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QUESTION 1

Three weeks following discharge, a male client is readmitted to the psychiatric unit for depression. His wife stated that he had threatened to kill himself with a handgun. As the nurse admits him to the unit, he says, "I wish I were dead because I am worthless to everyone; I guess I am just no good." Which response by the nurse is most appropriate at this time?

A. "I don\\'t think you are worthless. I\\'m glad to see you, and we will help you."

B. "Don\\'t you think this is a sign of your illness?"

C. "I know with your wife and new baby that you do have a lot to live for."

D. "You\\'ve been feeling sad and alone for some time now?"

Correct Answer: D

(A) This response does not acknowledge the client\\'s feelings. (B) This is a closed question and does not encourage communication. (C) This response negates the client\\'s feelings and does not require a response from the client. (D) This acknowledges the client\\'s implied thoughts and feelings and encourages a response.

QUESTION 2

On assessment, the nurse learns that a chronic paranoid schizophrenic has been taking "the blue pill" (haloperidol) in the morning and evening, and "the white pill" (benztropine) right before bedtime. The nurse might suggest to the client that she try:

A. Doubling the daily dose of benztropine

B. Decreasing the haloperidol dosage for a few days

C. Taking the benztropine in the morning

D. Taking her medication with food or milk

Correct Answer: C

(A) Suggesting that a client increase a medication dosage is an inappropriate (and illegal) nursing action. This action requires a physician\\'s order. (B) To suggest that a client decrease a medication dosage is an inappropriate (and illegal) nursing action. This action requires a physician\\'s order. (C) This response is an appropriate independent nursing action. Because motorrestlessness can also be a side effect of cogentin, the nurse may suggest that the client try taking the drug early in the day rather than at bedtime. (D) Certain medications can cause gastric irritation and may be taken with food or milk to prevent this side effect.

QUESTION 3

Which stage of labor lasts from delivery of the baby to delivery of the placenta?

A. Second

B. Third

C. Fourth

D. Fifth

Correct Answer: B

(A) This stage is from complete dilatation of the cervix to delivery of the fetus. (B) This is the correct stage for the definition. (C) This stage lasts for about 2 hours after the delivery of the placenta. (D) There is no fifth stage of labor.

QUESTION 4

A client suspected of having anorexia nervosa is placed on bed rest with an IV infusion and a high-carbohydrate liquid diet. Within 72 hours, the results of her lab work show a return to normal limits. She is transferred to the psychiatric service for further treatment. A behavior modification plan is initiated. Three days after her transfer, the client tells the nurse, "I haven\\'t exercised in 6 days. I won\\'t be eating lunch today." This statement by her most likely reflects:

A. Her lack of internal awareness about the outcome of the behavior

B. Increased knowledge about personal exercise plans

C. A manipulative technique to trick the nurse into allowing her to miss a meal

D. A true desire to stay fit while in the hospital

Correct Answer: A

(A) Indirect self-destructive behavior such as that seen in anorexia nervosa is characterized by the client\\'s lack of insight and the awareness that the outcome of the dieting, exercising, and weight loss will ultimately result in death if uninterrupted. (B) Although the client is knowledgeable about exercise, knowledge about the balance between nutrition, exercise, and rest is absent. (C) The client\\'s level of denial and lack of awareness disallow this behavior as a manipulative trick. (D) The client\\'s illness-maintaining behaviors are inconsistent with fitness.

QUESTION 5

A 4 year old has an imaginary playmate, which concerns the mother. The nurse\\'s best response would be:

A. "I understand your concern and will assist you with a referral."

B. "Try not to worry because you will just upset your child."

C. "Just ignore the behavior and it should disappear by age 8."

D. "This is appropriate behavior for a preschooler and should not be a concern."

Correct Answer: D

(A) This is normal for a preschooler, and a referral is not appropriate. (B) Telling a parent not to worry is unhelpful. This response does not address the mother\\'s concern. (C) This response is incorrect. The behavior is normal and will usually disappear by the time the child enters school. (D) This behavior is normal development for a preschooler.

QUESTION 6

A female client presents to the obstetric-gynecology clinic for a pregnancy test, the result which turns out to be positive. Her last menstrual period began December 10, 1993. Using N?ele\\'s rule, the nurse estimates her date of delivery to be:

A. September 17, 1994

B. September 10, 1994

C. September 3, 1994

D. August 17, 1994

Correct Answer: A

(A) According to N?ele\\'s rule, the estimated date of delivery is calculated by adding 7 days to the date of the first day of the normal menstrual period (December 10 + 7 days = December 17), and then by counting back 3 months (December 17 -3 mo = September 17). (B, C, D) These answers are incorrect.

QUESTION 7

A 35-year-old client is admitted to the hospital with diabetic ketoacidosis. Results of arterial blood gases are pH 7.2, PaO2 90, PaCO2 45, and HCO3 16. The nursing assessment of arterial blood gases indicate the presence of:

A. Respiratory alkalosis

B. Respiratory acidosis

C. Metabolic alkalosis

D. Metabolic acidosis

Correct Answer: D

(A) Respiratory alkalosis is determined by elevated pH and low PaCO2. (B) Respiratory acidosis is determined by low pH and elevated PaCO2. (C) Metabolic alkalosis is determined by elevated pH and HCO3.(D) Metabolic acidosis is determined by low pH and HCO3.

QUESTION 8

Morphine sulfate 4 mg IV push q2h prn for chest pain was ordered for a client in the emergency room with severe chest pain. The nurse administering the morphine sulfate knows which of the following therapeutic actions is related to the morphine sulfate?

A. Increased level of consciousness

B. Increased rate and depth of respirations

C. Increased peripheral vasodilation

D. Increased perception of pain

Correct Answer: C

(A) Morphine sulfate, a narcotic analgesic, causes sedation and a decrease in level of consciousness. (B) The side effects of morphine sulfate include respiratory depression. (C) Morphine sulfate causes peripheral vasodilation, which decreases afterload, producing a decrease in the myocardial workload. (D) Morphine sulfate alters the perception of pain through an unclear mechanism. This alteration promotes pain relief.

QUESTION 9

While the RN is assessing a mother\\'s perineum on her 2nd postpartum day after having a vaginal delivery, the RN notes a large ecchymotic area located to the left of the mother\\'s perineum. Which one of the following interventions should the RN initiate at this time?

A. Have the client expose the area to air.

B. Apply ice to the perineum.

C. Encourage the client to take warm sitz baths.

D. Inform the physician.

Correct Answer: C

(A) The area is bruised and painful. This action would do nothing to help with the healing process of the perineum or to provide comfort. (B) Ice is effective immediately after birth to reduce edema and discomfort, but not on the 2nd postpartum day. (C) Sitz baths are useful if the perineum has been traumatized, because the moist heat increases circulation to the area to promote healing, relaxes tissue, and decreases edema. (D) The physician is not notified of bruising, but if a hematoma is present, then the physician is notified.

QUESTION 10

The nurse practitioner determines that a client is approximately 9 weeks\\' gestation. During the visit, the practitioner informs the client about symptoms of physical changes that she will experience during her first trimester, such as:

A. Nausea and vomiting

B. Quickening

C. A 6? lb weight gain

D. Abdominal enlargement

Correct Answer: A

(A) Nausea and vomiting are experienced by almost half of all pregnant women during the first 3 months of pregnancy as a result of elevated human chorionic gonadotropin levels and changed carbohydrate metabolism. (B) Quickening is the mother\\'s perception of fetal movement and generally does not occur until 18?0 weeks after the last menstrual period in primigravidas, but it may occur as early as 16 weeks in multigravidas. (C) During the first trimester there should be only a modest weight gain of 2? lb. It is not uncommon for women to lose weight during the first trimester owing to nausea and/or vomiting. (D) Physical changes are not apparent until the second trimester, when the uterus rises out of the pelvis.

QUESTION 11

A 34-year-old client who is gravida 1, para 0 has a history of infertility and conceived this pregnancy while taking fertility drugs. She is at 32 weeks\\' gestation and is carrying triplets. She is complaining of low back pain and a feeling of pelvic pressure. Her cervical exam reveals a long, closed cervix. The nurse notes that the client is experiencing mild uterine contractions every 7? minutes after the nurse has placed her on the fetal monitor. Her condition should indicate that:

A. Her cervix shows she will likely deliver soon

B. The nurse should not be alarmed because mild uterine activity is common at 32 weeks\\' gestation

C. She may be in preterm labor because this is more common with multiple pregnancies

D. She most likely has a urinary tract infection (UTI) because this is common with pregnancy

Correct Answer: C

(A) Her cervical exam is normal. There are no cervical changes at this time. (B) Braxton Hicks contractions may be common throughout pregnancy, but they are not regular. (C) Rhythmical contractions in conjunction with low back pain and pelvic pressure at 32 weeks in a woman carrying triplets are of great concern. She may be in preterm labor. (D) UTIs are common in pregnancy due to the enlarging uterus compressing the ureters and the stasis of urine. The woman would be more likely to complain of urinary frequency and urgency, fever or chills, and malodorous urine with a UTI.

QUESTION 12

A complication for which the nurse should be alert following a liver biopsy is:

A. Hepatic coma

B. Jaundice

C. Ascites

D. Shock

Correct Answer: D

(A) Hepatic coma may occur in liver disease due to the increased NH3levels, not due to liver biopsy. (B) Jaundice may occur due to increased bilirubin levels, not due to liver biopsy. (C) Ascites would occur due to portal hypertension, not due to liver biopsy. (D) Hemorrhage and shock are the most likely complications after liver biopsy because of already existing bleeding tendencies in the vascular makeup of the liver.

QUESTION 13

A client returns for her 6-month prenatal checkup and has gained 10 lb in 2 months. The results of her physical examination are normal. How does the nurse interpret the effectiveness of the instruction about diet and weight control?

A. She is compliant with her diet as previously taught.

B. She needs further instruction and reinforcement.

C. She needs to increase her caloric intake.

D. She needs to be placed on a restrictive diet immediately.

Correct Answer: B

(A) She is probably not compliant with her diet and exercise program. Recommended weight gain during second and third trimesters is approximately 12 lb. (B) Because of her excessive weight gain of 10 lb in 2 months, she needs reevaluation of her eating habits and reinforcement of proper dietary habits for pregnancy. A 2200-calorie diet is recommended for most pregnant women with a weight gain of 27?0 lb over the 9-month period. With rapid and excessive weightgain, PIH should also be suspected. (C) She does not need to increase her caloric intake, but she does need to re-evaluate dietary habits. Ten pounds in 2 months is excessive weight gain during pregnancy, and health teaching is warranted. (D) Restrictive dieting is not recommended during pregnancy.

QUESTION 14

The following nursing diagnosis is written for a comatose client with cirrhosis of the liver and secondary splenomegaly--High risk for injury: Increased susceptibility to bleeding related to:

A. Increased absorption of vitamin K

B. Thrombocytopenia due to hypersplenism

C. Diminished function of the Kupffer cells

D. Increased synthesis of the clotting factors

Correct Answer: B

(A) There is a decreased absorption of vitamin K with cirrhosis of the liver. This decrease impairs blood coagulation and the formation of prothrombin. (B) Thrombocytopenia, an increased destruction of platelets, occurs secondary to hypersplenism. (C) A diminished function of the Kupffer cells occurs with cirrhosis of the liver, causing the client to become more susceptible to infections. (D) A decrease in the synthesis of fibrinogen and clotting factors VII, IX, and X occurs with cirrhosis of the liver and increases the susceptibility to bleeding.

QUESTION 15

A female client is concerned that she is in a "high-risk" group for the development of acquired immunodeficiency syndrome (AIDS). She wants to know about the advisability of donating blood. Which of the following responses is correct?

A. "Individuals who donate blood are at risk of getting the AIDS virus. You should not donate."

B. "It\\'s OK for you to donate because the blood bank has a test that is 100% effective."

C. "You should not donate since it takes time to develop antibodies to the AIDS virus. If you donate blood before you develop the antibody, you could pass it on in the blood."

D. "It is not a good idea for you to donate. If you have AIDS, the information is made public and could destroy your personal life."

Correct Answer: C

(A) The AIDS virus cannot be transmitted to the donor through the blood donation procedure. (B) The test for the AIDS virus is not absolutely foolproof; therefore, it is not wise for a person with known risk factors to donate blood. (C) It takes time for antibodies to the AIDS virus to develop. An infected individual could donate contaminated blood without it testing positive for the virus. (D) For reasons of confidentiality, information about individuals infected with AIDS is not

made public.