodilation. (B) The tablets do not need to be refrigerated. The client should carry them with her. (C) The client should contact the physician if repeated doses of nitroglycerin do not relieve the discomfort. (D) Nitroglycerin tablets should be dissolved under the tongue, not swallowed.

QUESTION 15

A 13-year-old hemophiliac is hospitalized for hemarthrosis of his right knee. To relieve the pain, the nurse should: A. Place on bed rest; elevate and splint the right knee

B. Apply moist heat to the right knee

C. Administer aspirin for pain

D. Encourage active range of motion to right knee

Correct Answer: A

(A) Immobilization, splinting, and bed rest will reduce the bleeding. Once bleeding is reduced or stopped, the pain will subside. (B) Moist heat causes vasodilation and bleeding. Ice or cold compresses should be applied. (C) Aspirin decreases platelet aggregation, which causes bleeding. (D) Active range of motion aggravates bleeding and damages the synovial sac during bleeding episodes.