Following surgery, Mario complains of mild incisional pain while performing deep- breathing and coughing exercises. The nurse’s best response would be:

1. “Pain will become less each day.”
2. “This is a normal reaction after surgery.”
3. “**With a pillow, apply pressure against the incision**.”
4. “I will give you the pain medication the physician ordered.”

2. The nurse needs to carefully assess the complaint of pain of the elderly because older people

1. are expected to experience chronic pain
2. have a decreased pain threshold
3. **experience reduced sensory perception**
4. have altered mental function

3. Mary received AtropineSO4 as a pre-medication 30 minutes ago and is now complaining of dry mouth and her PR is higher, than before the medication was administered. The nurse’s best

1. The patient is having an allergic reaction to the drug.
2. The patient needs a higher dose of this drug
3. **This is normal side-effect of AtSO4**
4. The patient is anxious about upcoming surgery

4. Ana’s postoperative vital signs are a blood pressure of 80/50 mm Hg, a pulse of 140, and respirations of 32. Suspecting shock, which of the following orders would the nurse question?

1. Put the client in modified Trendelenberg’s position.
2. Administer oxygen at 100%.
3. Monitor urine output every hour.
4. **Administer Demerol 50mg IM q4h**

5. Mr. Pablo, diagnosed with Bladder Cancer, is scheduled for a cystectomy with the creation of an ileal conduit in the morning. He is wringing his hands and pacing the floor when the nurse enters his room. What is the best approach?

1. “Good evening, Mr. Pablo. Wasn’t it a pleasant day, today?”
2. “Mr, Pablo, you must be so worried, I’ll leave you alone with your thoughts.
3. “Mr. Pablo, you’ll wear out the hospital floors and yourself at this rate.”
4. **“Mr. Pablo, you appear anxious to me. How are you feeling about tomorrow’s surgery?”**

6. After surgery, Gina returns from the Post-anesthesia Care Unit (Recovery Room) with a nasogastric tube in place following a gall bladder surgery. She continues to complain of nausea. Which action would the nurse take?

1. Call the physician immediately.
2. Administer the prescribed antiemetic.
3. **Check the patency of the nasogastric tube for any obstruction.**
4. Change the patient’s position.

7. Mr. Perez is in continuous pain from cancer that has metastasized to the bone. Pain medication provides little relief and he refuses to move. The nurse should plan to:

1. Reassure him that the nurses will not hurt him
2. Let him perform his own activities of daily living
3. **Handle him gently when assisting with required care**
4. Complete A.M. care quickly as possible when necessary

8. A client returns from the recovery room at 9AM alert and oriented, with an IV infusing. His pulse is 82, blood pressure is 120/80, respirations are 20, and all are within normal range. At 10 am and at 11 am, his vital signs are stable. Awever, his pulse rate is 94, blood pressure is 116/74, and respirations are 24. What nursing action is most appropriate?

1. Notify his physician.
2. **Take his vital signs again in 15 minutes**.
3. Take his vital signs again in an hour.
4. Place the patient in shock position.

9. A 56 year old construction worker is brought to the hospital unconscious after falling from a 2-story building. When assessing the client, the nurse would be most concerned if the assessment revealed:

1. Reactive pupils
2. A depressed fontanel
3. **Bleeding from ears**
4. An elevated temperature

10. Which of the ff. statements by the client to the nurse indicates a risk factor for CAD?

1. “I exercise every other day.”
2. “My father died of Myasthenia Gravis.”
3. “My cholesterol is 180.”
4. **“I smoke 1 1/2 packs of cigarettes per day.**”

11. Mr. Braga was ordered Digoxin 0.25 mg. OD. Which is poor knowledge regarding this drug?

1. It has positive inotropic and negative chronotropic effects
2. **The positive inotropic effect will decrease urine output**
3. Toxixity can occur more easily in the presence of hypokalemia, liver and renal problems
4. Do not give the drug if the apical rate is less than 60 beats per minute.

12. Valsalva maneuver can result in bradycardia. Which of the following activities will not stimulate Valsalva’s maneuver?

1. **Use of stool softeners.**
2. Enema administration
3. Gagging while toothbrushing.
4. Lifting heavy objects

13. The nurse is teaching the patient regarding his permanent artificial pacemaker. Which information given by the nurse shows her knowledge deficit about the artificial cardiac pacemaker?

1. take the pulse rate once a day, in the morning upon awakening
2. may be allowed to use electrical appliances
3. have regular follow up care
4. **may engage in contact sports**

14. A patient with angina pectoris is being discharged home with nitroglycerine tablets. Which of the following instructions does the nurse include in the teaching?

1. “When your chest pain begins, lie down, and place one tablet under your tongue. If the pain continues, take another tablet in 5 minutes.”
2. “Place one tablet under your tongue. If the pain is not relieved in 15 minutes, go to the hospital.”
3. “Continue your activity, and if the pain does not go away in 10 minutes, begin taking the nitro tablets one every 5 minutes for 15 minutes, then go lie down.”
4. “**Place one Nitroglycerine tablet under the tongue every five minutes for three doses. Go to the hospital if the pain is unrelieved**.

15. A client with chronic heart failure has been placed on a diet restricted to 2000mg. of sodium per day. The client demonstrates adequate knowledge if behaviors are evident such as not salting food and avoidance of which food?

1. Whole milk
2. **Canned sardines**
3. Plain nuts
4. Eggs

16. A student nurse is assigned to a client who has a diagnosis of thrombophlebitis. Which action by this team member is most appropriate?

1. Apply a heating pad to the involved site.
2. Elevate the client’s legs 90 degrees.
3. **Instruct the client about the need for bed rest.**
4. Provide active range-of-motion exercises to both legs at least twice every shift.

17. A client receiving heparin sodium asks the nurse how the drug works. Which of the following points would the nurse include in the explanation to the client?

1. It dissolves existing thrombi.
2. **It prevents conversion of factors that are needed in the formation of clots.**
3. It inactivates thrombin that forms and dissolves existing thrombi.
4. It interferes with vitamin K absorption.

18. The nurse is conducting an education session for a group of smokers in a “stop smoking” class. Which finding would the nurse state as a common symptom of lung cancer? :

1. Dyspnea on exertion
2. Foamy, blood-tinged sputum
3. Wheezing sound on inspiration
4. **Cough or change in a chronic cough**

19. Which is the most relevant knowledge about oxygen administration to a client with COPD?

1. **Oxygen at 1-2L/min is given to maintain the hypoxic stimulus for breathing.**
2. Hypoxia stimulates the central chemoreceptors in the medulla that makes the client breath.
3. Oxygen is administered best using a non-rebreathing mask
4. Blood gases are monitored using a pulse oximeter.

20. When suctioning mucus from a client’s lungs, which nursing action would be least appropriate?

1. Lubricate the catheter tip with sterile saline before insertion.
2. Use sterile technique with a two-gloved approach
3. **Suction until the client indicates to stop or no longer than 20 second**
4. Hyperoxygenate the client before and after suctioning

21. Dr. Santos prescribes oral rifampin (Rimactane) and isoniazid (INH) for a client with a positive Tuberculin skin test. When informing the client of this decision, the nurse knows that the purpose of this choice of treatment is to

1. Cause less irritation to the gastrointestinal tract
2. Destroy resistant organisms and promote proper blood levels of the drugs
3. Gain a more rapid systemic effect
4. **Delay resistance and increase the tuberculostatic effect**

22. Mario undergoes a left thoracotomy and a partial pneumonectomy. Chest tubes are inserted, and one-bottle water-seal drainage is instituted in the operating room. In the postanesthesia care unit Mario is placed in Fowler’s position on either his right  
side or on his back to

1. Reduce incisional pain.
2. **Facilitate ventilation of the left lung.**
3. Equalize pressure in the pleural space.
4. Increase venous return

23. A client with COPD is being prepared for discharge. The following are relevant instructions to the client regarding the use of an oral inhaler EXCEPT

1. Breath in and out as fully as possible before placing the mouthpiece inside the mouth.
2. Inhale slowly through the mouth as the canister is pressed down
3. Hold his breath for about 10 seconds before exhaling
4. **Slowly breath out through the mouth with pursed lips after inhaling the drug.**

24. A client is scheduled for a bronchoscopy. When teaching the client what to expect afterward, the nurse’s highest priority of information would be

1. **Food and fluids will be withheld for at least 2 hours.**
2. Warm saline gargles will be done q 2h.
3. Coughing and deep-breathing exercises will be done q2h.
4. Only ice chips and cold liquids will be allowed initially.

25. The nurse enters the room of a client with chronic obstructive pulmonary disease. The client’s nasal cannula oxygen is running at a rate of 6 L per minute, the skin color is pink, and the respirations are 9 per minute and shallow. What is the nurse’s best initial action?

1. Take heart rate and blood pressure.
2. Call the physician.
3. **Lower the oxygen rate.**
4. Position the client in a Fowler’s position.

26. The nurse is preparing her plan of care for her patient diagnosed with pneumonia. Which is the most appropriate nursing diagnosis for this patient?

1. Fluid volume deficit
2. Decreased tissue perfusion.
3. **Impaired gas exchange**.
4. Risk for infection

27. A nurse at the weight loss clinic assesses a client who has a large abdomen and a rounded face. Which additional assessment finding would lead the nurse to suspect that the client has Cushing’s syndrome rather than obesity?

1. large thighs and upper arms
2. pendulous abdomen and large hips
3. abdominal striae and ankle enlargement
4. **posterior neck fat pad and thin extremities**

28. Which statement by the client indicates understanding of the possible side effects of Prednisone therapy?

1. “I should limit my potassium intake because hyperkalemia is a side-effect of this drug.”
2. “**I must take this medicine exactly as my doctor ordered it. I shouldn’t skip doses.”**
3. “This medicine will protect me from getting any colds or infection.”
4. “My incision will heal much faster because of this drug.”

29. A client, who is suspected of having Pheochromocytoma, complains of sweating, palpitation and headache. Which assessment is essential for the nurse to make first?

1. Pupil reaction
2. Hand grips
3. **Blood pressure**
4. Blood glucose

30. The nurse is attending a bridal shower for a friend when another guest, who happens to be a diabetic, starts to tremble and complains of dizziness. The next best action for the nurse to take is to:

1. Encourage the guest to eat some baked macaroni
2. Call the guest’s personal physician
3. Offer the guest a cup of coffee
4. **Give the guest a glass of orange juice**

31. An adult, who is newly diagnosed with Graves disease, asks the nurse, “Why do I need to take Propanolol (Inderal)?” Based on the nurse’s understanding of the medication and Grave’s disease, the best response would be:

1. “The medication will limit thyroid hormone secretion.”
2. “The medication limit synthesis of the thyroid hormones.”
3. **“The medication will block the cardiovascular symptoms of Grave’s disease.**”
4. “The medication will increase the synthesis of thyroid hormones.”

32. During the first 24 hours after thyroid surgery, the nurse should include in her care:

1. **Checking the back and sides of the operative dressing**
2. Supporting the head during mild range of motion exercise
3. Encouraging the client to ventilate her feelings about the surgery
4. Advising the client that she can resume her normal activities immediately

33. On discharge, the nurse teaches the patient to observe for signs of surgically induced hypothyroidism. The nurse would know that the patient understands the teaching when she states she should notify the MD if she develops:

1. Intolerance to heat
2. Dry skin and fatigue
3. **Progressive weight gain**
4. Insomnia and excitability

34. What is the best reason for the nurse in instructing the client to rotate injection sites for insulin?

1. Lipodystrophy can result and is extremely painful
2. Poor rotation technique can cause superficial hemorrhaging
3. **Lipodystrophic areas can result, causing erratic insulin absorption rates from these**
4. Injection sites can never be reused

35. Which of the following would be inappropriate to include in a diabetic teaching plan?

1. Change position hourly to increase circulation
2. Inspect feet and legs daily for any changes
3. **Keep legs elevated on 2 pillows while sleeping**
4. Keep the insulin not in use in the refrigerator

36. Included in the plan of care for the immediate post-gastroscopy period will be:

1. Maintain NGT to intermittent suction
2. **Assess gag reflex prior to administration of fluids**
3. Assess for pain and medicate as ordered
4. Measure abdominal girth every 4 hours

37. Which description of pain would be most characteristic of a duodenal ulcer?

1. **Gnawing, dull, aching, hungerlike pain in the epigastric area that is relieved by food intake**
2. RUQ pain that increases after meal
3. Sharp pain in the epigastric area that radiates to the right shoulder
4. A sensation of painful pressure in the midsternal area

38. The client underwent Billroth surgery for gastric ulcer. Post-operatively, the drainage from his NGT is thick and the volume of secretions has dramatically reduced in the last 2 hours and the client feels like vomiting. The most appropriate nursing action is to:

1. Reposition the NGT by advancing it gently NSS
2. **Notify the MD of your findings**
3. Irrigate the NGT with 50 cc of sterile
4. Discontinue the low-intermittent suction

39. After Billroth II Surgery, the client developed dumping syndrome. Which of the following should the nurse exclude in the plan of care?

1. **Sit upright for at least 30 minutes after meals**
2. Take only sips of H2O between bites of solid food
3. Eat small meals every 2-3 hours
4. Reduce the amount of simple carbohydrate in the diet

40. The laboratory of a male patient with Peptic ulcer revealed an elevated titer of Helicobacter pylori. Which of the following statements indicate an understanding of this data?

1. **Treatment will include Ranitidine and Antibiotics**
2. No treatment is necessary at this time
3. This result indicates gastric cancer caused by the organism
4. Surgical treatment is necessary

41. What instructions should the client be given before undergoing a paracentesis?

1. NPO 12 hours before procedure
2. **Empty bladder before procedure**
3. Strict bed rest following procedure
4. Empty bowel before procedure

42. The husband of a client asks the nurse about the protein-restricted diet ordered because of advanced liver disease. What statement by the nurse would best explain the purpose of the diet?

1. “**The liver cannot rid the body of ammonia that is made by the breakdown of protein in the digestive system**.”
2. “The liver heals better with a high carbohydrates diet rather than protein.”
3. “Most people have too much protein in their diets. The amount of this diet is better for liver healing.”
4. “Because of portal hyperemesis, the blood flows around the liver and ammonia made from protein collects in the brain causing hallucinations.”

43. Which of the drug of choice for pain controls the patient with acute pancreatitis?

1. Morphine
2. NSAIDS
3. **Meperidine**
4. Codeine

44. Immediately after cholecystectomy, the nursing action that should assume the highest priority is:

1. encouraging the client to take adequate deep breaths by mouth
2. **encouraging the client to cough and deep breathe**
3. changing the dressing at least BID
4. irrigate the T-tube frequently

45. A Sengstaken-Blakemore tube is inserted in the effort to stop the bleeding esophageal varices in a patient with complicated liver cirrhosis. Upon insertion of the tube, the client complains of difficulty of breathing. The first action of the nurse is to:

1. **Deflate the esophageal balloon**
2. Monitor VS
3. Encourage him to take deep breaths
4. Notify the MD

46. The client presents with severe rectal bleeding, 16 diarrheal stools a day, severe abdominal pain, tenesmus and dehydration. Because of these symptoms the nurse should be alert for other problems associated with what disease?

1. Chrons disease
2. **Ulcerative colitis**
3. Diverticulitis
4. Peritonitis

47. A client is being evaluated for cancer of the colon. In preparing the client for barium enema, the nurse should:

1. **Give laxative the night before and a cleansing enema in the morning before the test**
2. Render an oil retention enema and give laxative the night before
3. Instruct the client to swallow 6 radiopaque tablets the evening before the study
4. Place the client on CBR a day before the study

48. The client has a good understanding of the means to reduce the chances of colon cancer when he states:

1. “I will exercise daily.”
2. “I will include more red meat in my diet.”
3. “I will have an annual chest x-ray.”
4. “**I will include more fresh fruits and vegetables in my diet**.”

49. Days after abdominal surgery, the client’s wound dehisces. The safest nursing intervention when this occurs is to

1. **Cover the wound with sterile, moist saline dressing**
2. Approximate the wound edges with tapes
3. Irrigate the wound with sterile saline
4. Hold the abdominal contents in place with a sterile gloved hand

50. An intravenous pyelogram reveals that Paulo, age 35, has a renal calculus. He is believed to have a small stone that will pass spontaneously. To increase the chance of the stone passing, the nurse would instruct the client to force fluids and to

1. Strain all urine.
2. **Ambulate.**
3. Remain on bed rest.
4. Ask for medications to relax him

. A female client is admitted with a diagnosis of acute renal failure. She is awake, alert, oriented, and complaining of severe back pain, nausea and vomiting and abdominal cramps. Her vital signs are blood pressure 100/70 mm Hg, pulse 110, respirations 30, and oral temperature 100.4°F (38°C). Her electrolytes are sodium 120 mEq/L, potassium 5.2 mEq/L; her urinary output for the first 8 hours is 50 ml. The client is displaying signs of which electrolyte imbalance?

1. **Hyponatremia**
2. Hyperkalemia
3. Hyperphosphatemia
4. Hypercalcemia

2. Assessing the laboratory findings, which result would the nurse most likely expect to find in a client with chronic renal failure?

1. **BUN 10 to 30 mg/dl, potassium 4.0 mEq/L, creatinine 0.5 to 1.5 mg/dl**
2. Decreased serum calcium, blood pH 7.2, potassium 6.5 mEq/L
3. BUN 15 mg/dl, increased serum calcium, creatinine l.0 mg/dl
4. BUN 35 to 40 mg/dl, potassium 3.5 mEq/L, pH 7.35, decreased serum calcium

3. Treatment with hemodialysis is ordered for a client and an external shunt is created. Which nursing action would be of highest priority with regard to the external shunt?

1. Heparinize it daily.
2. **Avoid taking blood pressure measurements or blood samples from the affected arm**.
3. Change the Silastic tube daily.
4. Instruct the client not to use the affected arm.

4. Romeo Diaz, age 78, is admitted to the hospital with the diagnosis of benign prostatic hyperplasia (BPH). He is scheduled for a transurethral resection of the prostate (TURP). It would be inappropriate to include which of the following points in the preoperative teaching?

1. TURP is the most common operation for BPH.
2. Explain the purpose and function of a two-way irrigation system.
3. Expect bloody urine, which will clear as healing takes place.
4. **He will be pain free.**

5. Roxy is admitted to the hospital with a possible diagnosis of appendicitis. On physical examination, the nurse should be looking for tenderness on palpation at McBurney’s point, which is located in the

1. left lower quadrant
2. left upper quadrant
3. **right lower quadrant**
4. right upper quadrant

6. Mr. Valdez has undergone surgical repair of his inguinal hernia. Discharge teaching should include

1. **telling him to avoid heavy lifting for 4 to 6 weeks**
2. instructing him to have a soft bland diet for two weeks
3. telling him to resume his previous daily activities without limitations
4. recommending him to drink eight glasses of water daily

7. A 30-year-old homemaker fell asleep while smoking a cigarette. She sustained severe burns of the face,neck, anterior chest, and both arms and hands. Using the rule of nines, which is the best estimate of total body-surface area burned?

1. 18%
2. 22%
3. **31%**
4. 40%

8. Nursing care planning is based on the knowledge that the first 24-48 hours post-burn are characterized by:

1. An increase in the total volume of intracranial plasma
2. Excessive renal perfusion with diuresis
3. Fluid shift from interstitial space
4. **Fluid shift from intravascular space to the interstitial space**

9. If a client has severe bums on the upper torso, which item would be a primary concern?

1. Debriding and covering the wounds
2. Administering antibiotics
3. **Frequently observing for hoarseness, stridor, and dyspnea**
4. Establishing a patent IV line for fluid replacement

10. Contractures are among the most serious long-term complications of severe burns. If a burn is located on the upper torso, which nursing measure would be least effective to help prevent contractures?

1. Changing the location of the bed or the TV set, or both, daily
2. Encouraging the client to chew gum and blow up balloons
3. Avoiding the use of a pillow for sleep, or placing the head in a position of hyperextension
4. **Helping the client to rest in the position of maximal comfort**

11. An adult is receiving Total Parenteral Nutrition (TPN). Which of the following assessment is essential?

1. evaluation of the peripheral IV site
2. confirmation that the tube is in the stomach
3. assess the bowel sound
4. **fluid and electrolyte monitoring**

12. Which drug would be least effective in lowering a client’s serum potassium level?

1. Glucose and insulin
2. Polystyrene sulfonate (Kayexalate)
3. Calcium glucomite
4. **Aluminum hydroxide**

13. A nurse is directed to administer a hypotonic intravenous solution. Looking at the following labeled solutions, she should choose

1. **0.45% NaCl**
2. 0.9% NaCl
3. D5W
4. D5NSS

14. A patient is hemorrhaging from multiple trauma sites. The nurse expects that compensatory mechanisms associated with hypovolemia would cause all of the following symptoms EXCEPT

1. **hypertension**
2. oliguria
3. tachycardia
4. tachypnea

15. Maria Sison, 40 years old, single, was admitted to the hospital with a diagnosis of Breast Cancer. She was scheduled for radical mastectomy. Nursing care during the preoperative period should consist of

1. assuring Maria that she will be cured of cancer
2. **assessing Maria’s expectations and doubts**
3. maintaining a cheerful and optimistic environment
4. keeping Maria’s visitors to a minimum so she can have time for herself

16. Maria refuses to acknowledge that her breast was removed. She believes that her breast is intact under the dressing. The nurse should

1. call the MD to change the dressing so Kathy can see the incision
2. **recognize that Kathy is experiencing denial, a normal stage of the grieving process**
3. reinforce Kathy’s belief for several days until her body can adjust to stress of surgery.
4. remind Kathy that she needs to accept her diagnosis so that she can begin rehabilitation exercises.

17. A chemotherapeutic agent 5FU is ordered as an adjunct measure to surgery. Which of the ff. statements about chemotherapy is true?

1. it is a local treatment affecting only tumor cells
2. **it affects both normal and tumor cells**
3. it has been proven as a complete cure for cancer
4. it is often used as a palliative measure.

18. Which is an incorrect statement pertaining to the following procedures for cancer diagnostics?

1. Biopsy is the removal of suspicious tissue and the only definitive method to diagnose cancer
2. Ultrasonography detects tissue density changes difficult to observe by X-ray via sound waves.
3. **CT scanning uses magnetic fields and radio frequencies to provide cross-sectional view of tumor**
4. Endoscopy provides direct view of a body cavity to detect abnormality.

19. A post-operative complication of mastectomy is lymphedema. This can be prevented by

1. ensuring patency of wound drainage tube
2. placing the arm on the affected side in a dependent position
3. restricting movement of the affected arm
4. **frequently elevating the arm of the affected side above the level of the heart.**

20. Which statement by the client indicates to the nurse that the patient understands precautions necessary during internal radiation therapy for cancer of the cervix?

1. “I should get out of bed and walk around in my room.”
2. “**My 7 year old twins should not come to visit me while I’m receiving treatment**.”
3. “I will try not to cough, because the force might make me expel the application.”
4. “I know that my primary nurse has to wear one of those badges like the people in the x-ray department, but they are not necessary for anyone else who comes in here.”

21. High uric acid levels may develop in clients who are receiving chemotherapy. This is caused by:

1. The inability of the kidneys to excrete the drug metabolites
2. **Rapid cell catabolism**
3. Toxic effect of the antibiotic that are given concurrently
4. The altered blood ph from the acid medium of the drugs

22. Which of the following interventions would be included in the care of plan in a client with cervical implant?

1. Frequent ambulation
2. Unlimited visitors
3. **Low residue diet**
4. Vaginal irrigation every shift

23. Which nursing measure would avoid constriction on the affected arm immediately after mastectomy?

1. **Avoid BP measurement and constricting clothing on the affected arm**
2. Active range of motion exercises of the arms once a day.
3. Discourage feeding, washing or combing with the affected arm
4. Place the affected arm in a dependent position, below the level of the heart

24. A client suffering from acute renal failure has an unexpected increase in urinary output to 150ml/hr. The nurse assesses that the client has entered the second phase of acute renal failure. Nursing actions throughout this phase include observation for signs and symptoms of

1. Hypervolemia, hypokalemia, and hypernatremia.
2. Hypervolemia, hyperkalemia, and hypernatremia.
3. **Hypovolemia, wide fluctuations in serum sodium and potassium levels.**
4. Hypovolemia, no fluctuation in serum sodium and potassium levels.

25. An adult has just been brought in by ambulance after a motor vehicle accident. When assessing the client, the nurse would expect which of the following manifestations could have resulted from sympathetic nervous system stimulation?

1. A **rapid pulse and increased RR**
2. Decreased physiologic functioning
3. Rigid posture and altered perceptual focus
4. Increased awareness and attention

26. Ms. Sy undergoes surgery and the abdominal aortic aneurysm is resected and replaced with a graft. When she arrives in the RR she is still in shock. The nurse’s priority should be :

1. placing her in a trendeleburg position
2. putting several warm blankets on her
3. monitoring her hourly urine output
4. **assessing her VS especially her RR**

27. A major goal for the client during the first 48 hours after a severe bum is to prevent hypovolemic shock. The best indicator of adequate fluid balance during this period is

1. Elevated hematocrit levels.
2. **Urine output of 30 to 50 ml/hr**.
3. Change in level of consciousness.
4. Estimate of fluid loss through the burn eschar.

28. A thoracentesis is performed on a chest-injured client, and no fluid or air is found. Blood and fluids is administered intravenously (IV), but the client’s vital signs do not improve. A central venous pressure line is inserted, and the initial reading is 20 cm H^O. The most likely cause of these findings is which of the following?

1. Spontaneous pneumothorax
2. Ruptured diaphragm
3. Hemothorax
4. **Pericardial tamponade**

29. Intervention for a pt. who has swallowed a Muriatic Acid includes all of the following except;

1. **administering an irritant that will stimulate vomiting**
2. aspirating secretions from the pharynx if respirations are affected
3. neutralizing the chemical
4. washing the esophagus with large volumes of water via gastric lavage

30. Which initial nursing assessment finding would best indicate that a client has been successfully resuscitated after a cardio-respiratory arrest?

1. Skin warm and dry
2. Pupils equal and react to light
3. **Palpable carotid pulse**
4. Positive Babinski’s reflex

31. Chemical burn of the eye are treated with

1. local anesthetics and antibacterial drops for 24 – 36 hrs.
2. hot compresses applied at 15-minute intervals
3. **Flushing of the lids, conjunctiva and cornea with tap or preferably sterile water**
4. cleansing the conjunctiva with a small cotton-tipped applicator

32. The Heimlich maneuver (abdominal thrust), for acute airway obstruction, attempts to:

1. **Force air out of the lungs**
2. Increase systemic circulation
3. Induce emptying of the stomach
4. Put pressure on the apex of the heart

33. John, 16 years old, is brought to the ER after a vehicular accident. He is pronounced dead on arrival. When his parents arrive at the hospital, the nurse should:

1. ask them to stay in the waiting area until she can spend time alone with them
2. **speak to both parents together and encourage them to support each other and express their emotions freely**
3. Speak to one parent at a time so that each can ventilate feelings of loss without upsetting the other
4. ask the MD to medicate the parents so they can stay calm to deal with their son’s death.

34. An emergency treatment for an acute asthmatic attack is Adrenaline 1:1000 given hypodermically. This is given to:

1. increase BP
2. decrease mucosal swelling
3. **relax the bronchial smooth muscle**
4. decrease bronchial secretions

35. A nurse is performing CPR on an adult patient. When performing chest compressions, the nurse understands the correct hand placement is located over the

1. upper half of the sternum
2. upper third of the sternum
3. **lower half of the sternum**
4. lower third of the sternum

36. The nurse is performing an eye examination on an elderly client. The client states ‘My vision is blurred, and I don’t easily see clearly when I get into a dark room.” The nurse best response is:

1. “You should be grateful you are not blind.”
2. “**As one ages, visual changes are noted as part of degenerative changes. This is normal.”**
3. “You should rest your eyes frequently.”
4. “You maybe able to improve you vision if you move slowly.”

37. Which of the following activities is not encouraged in a patient after an eye surgery?

1. sneezing, coughing and blowing the nose
2. straining to have a bowel movement
3. wearing tight shirt collars
4. **sexual intercourse**

38. Which of the following indicates poor practice in communicating with a hearing-impaired client?

1. Use appropriate hand motions
2. Keep hands and other objects away from your mouth when talking to the client
3. **Speak clearly in a loud voice or shout to be heard**
4. Converse in a quiet room with minimal distractions

39. A client is to undergo lumbar puncture. Which is least important information about LP?

1. Specimens obtained should be labeled in their proper sequence.
2. It may be used to inject air, dye or drugs into the spinal canal.
3. Assess movements and sensation in the lower extremities after the
4. **Force fluids before and after the procedure**.

40. A client diagnosed with cerebral thrombosis is scheduled for cerebral angiography. Nursing care of the client includes the following EXCEPT

1. Inform the client that a warm, flushed feeling and a salty taste may be
2. Maintain pressure dressing over the site of puncture and check for
3. Check pulse, color and temperature of the extremity distal to the site of
4. **Kept the extremity used as puncture site flexed to prevent bleeding.**

41. Which is considered as the earliest sign of increased ICP that the nurse should closely observed for?

1. abnormal respiratory pattern
2. rising systolic and widening pulse pressure
3. contralateral hemiparesis and ipsilateral dilation of the pupils
4. **progression from restlessness to confusion and disorientation to lethargy**

42. Which is irrelevant in the pharmacologic management of a client with CVA?

1. Osmotic diuretics and corticosteroids are given to decrease cerebral edema
2. Anticonvulsants are given to prevent seizures
3. Thrombolytics are most useful within three hours of an occlusive CVA
4. **Aspirin is used in the acute management of a completed stroke.**

43. What would be the MOST therapeutic nursing action when a client’s expressive aphasia is severe?

1. Anticipate the client wishes so she will not need to talk
2. Communicate by means of questions that can be answered by the client shaking the head
3. Keep us a steady flow rank to minimize silence
4. **Encourage the client to speak at every possible opportunity.**

44. A client with head injury is confused, drowsy and has unequal pupils. Which of the following nursing diagnosis is most important at this time?

1. altered level of cognitive function
2. high risk for injury
3. **altered cerebral tissue perfusion**
4. sensory perceptual alteration

45. Which nursing diagnosis is of the highest priority when caring for a client with myasthenia gravis?

1. Pain
2. High risk for injury related to muscle weakness
3. Ineffective coping related to illness
4. **Ineffective airway clearance related to muscle weakness**

46. The client has clear drainage from the nose and ears after a head injury. How can the nurse determine if the drainage is CSF?

1. Measure the ph of the fluid
2. Measure the specific gravity of the fluid
3. **Test for glucose**
4. Test for chlorides

47. The nurse includes the important measures for stump care in the teaching plan for a client with an amputation. Which measure would be excluded from the teaching plan?

1. Wash, dry, and inspect the stump daily.
2. Treat superficial abrasions and blisters promptly.
3. **Apply a “shrinker” bandage with tighter arms around the proximal end of the affected limb**.
4. Toughen the stump by pushing it against a progressively harder substance (e.g., pillow on a foot-stool).

48. A 70-year-old female comes to the clinic for a routine checkup. She is 5 feet 4 inches tall and weighs 180 pounds. Her major complaint is pain in her joints. She is retired and has had to give up her volunteer work because of her discomfort. She was told her diagnosis was osteoarthritis about 5 years ago. Which would be excluded from the clinical pathway for this client?

1. Decrease the calorie count of her daily diet.
2. Take warm baths when arising.
3. Slide items across the floor rather than lift them.
4. **Place items so that it is necessary to bend or stretch to reach them.**

49. A client is admitted from the emergency department with severe-pain and edema in the right foot. His diagnosis is gouty arthritis. When developing a plan of care, which action would have the highest priority?

1. Apply hot compresses to the affected joints.
2. Stress the importance of maintaining good posture to prevent deformities.
3. Administer salicylates to minimize the inflammatory reaction.
4. **Ensure an intake of at least 3000 ml of fluid per day.**

50. A client had a laminectomy and spinal fusion yesterday. Which statement is to be excluded from your plan of care?

1. Before log rolling, place a pillow under the client’s head and a pillow between the client’s legs.
2. **Before log rolling, remove the pillow from under the client’s head and use no pillows between the client’s legs**.
3. Keep the knees slightly flexed while the client is lying in a semi-Fowler’s position in bed.
4. Keep a pillow under the client’s head as needed for comfort.

. The nurse is assisting in planning care for a client with a diagnosis of immune deficiency. The nurse would incorporate which of the ff. as a priority in the plan of care?

1. providing emotional support to decrease fear
2. **protecting the client from infection**
3. encouraging discussion about lifestyle changes
4. .identifying factors that decreased the immune function

2. Joy, an obese 32 year old, is admitted to the hospital after an automobile accident. She has a fractured hip and is brought to the OR for surgery.  
After surgery Joy is to receive a piggy-back of Clindamycin phosphate (Cleocin) 300 mg in 50 ml of D5W. The piggyback is to infuse in 20 minutes. The drop factor of the IV set is 10 gtt/ml. The nurse should set the piggyback to flow at:

1. **25 gtt/min**
2. 30 gtt/min
3. 5 gtt/min
4. 45 gtt/min

3. The day after her surgery Joy asks the nurse how she might lose weight. Before answering her question, the nurse should bear in mind that long-term weight loss best occurs when:

1. Fats are controlled in the diet
2. **Eating habits are altered**
3. Carbohydrates are regulated
4. Exercise is part of the program

4. The nurse teaches Joy, an obese client, the value of aerobic exercises in her weight reduction program. The nurse would know that this teaching was effective when Joy says that exercise will:

1. **Increase her lean body mass**
2. Lower her metabolic rate
3. Decrease her appetite
4. Raise her heart rate

5. The physician orders non-weight bearing with crutches for Joy, who had surgery for a fractured hip. The most important activity to facilitate walking with crutches before ambulation begun is:

1. **Exercising the triceps, finger flexors, and elbow extensors**
2. Sitting up at the edge of the bed to help strengthen back muscles
3. Doing isometric exercises on the unaffected leg
4. Using the trapeze frequently for pull-ups to strengthen the biceps muscles

6. The nurse recognizes that a client understood the demonstration of crutch walking when she places her weight on:

1. The palms and axillary regions
2. Both feet placed wide apart
3. **The palms of her hands**
4. Her axillary regions

7. Joey is a 46 year-old radio technician who is admitted because of mild chest pain. He is 5 feet, 8 inches tall and weighs 190 pounds. He is diagnosed with a myocardial infarct. Morphine sulfate, Diazepam (Valium) and Lidocaine are prescribed.  
The physician orders 8 mg of Morphine Sulfate to be given IV. The vial on hand is labeled 1 ml/ 10 mg. The nurse should administer:

1. 8 minims
2. 10 minims
3. **12 minims**
4. 15 minims

8. Joey asks the nurse why he is receiving the injection of Morphine after he was hospitalized for severe anginal pain. The nurse replies that it:

1. Will help prevent erratic heart beats
2. **Relieves pain and decreases level of anxiety**
3. Decreases anxiety
4. Dilates coronary blood vessels

9. Oxygen 3L/min by nasal cannula is prescribed for Joey who is admitted to the hospital for chest pain. The nurse institutes safety precautions in the room because oxygen:

1. Converts to an alternate form of matter
2. Has unstable properties
3. **Supports combustion**
4. Is flammable

10. Myra is ordered laboratory tests after she is admitted to the hospital for angina. The isoenzyme test that is the most reliable early indicator of myocardial insult is:

1. SGPT
2. LDH
3. **CK-MB**
4. AST

11. An early finding in the EKG of a client with an infarcted mycardium would be:

1. Disappearance of Q waves
2. **Elevated ST segments**
3. Absence of P wave
4. Flattened T waves

12. Jose, who had a myocardial infarction 2 days earlier, has been complaining to the nurse about issues related to his hospital stay. The best initial nursing response would be to:

1. Allow him to release his feelings and then leave him alone to allow him to regain his composure
2. **Refocus the conversation on his fears, frustrations and anger about his condition**
3. Explain how his being upset dangerously disturbs his need for rest
4. Attempt to explain the purpose of different hospital routines

13. Twenty four hours after admission for an Acute MI, Jose’s temperature is noted at 39.3 C. The nurse monitors him for other adaptations related to the pyrexia, including:

1. Shortness of breath
2. Chest pain
3. Elevated blood pressure
4. **Increased pulse rate**

14. Jose, who is admitted to the hospital for chest pain, asks the nurse, “Is it still possible for me to have another heart attack if I watch my diet religiously and avoid stress?” The most appropriate initial response would be for the nurse to:

1. Suggest he discuss his feelings of vulnerability with his physician.
2. Tell him that he certainly needs to be especially careful about his diet and lifestyle.
3. **Avoid giving him direct information and help him explore his feelings**
4. Recognize that he is frightened and suggest he talk with the psychiatrist or counselor.

15. Ana, 55 years old, is admitted to the hospital to rule out pernicious anemia. A Schilling test is ordered for Ana. The nurse recognizes that the primary purpose of the Schilling test is to determine the client’s ability to:

1. Store vitamin B12
2. Digest vitamin B12
3. **Absorb vitamin B12**
4. Produce vitamin B12

16. Ana is diagnosed to have Pernicious anemia. The physician orders 0.2 mg of Cyanocobalamin (Vitamin B12) IM. Available is a vial of the drug labeled 1 ml= 100 mcg. The nurse should administer:

1. 0.5 ml
2. 1.0 ml
3. 1.5 ml
4. **2.0 ml**

17. Health teachings to be given to a client with Pernicious Anemia regarding her therapeutic regimen concerning Vit. B12 will include:

1. Oral tablets of Vitamin B12 will control her symptoms
2. IM injections are required for daily control
3. **IM injections once a month will maintain control**
4. Weekly Z-track injections provide needed control

18. The nurse knows that a client with Pernicious Anemia understands the teaching regarding the vitamin B12 injections when she states that she must take it:

1. When she feels fatigued
2. During exacerbations of anemia
3. Until her symptoms subside
4. **For the rest of her life**

19. Arthur Cruz, a 45 year old artist, has recently had an abdominoperineal resection and colostomy. Mr. Cruz accuses the nurse of being uncomfortable during a dressing change, because his “wound looks terrible.” The nurse recognizes that the client is using the defense mechanism known as:

1. Reaction Formation
2. Sublimation
3. Intellectualization
4. **Projection**

20. When preparing to teach a client with colostomy how to irrigate his colostomy, the nurse should plan to perform the procedure:

1. **When the client would have normally had a bowel movement**
2. After the client accepts he had a bowel movement
3. Before breakfast and morning care
4. At least 2 hours before visitors arrive

21. When observing an ostomate do a return demonstration of the colostomy irrigation, the nurse notes that he needs more teaching if he:

1. Stops the flow of fluid when he feels uncomfortable
2. Lubricates the tip of the catheter before inserting it into the stoma
3. **Hangs the bag on a clothes hook on the bathroom door during fluid insertion**
4. Discontinues the insertion of fluid after only 500 ml of fluid has been instilled

22. When doing colostomy irrigation at home, a client with colostomy should be instructed to report to his physician :

1. Abdominal cramps during fluid inflow
2. **Difficulty in inserting the irrigating tube**
3. Passage of flatus during expulsion of feces
4. Inability to complete the procedure in half an hour

23. A client with colostomy refuses to allow his wife to see the incision or stoma and ignores most of his dietary instructions. The nurse on assessing this data, can assume that the client is experiencing:

1. A reaction formation to his recent altered body image.
2. **A difficult time accepting reality and is in a state of denial.**
3. Impotency due to the surgery and needs sexual counseling
4. Suicide thoughts and should be seen by psychiatrist

24. The nurse would know that dietary teaching had been effective for a client with colostomy when he states that he will eat:

1. Food low in fiber so that there is less stool
2. **Everything he ate before the operation but will avoid those foods that cause gas**
3. Bland foods so that his intestines do not become irritated
4. Soft foods that are more easily digested and absorbed by the large intestines

25. Eddie, 40 years old, is brought to the emergency room after the crash of his private plane. He has suffered multiple crushing wounds of the chest, abdomen and legs. It is feared his leg may have to be amputated. When Eddie arrives in the emergency room, the assessment that assume the greatest priority are:

1. Level of consciousness and pupil size
2. Abdominal contusions and other wounds
3. Pain, Respiratory rate and blood pressure
4. **Quality of respirations and presence of pulsesQuality of respirations and presence of pulses**

26. Eddie, a plane crash victim, undergoes endotracheal intubation and positive pressure ventilation. The most immediate nursing intervention for him at this time would be to:

1. Facilitate his verbal communication
2. Maintain sterility of the ventilation system
3. **Assess his response to the equipment**
4. Prepare him for emergency surgery

27. A chest tube with water seal drainage is inserted to a client following a multiple chest injury. A few hours later, the client’s chest tube seems to be obstructed. The most appropriate nursing action would be to

1. Prepare for chest tube removal
2. **Milk the tube toward the collection container as ordered**
3. Arrange for a stat Chest x-ray film.
4. Clam the tube immediately

28. The observation that indicates a desired response to thoracostomy drainage of a client with chest injury is:

1. **Increased breath sounds**
2. Constant bubbling in the drainage chamber
3. Crepitus detected on palpation of chest
4. Increased respiratory rate

29. In the evaluation of a client’s response to fluid replacement therapy, the observation that indicates adequate tissue perfusion to vital organs is:

1. **Urinary output is 30 ml in an hour**
2. Central venous pressure reading of 2 cm H2O
3. Pulse rates of 120 and 110 in a 15 minute period
4. Blood pressure readings of 50/30 and 70/40 within 30 minutes

30. A client with multiple injury following a vehicular accident is transferred to the critical care unit. He begins to complain of increased abdominal pain in the left upper quadrant. A ruptured spleen is diagnosed and he is scheduled for emergency splenectomy. In preparing the client for surgery, the nurse should emphasize in his teaching plan the:

1. Complete safety of the procedure
2. Expectation of postoperative bleeding
3. Risk of the procedure with his other injuries
4. **Presence of abdominal drains for several days after surgery**

31. To promote continued improvement in the respiratory status of a client following chest tube removal after a chest surgery for multiple rib fracture, the nurse should:

1. Encourage bed rest with active and passive range of motion exercises
2. **Encourage frequent coughing and deep breathing**
3. Turn him from side to side at least every 2 hours
4. Continue observing for dyspnea and crepitus

32. A client undergoes below the knee amputation following a vehicular accident. Three days postoperatively, the client is refusing to eat, talk or perform any rehabilitative activities. The best initial nursing approach would be to:

1. Give him explanations of why there is a need to quickly increase his activity
2. Emphasize repeatedly that with as prosthesis, he will be able to return to his normal lifestyle
3. Appear cheerful and non-critical regardless of his response to attempts at intervention
4. **Accept and acknowledge that his withdrawal is an initially normal and necessary part of grieving**

33. The key factor in accurately assessing how body image changes will be dealt with by the client is the:

1. Extent of body change present
2. Suddenness of the change
3. **Obviousness of the change**
4. Client’s perception of the change

34. Larry is diagnosed as having myelocytic leukemia and is admitted to the hospital for chemotherapy. Larry discusses his recent diagnosis of leukemia by referring to statistical facts and figures. The nurse recognizes that Larry is using the defense mechanism known as:

1. Reaction formation
2. Sublimation
3. Intellectualization
4. Projection

35. The laboratory results of the client with leukemia indicate bone marrow depression. The nurse should encourage the client to:

1. Increase his activity level and ambulate frequently
2. Sleep with the head of his bed slightly elevated
3. Drink citrus juices frequently for nourishment
4. **Use a soft toothbrush and electric razor**

36. Dennis receives a blood transfusion and develops flank pain, chills, fever and hematuria. The nurse recognizes that Dennis is probably experiencing:

1. An anaphylactic transfusion reaction
2. An allergic transfusion reaction
3. **A hemolytic transfusion reaction**
4. A pyrogenic transfusion reaction

37. A client jokes about his leukemia even though he is becoming sicker and weaker. The nurse’s most therapeutic response would be:

1. “Your laugher is a cover for your fear.”
2. “He who laughs on the outside, cries on the inside.”
3. “Why are you always laughing?”
4. **“Does it help you to joke about your illness?”**

38. In dealing with a dying client who is in the denial stage of grief, the best nursing approach is to:

1. Agree with and encourage the client’s denial
2. Reassure the client that everything will be okay
3. **Allow the denial but be available to discuss death**
4. Leave the client alone to discuss the loss

39. During and 8 hour shift, Mario drinks two 6 oz. cups of tea and vomits 125 ml of fluid. During this 8 hour period, his fluid balance would be:

1. +55 ml
2. +137 ml
3. **+235 ml**
4. +485 ml

40. Mr. Ong is admitted to the hospital with a diagnosis of Left-sided CHF. In the assessment, the nurse should expect to find:

1. Crushing chest pain
2. **Dyspnea on exertion**
3. Extensive peripheral edema
4. Jugular vein distention

41. The physician orders on a client with CHF a cardiac glycoside, a vasodilator, and furosemide (Lasix). The nurse understands Lasix exerts is effects in the:

1. Distal tubule
2. Collecting duct
3. Glomerulus of the nephron
4. **Ascending limb of the loop of Henle**

42. Mr. Ong weighs 210 lbs on admission to the hospital. After 2 days of diuretic therapy he weighs 205.5 lbs. The nurse could estimate that the amount of fluid he has lost is:

1. 0.5 L
2. 1.0 L
3. **2.0 L**
4. 3.5 L

43. Mr. Ong, a client with CHF, has been receiving a cardiac glycoside, a diuretic, and a vasodilator drug. His apical pulse rate is 44 and he is on bed rest. The nurse concludes that his pulse rate is most likely the result of the:

1. Diuretic
2. Vasodilator
3. Bed-rest regimen
4. **Cardiac glycoside**

44. The diet ordered for a client with CHF permits him to have a 190 g of carbohydrates, 90 g of fat and 100 g of protein. The nurse understands that this diet contains approximately:

1. 2200 calories
2. **2000 calories**
3. 2800 calories
4. 1600 calories

45. After the acute phase of congestive heart failure, the nurse should expect the dietary management of the client to include the restriction of:

1. Magnesium
2. **Sodium**
3. Potassium
4. Calcium

46. Jude develops GI bleeding and is admitted to the hospital. An important etiologic clue for the nurse to explore while taking his history would be:

1. **The medications he has been taking**
2. Any recent foreign travel
3. His usual dietary pattern
4. His working patterns

47. The meal pattern that would probably be most appropriate for a client recovering from GI bleeding is:

1. Three large meals large enough to supply adequate energy.
2. **Regular meals and snacks to limit gastric discomfort**
3. Limited food and fluid intake when he has pain
4. A flexible plan according to his appetite

48. A client with a history of recurrent GI bleeding is admitted to the hospital for a gastrectomy. Following surgery, the client has a nasogastric tube to low continuous suction. He begins to hyperventilate. The nurse should be aware that this pattern will alter his arterial blood gases by:

1. Increasing HCO3
2. **Decreasing PCO2**
3. Decreasing pH
4. Decreasing PO2

49. Routine postoperative IV fluids are designed to supply hydration and electrolyte and only limited energy. Because 1 L of a 5% dextrose solution contains 50 g of sugar, 3 L per day would apply approximately:

1. 400 Kilocalories
2. **600 Kilocalories**
3. 800 Kilocalories
4. 1000 Kilocalories

50. Thrombus formation is a danger for all postoperative clients. The nurse should act independently to prevent this complication by:

1. Encouraging adequate fluids
2. Applying elastic stockings
3. Massaging gently the legs with lotion
4. **Performing active-assistive leg exercises**

51. An unconscious client is admitted to the ICU, IV fluids are started and a Foley catheter is inserted. With an indwelling catheter, urinary infection is a potential danger. The nurse can best plan to avoid this problem by:

1. Emptying the drainage bag frequently
2. Collecting a weekly urine specimen
3. **Maintaining the ordered hydration**
4. Assessing urine specific gravity

52. The nurse performs full range of motion on a bedridden client’s extremities. When putting his ankle through range of motion, the nurse must perform:

1. Flexion, extension and left and right rotation
2. Abduction, flexion, adduction and extension
3. Pronation, supination, rotation, and extension
4. **Dorsiflexion, plantar flexion, eversion and inversion**

53. A client has been in a coma for 2 months. The nurse understands that to prevent the effects of shearing force on the skin, the head of the bed should be at an angle of:

1. **30 degrees**
2. 45 degrees
3. 60 degrees
4. 90 degrees

54. Rene, age 62, is scheduled for a TURP after being diagnosed with a Benign Prostatic Hyperplasia (BPH). As part of the preoperative teaching, the nurse should tell the client that after surgery:

1. Urinary control may be permanently lost to some degree
2. **Urinary drainage will be dependent on a urethral catheter for 24 hours**
3. Frequency and burning on urination will last while the cystotomy tube is in place
4. His ability to perform sexually will be permanently impaired

55. The transurethral resection of the prostate is performed on a client with BPH. Following surgery, nursing care should include:

1. Changing the abdominal dressing
2. Maintaining patency of the cystotomy tube
3. **Maintaining patency of a three-way Foley catheter for cystoclysis**
4. Observing for hemorrhage and wound infection

56. In the early postoperative period following a transurethral surgery, the most common complication the nurse should observe for is:

1. Sepsis
2. **Hemorrhage**
3. Leakage around the catheter
4. Urinary retention with overflow

57. Following prostate surgery, the retention catheter is secured to the client’s leg causing slight traction of the inflatable balloon against the prostatic fossa. This is done to:

1. Limit discomfort
2. **Provide hemostasis**
3. Reduce bladder spasms
4. Promote urinary drainage

58. Twenty-four hours after TURP surgery, the client tells the nurse he has lower abdominal discomfort. The nurse notes that the catheter drainage has stopped. The nurse’s initial action should be to:

1. Irrigate the catheter with saline
2. **Milk the catheter tubing**
3. Remove the catheter
4. Notify the physician

59. The nurse would know that a post-TURP client understood his discharge teaching when he says “I should:”

1. Get out of bed into a chair for several hours daily
2. **Call the physician if my urinary stream decreases**
3. Attempt to void every 3 hours when I’m awake
4. Avoid vigorous exercise for 6 months after surgery

60. Lucy is admitted to the surgical unit for a subtotal thyroidectomy. She is diagnosed with Grave’s Disease. When assessing Lucy, the nurse would expect to find:

1. Lethargy, weight gain, and forgetfulness
2. Weight loss, protruding eyeballs, and lethargy
3. **Weight loss, exopthalmos and restlessness**
4. Constipation, dry skin, and weight gain

61. Lucy undergoes Subtotal Thyroidectomy for Grave’s Disease. In planning for the client’s return from the OR, the nurse would consider that in a subtotal thyroidectomy:

1. The entire thyroid gland is removed
2. **A small part of the gland is left intact**
3. One parathyroid gland is also removed
4. A portion of the thyroid and four parathyroids are removed

62. Before a post- thyroidectomy client returns to her room from the OR, the nurse plans to set up emergency equipment, which should include:

1. A crash cart with bed board
2. A tracheostomy set and oxygen
3. An airway and rebreathing mask
4. Two ampules of sodium bicarbonate

63. When a post-thyroidectomy client returns from surgery the nurse assesses her for unilateral injury of the laryngeal nerve every 30 to 60 minutes by:

1. Observing for signs of tetany
2. Checking her throat for swelling
3. **Asking her to state her name out loud**
4. Palpating the side of her neck for blood seepage

64. On a post-thyroidectomy client’s discharge, the nurse teaches her to observe for signs of surgically induced hypothyroidism. The nurse would know that the client understands the teaching when she states she should notify the physician if she develops:

1. Intolerance to heat
2. **Dry skin and fatigue**
3. Progressive weight loss
4. Insomnia and excitability

65. A client’s exopthalmos continues inspite of thyroidectomy for Grave’s Disease. The nurse teaches her how to reduce discomfort and prevent corneal ulceration. The nurse recognizes that the client understands the teaching when she says: “I should:

1. Elevate the head of my bed at night
2. Avoid moving my extra-ocular muscles
3. **Avoid using a sleeping mask at night**
4. Avoid excessive blinking

66. Clara is a 37-year old cook. She is admitted for treatment of partial and full-thickness burns of her entire right lower extremity and the anterior portion of her right upper extremity. Her respiratory status is compromised, and she is in pain and anxious. Performing an immediate appraisal, using the rule of nines, the nurse estimates the percent of Clara’s body surface that is burned is:

1. 4.5%
2. 9%
3. 18 %
4. **22.5%**

67. The nurse applies mafenide acetate (Sulfamylon cream) to Clara, who has second and third degree burns on the right upper and lower extremities, as ordered by the physician. This medication will:

1. **Inhibit bacterial growth**
2. Relieve pain from the burn
3. Prevent scar tissue formation
4. Provide chemical debridement

68. Forty-eight hours after a burn injury, the physician orders for the client 2 liters of IV fluid to be administered q12 h. The drop factor of the tubing is 10 gtt/ml. The nurse should set the flow to provide:

1. 18 gtt/min
2. **28 gtt/min**
3. 32 gtt/min
4. 36 gtt/min

69. Clara, a burn client, receives a temporary heterograft (pig skin) on some of her burns. These grafts will:

1. Debride necrotic epithelium
2. Be sutured in place for better adherence
3. **Relieve pain and promote rapid epithelialization**
4. Frequently be used concurrently with topical antimicrobials.

70. A client with burns on the chest has periodic episodes of dyspnea. The position that would provide for the greatest respiratory capacity would be the:

1. Semi-fowler’s position
2. Sims’ position
3. **Orthopneic position**
4. Supine position

71. Jane, a 20- year old college student is admiited to the hospital with a tentative diagnosis of myasthenia gravis. She is scheduled to have a series of diagnostic studies for myasthenia gravis, including a Tensilon test. In preparing her for this procedure, the nurse explains that her response to the medication will confirm the diagnosis if Tensilon produces:

1. Brief exaggeration of symptoms
2. Prolonged symptomatic improvement
3. **Rapid but brief symptomatic improvement**
4. Symptomatic improvement of just the ptosis

72. The initial nursing goal for a client with myasthenia gravis during the diagnostic phase of her hospitalization would be to:

1. Develop a teaching plan
2. Facilitate psychologic adjustment
3. **Maintain the present muscle strength**
4. Prepare for the appearance of myasthenic crisis

73. The most significant initial nursing observations that need to be made about a client with myasthenia include:

1. Ability to chew and speak distinctly
2. Degree of anxiety about her diagnosis
3. Ability to smile an to close her eyelids
4. **Respiratory exchange and ability to swallow**

74. Helen is diagnosed with myasthenia gravis and pyridostigmine bromide (Mestinon) therapy is started. The Mestinon dosage is frequently changed during the first week. While the dosage is being adjusted, the nurse’s priority intervention is to:

1. Administer the medication exactly on time
2. Administer the medication with food or mild
3. **Evaluate the client’s muscle strength hourly after medication**
4. Evaluate the client’s emotional side effects between doses

75. Helen, a client with myasthenia gravis, begins to experience increased difficulty in swallowing. To prevent aspiration of food, the nursing action that would be most effective would be to:

1. Change her diet order from soft foods to clear liquids
2. Place an emergency tracheostomy set in her room
3. Assess her respiratory status before and after meals
4. **Coordinate her meal schedule with the peak effect of her medication, Mestinon**

The nurse is performing her admission assessment of a patient. When grading arterial pulses, a 1+ pulse indicates:

1. Above normal perfusion.
2. Absent perfusion.
3. Normal perfusion.
4. **Diminished perfusion**.

2. Murmurs that indicate heart disease are often accompanied by other symptoms such as:

1. **Dyspnea on exertion**.
2. Subcutaneous emphysema.
3. Thoracic petechiae.
4. Periorbital edema.

3. Which pregnancy-related physiologic change would place the patient with a history of cardiac disease at the greatest risk of developing severe cardiac problems?

1. Decrease heart rate
2. Decreased cardiac output
3. **Increased plasma volume**
4. Increased blood pressure

4. The priority nursing diagnosis for the patient with cardiomyopathy is:

1. Anxiety related to risk of declining health status.
2. Ineffective individual coping related to fear of debilitating illness
3. Fluid volume excess related to altered compensatory mechanisms.
4. **Decreased cardiac output related to reduced myocardial contractility**.

5. A patient with thrombophlebitis reached her expected outcomes of care. Her affected leg appears pink and warm. Her pedal pulse is palpable and there is no edema present. Which step in the nursing process is described above?

1. Planning
2. Implementation
3. Analysis
4. **Evaluation**

6. An elderly patient may have sustained a basilar skull fracture after slipping and falling on an icy sidewalk. The nurse knows that basilar skull factures:

1. Are the least significant type of skull fracture.
2. **May have cause cerebrospinal fluid (CSF) leaks from the nose or ears**.
3. Have no characteristic findings.
4. Are always surgically repaired.

7. Which of the following types of drugs might be given to control increased intracranial pressure (ICP)?

1. **Barbiturates**
2. Carbonic anhydrase inhibitors
3. Anticholinergics
4. Histamine receptor blockers

8. The nurse is teaching family members of a patient with a concussion about the early signs of increased intracranial pressure (ICP). Which of the following would she cite as an early sign of increased ICP?

1. Decreased systolic blood pressure
2. **Headache and vomiting**
3. Inability to wake the patient with noxious stimuli
4. Dilated pupils that don’t react to light

9. Jessie James is diagnosed with retinal detachment. Which intervention is the most important for this patient?

1. **Admitting him to the hospital on strict bed rest**
2. Patching both of his eyes
3. Referring him to an ophthalmologist
4. Preparing him for surgery

10. Dr. Bruce Owen, a chemist, sustained a chemical burn to one eye. Which intervention takes priority for a patient with a chemical burn of the eye?

1. Patch the affected eye and call the ophthalmologist.
2. Administer a cycloplegic agent to reduce ciliary spasm.
3. **Immediately instill a tropical anesthetic, then irrigate the eye with saline solution**.
4. Administer antibiotics to reduce the risk of infection

11. The nurse is assessing a patient and notes a Brudzinski’s sign and Kernig’s sign. These are two classic signs of which of the following disorders?

1. Cerebrovascular accident (CVA)
2. **Meningitis**
3. Seizure disorder
4. Parkinson’s disease

12. A patient is admitted to the hospital for a brain biopsy. The nurse knows that the most common type of primary brain tumor is:

1. Meningioma.
2. Angioma.
3. Hemangioblastoma.
4. **Glioma.**

13. The nurse should instruct the patient with Parkinson’s disease to avoid which of the following?

1. Walking in an indoor shopping mall
2. Sitting on the deck on a cool summer evening
3. Walking to the car on a cold winter day
4. **Sitting on the beach in the sun on a summer day**

14. Gary Jordan suffered a cerebrovascular accident that left her unable to comprehend speech and unable to speak. This type of aphasia is known as:

1. Receptive aphasia
2. Expressive aphasia
3. **Global aphasia**
4. Conduction aphasia

15. Kelly Smith complains that her headaches are occurring more frequently despite medications. Patients with a history of headaches should be taught to avoid:

1. Freshly prepared meats.
2. Citrus fruits.
3. Skim milk
4. **Chocolate**

16. Immediately following cerebral aneurysm rupture, the patient usually complains of:

1. Photophobia
2. **Explosive headache**
3. Seizures
4. Hemiparesis

17. Which of the following is a cause of embolic brain injury?

1. Persistent hypertension
2. Subarachnoid hemorrhage
3. **Atrial fibrillation**
4. Skull fracture

18. Although Ms. Priestly has a spinal cord injury, she can still have sexual intercourse. Discharge teaching should make her aware that:

1. She must remove indwelling urinary catheter prior to intercourse.
2. She can no longer achieve orgasm.
3. Positioning may be awkward.
4. **She can still get pregnant**.

19.Ivy Hopkins, age 25, suffered a cervical fracture requiring immobilization with halo traction. When caring for the patient in halo traction, the nurse must:

1. **Keep a wrench taped to the halo vest for quick removal if cardiopulmonary resuscitation is necessary**.
2. Remove the brace once a day to allow the patient to rest.
3. Encourage the patient to use a pillow under the ring.
4. Remove the brace so that the patient can shower.

20. The nurse asks a patient’s husband if he understands why his wife is receiving nimodipine (Nimotop), since she suffered a cerebral aneurysm rupture. Which response by the husband indicates that he understands the drug’s use?

1. “Nimodipine replaces calcium**.”**
2. “Nimodipine promotes growth of blood vessels in the brain.”
3. “Nimodipine reduces the brain’s demand for oxygen.”
4. “**Nimodipine reduces vasospasm in the brain**.”

21. Many men who suffer spinal injuries continue to be sexually active. The teaching plan for a man with a spinal cord injury should include sexually concerns. Which of the following injuries would most likely prevent erection and ejaculation?

1. C5
2. C7
3. T4
4. **S4**

22. Cathy Bates, age 36, is a homemaker who frequently forgets to take her carbamazepine (Tegretol). As a result, she has been experiencing seizures. How can the nurse best help the patient remember to take her medication?

1. Tell her take her medication at bedtime.
2. Instruct her to take her medication after one of her favorite television shows.
3. **Explain that she should take her medication with breakfast**.
4. Tell her to buy an alarm watch to remind her.

23. Richard Barnes was diagnosed with pneumococcal meningitis. What response by the patient indicates that he understands the precautions necessary with this diagnosis?

1. “I’m so depressed because I can’t have any visitors for a week.”
2. “**Thank goodness, I’ll only be in isolation for 24 hours**.”
3. “The nurse told me that my urine and stool are also sources of meningitis bacteria.”
4. “The doctor is a good friend of mine and won’t keep me in isolation.”

24. An early symptom associated with amyotrophic lateral sclerosis (ALS) includes:

1. **Fatigue while talking**
2. Change in mental status
3. Numbness of the hands and feet
4. Spontaneous fractures

25. When caring for a patient with esophageal varices, the nurse knows that bleeding in this disorder usually stems from:

1. Esophageal perforation
2. Pulmonary hypertension
3. **Portal hypertension**
4. Peptic ulcers

26. Tiffany Black is diagnosed with type A hepatitis. What special precautions should the nurse take when caring for this patient?

1. Put on a mask and gown before entering the patient’s room.
2. **Wear gloves and a gown when removing the patient’s bedpan.**
3. Prevent the droplet spread of the organism.
4. Use caution when bringing food to the patient.

27. Discharge instructions for a patient who has been operated on for colorectal cancer include irrigating the colostomy. The nurse knows her teaching is effective when the patient states he’ll contact the doctor if:

1. He experiences abdominal cramping while the irrigant is infusing
2. **He has difficulty inserting the irrigation tube into the stoma**
3. He expels flatus while the return is running out
4. He’s unable to complete the procedure in 1 hour

28. The nurse explains to the patient who has an abdominal perineal resection that an indwelling urinary catheter must be kept in place for several days afterward because:

1. It prevents urinary tract infection following surgery
2. **It prevents urine retention and resulting pressure on the perineal wound**
3. It minimizes the risk of wound contamination by the urine
4. It determines whether the surgery caused bladder trauma

29. The first day after, surgery the nurse finds no measurable fecal drainage from a patient’s colostomy stoma. What is the most appropriate nursing intervention?

1. Call the doctor immediately.
2. Obtain an order to irrigate the stoma.
3. Place the patient on bed rest and call the doctor.
4. **Continue the current plan of care**.

30. If a patient’s GI tract is functioning but he’s unable to take foods by mouth, the preferred method of feeding is:

1. Total parenteral nutrition
2. Peripheral parenteral nutrition
3. **Enteral nutrition**
4. Oral liquid supplements

31. Which type of solution causes water to shift from the cells into the plasma?

1. **Hypertonic**
2. Hypotonic
3. Isotonic
4. Alkaline

32. Particles move from an area of greater osmelarity to one of lesser osmolarity through:

1. Active transport
2. Osmosis
3. **Diffusion**
4. Filtration

33. Which assessment finding indicates dehydration?

1. **Tenting of chest skin when pinched**
2. Rapid filling of hand veins
3. A pulse that isn’t easily obliterated
4. Neck vein distention

34. Which nursing intervention would most likely lead to a hypo-osmolar state?

1. Performing nasogastric tube irrigation with normal saline solution
2. Weighing the patient daily
3. **Administering tap water enema until the return is clear**
4. Encouraging the patient with excessive perspiration to dink broth

35. Which assessment finding would indicate an extracellular fluid volume deficit?

1. Bradycardia
2. A central venous pressure of 6 mm Hg
3. Pitting edema
4. **An orthostatic blood pressure change**

36. A patient with metabolic acidosis has a preexisting problem with the kidneys. Which other organ helps regulate blood pH?

1. Liver
2. Pancreas
3. **Lungs**
4. heart

37. The nurse considers the patient anuric if the patient;

1. Voids during the nighttime hours
2. **Has a urine output of less than 100 ml in 24 hours**
3. Has a urine output of at least 100 ml in 2 hours
4. Has pain and burning on urination

38. Which nursing action is appropriate to prevent infection when obtaining a sterile urine specimen from an indwelling urinary catheter?

1. **Aspirate urine from the tubing port using a sterile syringe and needle**
2. Disconnect the catheter from the tubing and obtain urine
3. Open the drainage bag and pour out some urine
4. Wear sterile gloves when obtaining urine

39. After undergoing a transurethral resection of the prostate to treat benign prostatic hypertrophy, a patient is retuned to the room with continuous bladder irrigation in place. One day later, the patient reports bladder pain. What should the nurse do first?

1. Increase the I.V. flow rate
2. Notify the doctor immediately
3. **Assess the irrigation catheter for patency and drainage**
4. Administer meperidine (Demerol) as prescribed

40. A patient comes to the hospital complaining of sudden onset of sharp, severe pain originating in the lumbar region and radiating around the side and toward the bladder. The patient also reports nausea and vomiting and appears pale, diaphoretic, and anxious. The doctor tentatively diagnoses renal calculi and orders flat-plate abdominal X-rays. Renal calculi can form anywhere in the urinary tract. What is their most common formation site?

1. **Kidney**
2. Ureter
3. Bladder
4. Urethra

41. A patient comes to the hospital complaining of severe pain in the right flank, nausea, and vomiting. The doctor tentatively diagnoses right ureter-olithiasis (renal calculi). When planning this patient’s care, the nurse should assign highest priority to which nursing diagnosis?

1. **Pain**
2. Risk of infection
3. Altered urinary elimination
4. Altered nutrition: less than body requirements

42. The nurse is reviewing the report of a patient’s routine urinalysis. Which of the following values should the nurse consider abnormal?

1. Specific gravity of 1.002
2. **Urine pH of 3**
3. Absence of protein
4. Absence of glucose

43. A patient with suspected renal insufficiency is scheduled for a comprehensive diagnostic work-up. After the nurse explains the diagnostic tests, the patient asks which part of the kidney “does the work.” Which answer is correct?

1. The glomerulus
2. Bowman’s capsule
3. **The nephron**
4. The tubular system

44. During a shock state, the renin-angiotensin-aldosterone system exerts which of the following effects on renal function?

1. **Decreased urine output, increased reabsorption of sodium and water**
2. Decreased urine output, decreased reabsorption of sodium and water
3. Increased urine output, increased reabsorption of sodium and water
4. Increased urine output, decreased reabsorption of sodium and water

45. While assessing a patient who complained of lower abdominal pressure, the nurse notes a firm mass extending above the symphysis pubis. The nurse suspects:

1. A urinary tract infection
2. Renal calculi
3. An enlarged kidney
4. **A distended bladder**

46. Gregg Lohan, age 75, is admitted to the medical-surgical floor with weakness and left-sided chest pain. The symptoms have been present for several weeks after a viral illness. Which assessment finding is most symptomatic of pericarditis?

1. **Pericardial friction rub**
2. Bilateral crackles auscultated at the lung bases
3. Pain unrelieved by a change in position
4. Third heart sound (S3)

47. James King is admitted to the hospital with right-side-heart failure. When assessing him for jugular vein distention, the nurse should position him:

1. Lying on his side with the head of the bed flat.
2. Sitting upright.
3. Flat on his back.
4. **Lying on his back with the head of the bed elevated 30 to 45 degrees.**

48. The nurse is interviewing a slightly overweight 43-year-old man with mild emphysema and borderline hypertension. He admits to smoking a pack of cigarettes per day. When developing a teaching plan, which of the following should receive highest priority to help decrease respiratory complications?

1. Weight reduction
2. Decreasing salt intake
3. **Smoking cessation**
4. Decreasing caffeine intake

49. What is the ratio of chest compressions to ventilations when one rescuer performs cardiopulmonary resuscitation (CPR) on an adult?

1. 15:1
2. **15:2**
3. 12:1
4. 12:2

50. When assessing a patient for fluid and electrolyte balance, the nurse is aware that the organs most important in maintaining this balance are the:

1. Pituitary gland and pancreas
2. Liver and gallbladder.
3. Brain stem and heart.
4. **Lungs and kidneys**.

Mrs. Chua a 78 year old client is admitted with the diagnosis of mild chronic heart failure. The nurse expects to hear when listening to client’s lungs indicative of chronic heart failure would be:

1. Stridor
2. Crackles
3. Wheezes
4. Friction rubs

2. Patrick who is hospitalized following a myocardial infarction asks the nurse why he is taking morphine. The nurse explains that morphine:

1. Decrease anxiety and restlessness
2. Prevents shock and relieves pain
3. Dilates coronary blood vessels
4. Helps prevent fibrillation of the heart

3. Which of the following should the nurse teach the client about the signs of digitalis toxicity?

1. Increased appetite
2. Elevated blood pressure
3. Skin rash over the chest and back
4. Visual disturbances such as seeing yellow spots

4. Nurse Trisha teaches a client with heart failure to take oral Furosemide in the morning. The reason for this is to help…

1. Retard rapid drug absorption
2. Excrete excessive fluids accumulated at night
3. Prevents sleep disturbances during night
4. Prevention of electrolyte imbalance

5. What would be the primary goal of therapy for a client with pulmonary edema and heart failure?

1. Enhance comfort
2. Increase cardiac output
3. Improve respiratory status
4. Peripheral edema decreased

6. Nurse Linda is caring for a client with head injury and monitoring the client with decerebrate posturing. Which of the following is a characteristic of this type of posturing?

1. Upper extremity flexion with lower extremity flexion
2. Upper extremity flexion with lower extremity extension
3. Extension of the extremities after a stimulus
4. Flexion of the extremities after stimulus

7. A female client is taking Cascara Sagrada. Nurse Betty informs the client that the following maybe experienced as side effects of this medication:

1. GI bleeding
2. Peptic ulcer disease
3. Abdominal cramps
4. Partial bowel obstruction

8. Dr. Marquez orders a continuous intravenous nitroglycerin infusion for the client suffering from myocardial infarction. Which of the following is the most essential nursing action?

1. Monitoring urine output frequently
2. Monitoring blood pressure every 4 hours
3. Obtaining serum potassium levels daily
4. Obtaining infusion pump for the medication

9. During the second day of hospitalization of the client after a Myocardial Infarction. Which of the following is an expected outcome?

1. Able to perform self-care activities without pain
2. Severe chest pain
3. Can recognize the risk factors of Myocardial Infarction
4. Can Participate in cardiac rehabilitation walking program

10. A 68 year old client is diagnosed with a right-sided brain attack and is admitted to the hospital. In caring for this client, the nurse should plan to:

1. Application of elastic stockings to prevent flaccid by muscle
2. Use hand roll and extend the left upper extremity on a pillow to prevent contractions
3. Use a bed cradle to prevent dorsiflexion of feet
4. Do passive range of motion exercise

11. Nurse Liza is assigned to care for a client who has returned to the nursing unit after left nephrectomy. Nurse Liza’s highest priority would be…

1. Hourly urine output
2. Temperature
3. Able to turn side to side
4. Able to sips clear liquid

12. A 64 year old male client with a long history of cardiovascular problem including hypertension and angina is to be scheduled for cardiac catheterization. During pre cardiac catheterization teaching, Nurse Cherry should inform the client that the primary purpose of the procedure is…..

1. To determine the existence of CHD
2. To visualize the disease process in the coronary arteries
3. To obtain the heart chambers pressure
4. To measure oxygen content of different heart chambers

13. During the first several hours after a cardiac catheterization, it would be most essential for nurse Cherry to…

1. Elevate clients bed at 45°
2. Instruct the client to cough and deep breathe every 2 hours
3. Frequently monitor client’s apical pulse and blood pressure
4. Monitor clients temperature every hour

14. Kate who has undergone mitral valve replacement suddenly experiences continuous bleeding from the surgical incision during postoperative period. Which of the following pharmaceutical agents should Nurse Aiza prepare to administer to Kate?

1. Protamine Sulfate
2. Quinidine Sulfate
3. Vitamin C
4. Coumadin

15. In reducing the risk of endocarditis, good dental care is an important measure. To promote good dental care in client with mitral stenosis in teaching plan should include proper use of…

1. Dental floss
2. Electric toothbrush
3. Manual toothbrush
4. Irrigation device

16. Among the following signs and symptoms, which would most likely be present in a client with mitral gurgitation?

1. Altered level of consciousness
2. Exceptional Dyspnea
3. Increase creatine phospholinase concentration
4. Chest pain

17. Kris with a history of chronic infection of the urinary system complains of urinary frequency and burning sensation. To figure out whether the current problem is in renal origin, the nurse should assess whether the client has discomfort or pain in the…

1. Urinary meatus
2. Pain in the Labium
3. Suprapubic area
4. Right or left costovertebral angle

18. Nurse Perry is evaluating the renal function of a male client. After documenting urine volume and characteristics, Nurse Perry assesses which signs as the best indicator of renal function.

1. Blood pressure
2. Consciousness
3. Distension of the bladder
4. Pulse rate

19. John suddenly experiences a seizure, and Nurse Gina notice that John exhibits uncontrollable jerking movements. Nurse Gina documents that John experienced which type of seizure?

1. Tonic seizure
2. Absence seizure
3. Myoclonic seizure
4. Clonic seizure

20. Smoking cessation is critical strategy for the client with Burgher’s disease, Nurse Jasmin anticipates that the male client will go home with a prescription for which medication?

1. Paracetamol
2. Ibuprofen
3. Nitroglycerin
4. Nicotine (Nicotrol)

21. Nurse Lilly has been assigned to a client with Raynaud’s disease. Nurse Lilly realizes that the etiology of the disease is unknown but it is characterized by:

1. Episodic vasospastic disorder of capillaries
2. Episodic vasospastic disorder of small veins
3. Episodic vasospastic disorder of the aorta
4. **Episodic vasospastic disorder of the small arteries**

22. Nurse Jamie should explain to male client with diabetes that self-monitoring of blood glucose is preferred to urine glucose testing because…

1. **More accurate**
2. Can be done by the client
3. It is easy to perform
4. It is not influenced by drugs

23. Jessie weighed 210 pounds on admission to the hospital. After 2 days of diuretic therapy, Jessie weighs 205.5 pounds. The nurse could estimate the amount of fluid Jessie has lost…

1. 0.3 L
2. 1.5 L
3. **2.0 L**
4. 3.5 L

24. Nurse Donna is aware that the shift of body fluids associated with Intravenous administration of albumin occurs in the process of:

1. **Osmosis**
2. Diffusion
3. Active transport
4. Filtration

25. Myrna a 52 year old client with a fractured left tibia has a long leg cast and she is using crutches to ambulate. Nurse Joy assesses for which sign and symptom that indicates complication associated with crutch walking?

1. Left leg discomfort
2. Weak biceps brachii
3. Triceps muscle spasm
4. **Forearm weakness**

26. Which of the following statements should the nurse teach the neutropenic client and his family to avoid?

1. Performing oral hygiene after every meal
2. **Using suppositories or enemas**
3. Performing perineal hygiene after each bowel movement
4. Using a filter mask

27. A female client is experiencing painful and rigid abdomen and is diagnosed with perforated peptic ulcer. A surgery has been scheduled and a nasogastric tube is inserted. The nurse should place the client before surgery in

1. Sims position
2. Supine position
3. **Semi-fowlers position**
4. Dorsal recumbent position

28. Which nursing intervention ensures adequate ventilating exchange after surgery?

1. Remove the airway only when client is fully conscious
2. Assess for hypoventilation by auscultating the lungs
3. **Position client laterally with the neck extended**
4. Maintain humidified oxygen via nasal canula

29. George who has undergone thoracic surgery has chest tube connected to a water-seal drainage system attached to suction. Presence of excessive bubbling is identified in water-seal chamber, the nurse should…

1. “Strip” the chest tube catheter
2. **Check the system for air leaks**
3. Recognize the system is functioning correctly
4. Decrease the amount of suction pressure

30. A client who has been diagnosed of hypertension is being taught to restrict intake of sodium. The nurse would know that the teachings are effective if the client states that…

1. I can eat celery sticks and carrots
2. I can eat broiled scallops
3. **I can eat shredded wheat cereal**
4. I can eat spaghetti on rye bread

31. A male client with a history of cirrhosis and alcoholism is admitted with severe dyspnea resulted to ascites. The nurse should be aware that the ascites is most likely the result of increased…

1. **Pressure in the portal vein**
2. Production of serum albumin
3. Secretion of bile salts
4. Interstitial osmotic pressure

32. A newly admitted client is diagnosed with Hodgkin’s disease undergoes an excisional cervical lymph node biopsy under local anesthesia. What does the nurse assess first after the procedure?

1. Vital signs
2. Incision site
3. **Airway**
4. Level of consciousness

33. A client has 15% blood loss. Which of the following nursing assessment findings indicates hypovolemic shock?

1. **Systolic blood pressure less than 90mm Hg**
2. Pupils unequally dilated
3. Respiratory rate of 4 breath/min
4. Pulse rate less than 60bpm

34. Nurse Lucy is planning to give pre operative teaching to a client who will be undergoing rhinoplasty. Which of the following should be included?

1. Results of the surgery will be immediately noticeable postoperatively
2. Normal saline nose drops will need to be administered preoperatively
3. After surgery, nasal packing will be in place 8 to 10 days
4. **Aspirin containing medications should not be taken 14 days before surgery**

35. Paul is admitted to the hospital due to metabolic acidosis caused by Diabetic ketoacidosis (DKA). The nurse prepares which of the following medications as an initial treatment for this problem?

1. **Regular insulin**
2. Potassium
3. Sodium bicarbonate
4. Calcium gluconate

36. Dr. Marquez tells a client that an increase intake of foods that are rich in Vitamin E and beta-carotene are important for healthier skin. The nurse teaches the client that excellent food sources of both of these substances are:

1. Fish and fruit jam
2. Oranges and grapefruit
3. Carrots and potatoes
4. **Spinach and mangoes**

37. A client has Gastroesophageal Reflux Disease (GERD). The nurse should teach the client that after every meals, the client should…

1. **Rest in sitting position**
2. Take a short walk
3. Drink plenty of water
4. Lie down at least 30 minutes

38. After gastroscopy, an adaptation that indicates major complication would be:

1. Nausea and vomiting
2. **Abdominal distention**
3. Increased GI motility
4. Difficulty in swallowing

39. A client who has undergone a cholecystectomy asks the nurse whether there are any dietary restrictions that must be followed. Nurse Hilary would recognize that the dietary teaching was well understood when the client tells a family member that:

1. “Most people need to eat a high protein diet for 12 months after surgery”
2. “I should not eat those foods that upset me before the surgery”
3. “I should avoid fatty foods as long as I live”
4. “**Most people can tolerate regular diet after this type of surgery”**

40. Nurse Rachel teaches a client who has been recently diagnosed with hepatitis A about untoward signs and symptoms related to Hepatitis that may develop. The one that should be reported immediately to the physician is:

1. Restlessness
2. Yellow urine
3. Nausea
4. **Clay- colored stools**

41. Which of the following antituberculosis drugs can damage the 8th cranial nerve?

1. Isoniazid (INH)
2. Paraoaminosalicylic acid (PAS)
3. Ethambutol hydrochloride (myambutol)
4. **Streptomycin**

42. The client asks Nurse Annie the causes of peptic ulcer. Nurse Annie responds that recent research indicates that peptic ulcers are the result of which of the following:

1. Genetic defect in gastric mucosa
2. Stress
3. Diet high in fat
4. **Helicobacter pylori infection**

43. Ryan has undergone subtotal gastrectomy. The nurse should expect that nasogastric tube drainage will be what color for about 12 to 24 hours after surgery?

1. Bile green
2. Bright red
3. Cloudy white
4. **Dark brown**

44. Nurse Joan is assigned to come for client who has just undergone eye surgery. Nurse Joan plans to teach the client activities that are permitted during the post operative period. Which of the following is best recommended for the client?

1. Watching circus
2. Bending over
3. **Watching TV**
4. Lifting objects

45. A client suffered from a lower leg injury and seeks treatment in the emergency room. There is a prominent deformity to the lower aspect of the leg, and the injured leg appears shorter that the other leg. The affected leg is painful, swollen and beginning to become ecchymotic. The nurse interprets that the client is experiencing:

1. **Fracture**
2. Strain
3. Sprain
4. Contusion

46. Nurse Jenny is instilling an otic solution into an adult male client left ear. Nurse Jenny avoids doing which of the following as part of the procedure

1. Pulling the auricle backward and upward
2. Warming the solution to room temperature
3. **Pacing the tip of the dropper on the edge of ear canal**
4. Placing client in side lying position

47. Nurse Bea should instruct the male client with an ileostomy to report immediately which of the following symptom?

1. **Absence of drainage from the ileostomy for 6 or more hours**
2. Passage of liquid stool in the stoma
3. Occasional presence of undigested food
4. A temperature of 37.6 °C

48. Jerry has diagnosed with appendicitis. He develops a fever, hypotension and tachycardia. The nurse suspects which of the following complications?

1. Intestinal obstruction
2. Peritonitis
3. Bowel ischemia
4. Deficient fluid volume

49. Which of the following compilations should the nurse carefully monitors a client with acute pancreatitis.

1. Myocardial Infarction
2. Cirrhosis
3. Peptic ulcer
4. ***Pneumonia***

50. Which of the following symptoms during the icteric phase of viral hepatitis should the nurse expect the client to inhibit?

1. Watery stool
2. ***Yellow sclera***
3. Tarry stool
4. Shortness of breath

Marco who was diagnosed with brain tumor was scheduled for craniotomy. In preventing the development of cerebral edema after surgery, the nurse should expect the use of:

1. Diuretics
2. Antihypertensive
3. **Steroids**
4. Anticonvulsants

2. Halfway through the administration of blood, the female client complains of lumbar pain. After stopping the infusion Nurse Hazel should:

1. **Increase the flow of normal saline**
2. Assess the pain further
3. Notify the blood bank
4. Obtain vital signs.

3. Nurse Maureen knows that the positive diagnosis for HIV infection is made based on which of the following:

1. A history of high risk sexual behaviors.
2. **Positive ELISA and western blot tests**
3. Identification of an associated opportunistic infection
4. Evidence of extreme weight loss and high fever

4. Nurse Maureen is aware that a client who has been diagnosed with chronic renal failure recognizes an adequate amount of high-biologic-value protein when the food the client selected from the menu was:

1. Raw carrots
2. Apple juice
3. Whole wheat bread
4. **Cottage cheese**

5. Kenneth who has diagnosed with uremic syndrome has the potential to develop complications. Which among the following complications should the nurse anticipates:

1. **Flapping hand tremors**
2. An elevated hematocrit level
3. Hypotension
4. Hypokalemia

6. A client is admitted to the hospital with benign prostatic hyperplasia, the nurse most relevant assessment would be:

1. Flank pain radiating in the groin
2. **Distention of the lower abdomen**
3. Perineal edema
4. Urethral discharge

7. A client has undergone with penile implant. After 24 hrs of surgery, the client’s scrotum was edematous and painful. The nurse should:

1. Assist the client with sitz bath
2. Apply war soaks in the scrotum
3. **Elevate the scrotum using a soft support**
4. Prepare for a possible incision and drainage.

8. Nurse hazel receives emergency laboratory results for a client with chest pain and immediately informs the physician. An increased myoglobin level suggests which of the following?

1. Liver disease
2. **Myocardial damage**
3. Hypertension
4. Cancer

9. Nurse Maureen would expect the a client with mitral stenosis would demonstrate symptoms associated with congestion in the:

1. Right atrium
2. Superior vena cava
3. Aorta
4. **Pulmonary**

10. A client has been diagnosed with hypertension. The nurse priority nursing diagnosis would be:

1. **Ineffective health maintenance**
2. Impaired skin integrity
3. Deficient fluid volume
4. Pain

11. Nurse Hazel teaches the client with angina about common expected side effects of nitroglycerin including:

1. high blood pressure
2. stomach cramps
3. **headache**
4. shortness of breath

12. The following are lipid abnormalities. Which of the following is a risk factor for the development of atherosclerosis and PVD?

1. **High levels of low density lipid (LDL) cholesterol**
2. High levels of high density lipid (HDL) cholesterol
3. Low concentration triglycerides
4. Low levels of LDL cholesterol.

13. Which of the following represents a significant risk immediately after surgery for repair of aortic aneurysm?

1. Potential wound infection
2. Potential ineffective coping
3. Potential electrolyte balance
4. **Potential alteration in renal perfusion**

14. Nurse Josie should instruct the client to eat which of the following foods to obtain the best supply of Vitamin B12?

1. **dairy products**
2. vegetables
3. Grains
4. Broccoli

15. Karen has been diagnosed with aplastic anemia. The nurse monitors for changes in which of the following physiologic functions?

1. Bowel function
2. Peripheral sensation
3. **Bleeding tendencies**
4. Intake and out put

16. Lydia is scheduled for elective splenectomy. Before the clients goes to surgery, the nurse in charge final assessment would be:

1. signed consent
2. **vital signs**
3. name band
4. empty bladder

17. What is the peak age range in acquiring acute lymphocytic leukemia (**ALL)?**

1. **4 to 12 years.**
2. 20 to 30 years
3. 40 to 50 years
4. 60 60 70 years

18. Marie with acute lymphocytic leukemia suffers from nausea and headache. These clinical manifestations may indicate all of the following except

1. effects of radiation
2. chemotherapy side effects
3. meningeal irritation
4. **gastric distension**

19. A client has been diagnosed with Disseminated Intravascular Coagulation (DIC). Which of the following is contraindicated with the client?

1. Administering Heparin
2. **Administering Coumadin**
3. Treating the underlying cause
4. Replacing depleted blood products

20. Which of the following findings is the best indication that fluid replacement for the client with hypovolemic shock is adequate?

1. **Urine output greater than 30ml/hr**
2. Respiratory rate of 21 breaths/minute
3. Diastolic blood pressure greater than 90 mmhg
4. Systolic blood pressure greater than 110 mmhg

21. Which of the following signs and symptoms would Nurse Maureen include in teaching plan as an early manifestation of laryngeal cancer?

1. Stomatitis
2. Airway obstruction
3. **Hoarseness**
4. Dysphagia

22. Karina a client with myasthenia gravis is to receive immunosuppressive therapy. The nurse understands that this therapy is effective because it:

1. Promotes the removal of antibodies that impair the transmission of impulses
2. Stimulates the production of acetylcholine at the neuromuscular junction.
3. Decreases the production of autoantibodies that attack the acetylcholine receptors.
4. Inhibits the breakdown of acetylcholine at the neuromuscular junction.

23. A female client is receiving IV Mannitol. An assessment specific to safe administration of the said drug is:

1. Vital signs q4h
2. Weighing daily
3. Urine output hourly
4. Level of consciousness q4h

24. Patricia a 20 year old college student with diabetes mellitus requests additional information about the advantages of using a pen like insulin deliverydevices. The nurse explains that the advantages of these devices over syringes includes:

1. Accurate dose delivery
2. Shorter injection time
3. Lower cost with reusable insulin cartridges
4. Use of smaller gauge needle.

25. A male client’s left tibia was fractured in an automobile accident, and a cast is applied. To assess for damage to major blood vessels from the fracture tibia, the nurse in charge should monitor the client for:

1. Swelling of the left thigh
2. Increased skin temperature of the foot
3. Prolonged reperfusion of the toes after blanching
4. Increased blood pressure

26. After a long leg cast is removed, the male client should:

1. Cleanse the leg by scrubbing with a brisk motion
2. Put leg through full range of motion twice daily
3. Report any discomfort or stiffness to the physician
4. Elevate the leg when sitting for long periods of time.

27. While performing a physical assessment of a male client with gout of the great toe, Nurse Vivian should assess for additional tophi (urate deposits) on the:

1. Buttocks
2. Ears
3. Face
4. Abdomen

28. Nurse Katrina would recognize that the demonstration of crutch walking with tripod gait was understood when the client places weight on the:

1. Palms of the hands and axillary regions
2. Palms of the hand
3. Axillary regions
4. Feet, which are set apart

29. Mang Jose with rheumatoid arthritis states, “the only time I am without pain is when I lie in bed perfectly still”. During the convalescent stage, the nurse in charge with Mang Jose should encourage:

1. Active joint flexion and extension
2. Continued immobility until pain subsides
3. Range of motion exercises twice daily
4. Flexion exercises three times daily

30. A male client has undergone spinal surgery, the nurse should:

1. Observe the client’s bowel movement and voiding patterns
2. Log-roll the client to prone position
3. Assess the client’s feet for sensation and circulation
4. Encourage client to drink plenty of fluids

31. Marina with acute renal failure moves into the diuretic phase after one week of therapy. During this phase the client must be assessed for signs ofdeveloping:

1. Hypovolemia
2. renal failure
3. metabolic acidosis
4. hyperkalemia

32. Nurse Judith obtains a specimen of clear nasal drainage from a client with a head injury. Which of the following tests differentiates mucus from cerebrospinal fluid (CSF)?

1. Protein
2. Specific gravity
3. Glucose
4. Microorganism

33. A 22 year old client suffered from his first tonic-clonic seizure. Upon awakening the client asks the nurse, “What caused me to have a seizure? Which of the following would the nurse include in the primary cause of tonic clonic seizures in adults more the 20 years?

1. Electrolyte imbalance
2. Head trauma
3. Epilepsy
4. Congenital defect

34. What is the priority nursing assessment in the first 24 hours after admission of the client with thrombotic CVA?

1. Pupil size and papillary response
2. cholesterol level
3. Echocardiogram
4. Bowel sounds

35. Nurse Linda is preparing a client with multiple sclerosis for discharge from the hospital to home. Which of the following instruction is most appropriate?

1. “Practice using the mechanical aids that you will need when future disabilities arise”.
2. “Follow good health habits to change the course of the disease”.
3. “Keep active, use stress reduction strategies, and avoid fatigue.
4. “You will need to accept the necessity for a quiet and inactive lifestyle”.

36. The nurse is aware the early indicator of hypoxia in the unconscious client is:

1. Cyanosis
2. Increased respirations
3. Hypertension
4. Restlessness

37. A client is experiencing spinal shock. Nurse Myrna should expect the function of the bladder to be which of the following?

1. Normal
2. Atonic
3. Spastic
4. Uncontrolled

38. Which of the following stage the carcinogen is irreversible?

1. Progression stage
2. Initiation stage
3. Regression stage
4. Promotion stage

39. Among the following components thorough pain assessment, which is the most significant?

1. Effect
2. Cause
3. Causing factors
4. Intensity

40. A 65 year old female is experiencing flare up of pruritus. Which of the client’s action could aggravate the cause of flare ups?

1. Sleeping in cool and humidified environment
2. Daily baths with fragrant soap
3. Using clothes made from 100% cotton
4. Increasing fluid intake

41. Atropine sulfate (Atropine) is contraindicated in all but one of the following client?

1. A client with high blood
2. A client with bowel obstruction
3. A client with glaucoma
4. A client with U.T.I

42. Among the following clients, which among them is high risk for potential hazards from the surgical experience?

1. 67-year-old client
2. 49-year-old client
3. 33-year-old client
4. 15-year-old client

43. Nurse Jon assesses vital signs on a client undergone epidural anesthesia. Which of the following would the nurse assess next?

1. Headache
2. Bladder distension
3. Dizziness
4. Ability to move legs

44. Nurse Katrina should anticipate that all of the following drugs may be used in the attempt to control the symptoms of Meniere’s disease except:

1. Antiemetics
2. Diuretics
3. Antihistamines
4. Glucocorticoids

45. Which of the following complications associated with tracheostomy tube?

1. Increased cardiac output
2. Acute respiratory distress syndrome (ARDS)
3. Increased blood pressure
4. Damage to laryngeal nerves

46. Nurse Faith should recognize that fluid shift in an client with burn injury results from increase in the:

1. Total volume of circulating whole blood
2. Total volume of intravascular plasma
3. Permeability of capillary walls
4. Permeability of kidney tubules

47. An 83-year-old woman has several ecchymotic areas on her right arm. The bruises are probably caused by:

1. increased capillary fragility and permeability
2. increased blood supply to the skin
3. self inflicted injury
4. elder abuse

48. Nurse Anna is aware that early adaptation of client with renal carcinoma is:

1. Nausea and vomiting
2. flank pain
3. weight gain
4. intermittent hematuria

49. A male client with tuberculosis asks Nurse Brian how long the chemotherapy must be continued. Nurse Brian’s accurate reply would be:

1. 1 to 3 weeks
2. 6 to 12 months
3. 3 to 5 months
4. 3 years and more

50. A client has undergone laryngectomy. The immediate nursing priority would be:

1. Keep trachea free of secretions
2. Monitor for signs of infection
3. Provide emotional support
4. Promote means of communication

1. A client is scheduled for insertion of an inferior vena cava (IVC) filter. Nurse Patricia consults the physician about withholding which regularly scheduled medication on the day before the surgery?

1. Potassium Chloride
2. Warfarin Sodium
3. Furosemide
4. Docusate

2. A nurse is planning to assess the corneal reflex on unconscious client. Which of the following is the safest stimulus to touch the client’s cornea?

1. Cotton buds
2. Sterile glove
3. Sterile tongue depressor
4. Wisp of cotton

3. A female client develops an infection at the catheter insertion site. The nurse in charge uses the term “iatrogenic” when describing the infection because it resulted from:

1. Client’s developmental level
2. Therapeutic procedure
3. Poor hygiene
4. Inadequate dietary patterns

4. Nurse Carol is assessing a client with Parkinson’s disease. The nurse recognize bradykinesia when the client exhibits:

1. Intentional tremor
2. Paralysis of limbs
3. Muscle spasm
4. Lack of spontaneous movement

5. A client who suffered from automobile accident complains of seeing frequent flashes of light. The nurse should expect:

1. Myopia
2. Detached retina
3. Glaucoma
4. Scleroderma

6. Kate with severe head injury is being monitored by the nurse for increasing intracranial pressure (ICP). Which finding should be most indicative sign of increasing intracranial pressure?

1. Intermittent tachycardia
2. Polydipsia
3. Tachypnea
4. Increased restlessness

7. A hospitalized client had a tonic-clonic seizure while walking in the hall. During the seizure the nurse priority should be:

1. Hold the clients arms and leg firmly
2. Place the client immediately to soft surface
3. Protects the client’s head from injury
4. Attempt to insert a tongue depressor between the client’s teeth

8. A client has undergone right pneumonectomy. When turning the client, the nurse should plan to position the client either:

1. Right side-lying position or supine
2. High fowlers
3. Right or left side lying position
4. Low fowler’s position

9. Nurse Jenny should caution a female client who is sexually active in taking Isoniazid (INH) because the drug has which of the following side effects?

1. Prevents ovulation
2. Has a mutagenic effect on ova
3. Decreases the effectiveness of oral contraceptives
4. Increases the risk of vaginal infection

10. A client has undergone gastrectomy. Nurse Jovy is aware that the best position for the client is:

1. Left side lying
2. Low fowler’s
3. Prone
4. Supine

11. During the initial postoperative period of the client’s stoma. The nurse evaluates which of the following observations should be reported immediately to thephysician?

1. Stoma is dark red to purple
2. Stoma is oozes a small amount of blood
3. Stoma is lightly edematous
4. Stoma does not expel stool

12. Kate which has diagnosed with ulcerative colitis is following physician’s order for bed rest with bathroom privileges. What is the rationale for this activity restriction?

1. Prevent injury
2. Promote rest and comfort
3. Reduce intestinal peristalsis
4. Conserve energy

13. Nurse KC should regularly assess the client’s ability to metabolize the total parenteral nutrition (TPN) solution adequately by monitoring the client for which of the following signs:

1. Hyperglycemia
2. Hypoglycemia
3. Hypertension
4. Elevate blood urea nitrogen concentration

14. A female client has an acute pancreatitis. Which of the following signs and symptoms the nurse would expect to see?

1. Constipation
2. Hypertension
3. Ascites
4. Jaundice

15. A client is suspected to develop tetany after a subtotal thyroidectomy. Which of the following symptoms might indicate tetany?

1. Tingling in the fingers
2. Pain in hands and feet
3. Tension on the suture lines
4. Bleeding on the back of the dressing

16. A 58 year old woman has newly diagnosed with hypothyroidism. The nurse is aware that the signs and symptoms of hypothyroidism include:

1. Diarrhea
2. Vomiting
3. Tachycardia
4. Weight gain

17. A client has undergone for an ileal conduit, the nurse in charge should closely monitor the client for occurrence of which of the following complications related to pelvic surgery?

1. Ascites
2. Thrombophlebitis
3. Inguinal hernia
4. Peritonitis

18. Dr. Marquez is about to defibrillate a client in ventricular fibrillation and says in a loud voice “clear”. What should be the action of the nurse?

1. Places conductive gel pads for defibrillation on the client’s chest
2. Turn off the mechanical ventilator
3. Shuts off the client’s IV infusion
4. Steps away from the bed and make sure all others have done the same

19. A client has been diagnosed with glomerulonephritis complains of thirst. The nurse should offer:

1. Juice
2. Ginger ale
3. Milk shake
4. Hard candy

20. A client with acute renal failure is aware that the most serious complication of this condition is:

1. Constipation
2. Anemia
3. Infection
4. Platelet dysfunction

21. Nurse Karen is caring for clients in the OR. The nurse is aware that the last physiologic function that the client loss during the induction of anesthesia is:

1. Consciousness
2. Gag reflex
3. Respiratory movement
4. Corneal reflex

22. The nurse is assessing a client with pleural effusion. The nurse expect to find:

1. Deviation of the trachea towards the involved side
2. Reduced or absent of breath sounds at the base of the lung
3. Moist crackles at the posterior of the lungs
4. Increased resonance with percussion of the involved area

23. A client admitted with newly diagnosed with Hodgkin’s disease. Which of the following would the nurse expect the client to report?

1. Lymph node pain
2. Weight gain
3. Night sweats
4. Headache

24. A client has suffered from fall and sustained a leg injury. Which appropriate question would the nurse ask the client to help determine if the injury caused fracture?

1. “Is the pain sharp and continuous?”
2. “Is the pain dull ache?”
3. “Does the discomfort feel like a cramp?”
4. “Does the pain feel like the muscle was stretched?”

25. The Nurse is assessing the client’s casted extremity for signs of infection. Which of the following findings is indicative of infection?

1. Edema
2. Weak distal pulse
3. Coolness of the skin
4. Presence of “hot spot” on the cast

26. Nurse Rhia is performing an otoscopic examination on a female client with a suspected diagnosis of mastoiditis. Nurse Rhia would expect to note which of the following if this disorder is present?

1. Transparent tympanic membrane
2. Thick and immobile tympanic membrane
3. Pearly colored tympanic membrane
4. Mobile tympanic membrane

27. Nurse Jocelyn is caring for a client with nasogastric tube that is attached to low suction. Nurse Jocelyn assesses the client for symptoms of which acid-base disorder?

1. Respiratory alkalosis
2. Respiratory acidosis
3. Metabolic acidosis
4. Metabolic alkalosis

28. A male adult client has undergone a lumbar puncture to obtain cerebrospinal fluid (CSF) for analysis. Which of the following values should be negative if the CSF is normal?

1. Red blood cells
2. White blood cells
3. Insulin
4. Protein

29. A client is suspected of developing diabetes insipidus. Which of the following is the most effective assessment?

1. Taking vital signs every 4 hours
2. Monitoring blood glucose
3. Assessing ABG values every other day
4. Measuring urine output hourly

30. A 58 year old client is suffering from acute phase of rheumatoid arthritis. Which of the following would the nurse in charge identify as the lowest priority of the plan of care?

1. Prevent joint deformity
2. Maintaining usual ways of accomplishing task
3. Relieving pain
4. Preserving joint function

31. Among the following, which client is autotransfusion possible?

1. Client with AIDS
2. Client with ruptured bowel
3. Client who is in danger of cardiac arrest
4. Client with wound infection

32. Which of the following is not a sign of thromboembolism?

1. Edema
2. Swelling
3. Redness
4. Coolness

33. Nurse Becky is caring for client who begins to experience seizure while in bed. Which action should the nurse implement to prevent aspiration?

1. Position the client on the side with head flexed forward
2. Elevate the head
3. Use tongue depressor between teeth
4. Loosen restrictive clothing

34. A client has undergone bone biopsy. Which nursing action should the nurse provide after the procedure?

1. Administer analgesics via IM
2. Monitor vital signs
3. Monitor the site for bleeding, swelling and hematoma formation
4. Keep area in neutral position

35. A client is suffering from low back pain. Which of the following exercises will strengthen the lower back muscle of the client?

1. Tennis
2. Basketball
3. Diving
4. Swimming

36. A client with peptic ulcer is being assessed by the nurse for gastrointestinal perforation. The nurse should monitor for:

1. (+) guaiac stool test
2. Slow, strong pulse
3. Sudden, severe abdominal pain
4. Increased bowel sounds

37. A client has undergone surgery for retinal detachment. Which of the following goal should be prioritized?

1. Prevent an increase intraocular pressure
2. Alleviate pain
3. Maintain darkened room
4. Promote low-sodium diet

38. A Client with glaucoma has been prescribed with miotics. The nurse is aware that miotics is for:

1. Constricting pupil
2. Relaxing ciliary muscle
3. Constricting intraocular vessel
4. Paralyzing ciliary muscle

39. When suctioning an unconscious client, which nursing intervention should the nurse prioritize in maintaining cerebral perfusion?

1. Administer diuretics
2. Administer analgesics
3. Provide hygiene
4. Hyperoxygenate before and after suctioning

40. When discussing breathing exercises with a postoperative client, Nurse Hazel should include which of the following teaching?

1. Short frequent breaths
2. Exhale with mouth open
3. Exercise twice a day
4. Place hand on the abdomen and feel it rise

41. Louie, with burns over 35% of the body, complains of chilling. In promoting the client’s comfort, the nurse should:

1. Maintain room humidity below 40%
2. Place top sheet on the client
3. Limit the occurrence of drafts
4. Keep room temperature at 80 degrees

42. Nurse Trish is aware that temporary heterograft (pig skin) is used to treat burns because this graft will:

1. Relieve pain and promote rapid epithelialization
2. Be sutured in place for better adherence
3. Debride necrotic epithelium
4. Concurrently used with topical antimicrobials

43. Mark has multiple abrasions and a laceration to the trunk and all four extremities says, “I can’t eat all this food”. The food that the nurse should suggest to be eaten first should be:

1. Meat loaf and coffee
2. Meat loaf and strawberries
3. Tomato soup and apple pie
4. Tomato soup and buttered bread

44. Tony returns form surgery with permanent colostomy. During the first 24 hours the colostomy does not drain. The nurse should be aware that:

1. Proper functioning of nasogastric suction
2. Presurgical decrease in fluid intake
3. Absence of gastrointestinal motility
4. Intestinal edema following surgery

45. When teaching a client about the signs of colorectal cancer, Nurse Trish stresses that the most common complaint of persons with colorectal cancer is:

1. Abdominal pain
2. Hemorrhoids
3. Change in caliber of stools
4. Change in bowel habits

46. Louis develops peritonitis and sepsis after surgical repair of ruptures diverticulum. The nurse in charge should expect an assessment of the client to reveal:

1. Tachycardia
2. Abdominal rigidity
3. Bradycardia
4. Increased bowel sounds

47. Immediately after liver biopsy, the client is placed on the right side, the nurse is aware that that this position should be maintained because it will:

1. Help stop bleeding if any occurs
2. Reduce the fluid trapped in the biliary ducts
3. Position with greatest comfort
4. Promote circulating blood volume

48. Tony has diagnosed with hepatitis A. The information from the health history that is most likely linked to hepatitis A is:

1. Exposed with arsenic compounds at work
2. Working as local plumber
3. Working at hemodialysis clinic
4. Dish washer in restaurants

49. Nurse Trish is aware that the laboratory test result that most likely would indicate acute pancreatitis is an elevated:

1. Serum bilirubin level
2. Serum amylase level
3. Potassium level
4. Sodium level

50. Dr. Marquez orders serum electrolytes. To determine the effect of persistent vomiting, Nurse Trish should be most concerned with monitoring the:

1. Chloride and sodium levels
2. Phosphate and calcium levels
3. Protein and magnesium levels
4. Sulfate and bicarbonate levels

A client is receiving NPH insulin 20 units subq at 7:00 AM daily, at 3 PM how would the nurse finds if the client were having a hypoglycemic reaction?

1. Feel the client and bed for dampness
2. Observe client kussmaul respirations
3. Smell client’s breathe for acetone odor
4. Check client’s pupils for dilation

2.) Postoperative thyroidectomy nursing care includes which measures?

1. Have the client speak every 5-10 mins if hoarseness is present
2. Provide a low calcium diet to prevent hypercalcemia
3. Check the dressing all the back of the neck for bleeding
4. Apply a soft cervical collar to restrict neck movement

3.) What would the nurse note as typical findings on the assessment of a client with acute pancreatitis?

1. Steatorrhea, abd. Pain, fever
2. Fever, hypoglycemia, DHN
3. Melena, persistent vomiting, hyperactive bowel sounds
4. Hypoactive bowel sounds, decreased amylase and lipase levels

4.) A client is found to be comatose and hypoglycemic with a blood suger level 50 mg/dl. What nursing action is implemented first?

1. Infuse 1000 ml of D5W over a 12-hour period
2. Administer 50% glucose IV
3. Check the client’s urine for the presence of sugar and acetone
4. Encourage the client to drink orange juice with added sugar

5.) Which medication will the nurse have available for the emergency treatment of tetany in the client who has had a thyroidectomy?

1. Calcium chloride
2. Potassium chloride
3. Magnesium sulfate
4. Sodium bicarbonate

6.) What is the primary action of insulin in the body?

1. Enhances the transport of glucose across cell walls
2. Aids in the process of gluconeogenesis
3. Stimulates the pancreatic beta cells
4. Decreases the intestinal absorption of glucose

7.) What will the nurse teach the diabetic client regarding exercise in his /her treatment program?

1. During exercise the body will use carbohydrates for energy production, which in turn will decrease the need for insulin
2. With an increase in activity the body will utilize more carbohydrates; therefore more insulin will be required.
3. The increase in activity results in an increase in the utilization of insulin; therefore the client should decrease his/her carbohydrate intake
4. Exercise will improve pancreatic circulation and stimulate the islet of Langerhans to increase the production of intrinsic insulin

8.) The nurse is caring for a client who has exophthalmos associated with her thyroid disease. What is the cause of exophthalmos?

1. Fluid edema in the retro-orbital tissues which force the eyes to protrude
2. Impaired vision, which causes the client to squint in order to see
3. Increased eye lubrication, which makes the client blink less
4. Decrease in extraocular eye movements, which results in the “thyroid stare.”

9.) What is characteristic symptom of hypoglycemia that should alert nurse to an early insulin reaction?

1. Diaphoresis
2. Drowsiness
3. Severe thirst
4. Coma

10.) A client is scheduled for routine glycosylated hemoglobin (HbA1c) test. What is important for the nurse to tell the client before this test?

1. Drink only water after midnight and come to the clinic early in the morning
2. Eat a normal breakfast and be at the clinic 2 hours because of the multiple blood draws
3. Expect to be at the clinic for several hours because of the multiple blood draws
4. Come to the clinic at the earliest convenience to have blood drawn

11.) A client has been inhalation vasopressin therapy. What will the nurse evaluate to determine the therapeutic response to this medication?

1. Urine specific gravity
2. Blood glucose
3. Vital signs
4. Oxygen saturation levels

12.) A client with diagnosis of type 2 diabetes has been ordered a course of prednisone for her severe arthritic pain. An expected change that requires close monitoring by the nurse is;

1. Increased blood glucose level
2. Increased platelet aggregation
3. Increased ceatinine clearance
4. Increased ketone level in urine

13.) The nurse performing an assessment on a client who has been receiving long-term steroid therapy would expect to find:

1. Jaundice
2. Flank pain
3. Bulging eyes
4. Central obesity

14.) A diabetic client receives a combination of regular and NPH insulin at 0700 hours. The nurse teaches the client to be alert for signs of hypoglycemia at

1. 1200 and 1300 hours
2. 1100 and 1700 hours
3. 1000 and 2200 hours
4. 0800 and 1100 hours

15.) It is important for the nurse to teach the client that metformin (Glcucophage):

1. May cause nocturia
2. Should be taken at night
3. Should be taken with meals
4. May increase the effects of aspirin

16.) A nurse assessing a client with SIADH would expect to find laboratory values of:

1. Serum Na= 150 mEq/L and low urine osmolality
2. Serum K= 5 mEq/L and low serum osmolality
3. Serum Na=120 mEq/L and low serum osmolality
4. Serum K= 3 mEq/L and high serum osmolality

17.) A priority nursing diagnostic for a client admitted to the hospital with a diagnosis of diabetes insipidus is:

1. Sleep pattern deprivation related nocturia
2. Activity intolerance r/t muscle weakness
3. Fluid volume excess r/t intake greater that output
4. Risk for impaired skin integrity r/t generalized edema

18.) A client admitted with a pheochrocytoma returns from the operating room after adrenalectomy. The nurse should carefully assess this client for:

1. Hypokalemia
2. Hyperglycemia
3. Marked Na and water intake
4. Marked fluctuations in BP

19.) When caring for client in thyroid crisis, the nurse would question an order for:

1. IV fluid
2. Propanolol (Inderal)
3. Prophylthiouracil
4. A hyperthermia blanket

20.) A client is prescribed levothyroxine (Synthroid) daily. The most important instruction to give the client for administration of this drug is:

1. Taper dose and discontinue if mental and emotional statuses stabilize
2. Take it at bedtime to avoid the side effects of nausea and flatus
3. Call the M.D. immediately at the onset of palpitations or nervousness
4. Decrease intake of juices and fruits with high potassium and calcium contents

21.) The nurse would question which medication order for a client with acute-angled glaucoma?

1. Atropine (Atrposil) 1-2 drops in each eye now
2. Hydrochloride (Diuril) 25 mg PO daily
3. Propanolol (Inderal) 20 mg PO 2 times a day
4. Carbanyl choline (Isopto carbachol) eye drops; 1 drop 2 times a day

22.) A client tells you she has heard that glaucoma may be a hereditary problem and she is concerned about her adult children. What is the best response?

1. “There is no need for concern; glaucoma is not hereditary order.”
2. “Screening for glaucoma should be included in an annual eye exam for everyones over 50.”
3. “There may be a genetic factor with glaucoma and your children over 30 y/o should be screened yearly.”
4. “Are your grandchildren complaining of any eye problems? Glaucoma generally skips a generation.”

23.) What will be important to include in the nursing care for the client with angle-closure glaucoma?

1. Evaluation of medications to determine if any of them cause an increase in IOP is a side effect.
2. Observation for an increase in loss of vision; it can be reversed if promptly identified.
3. Control BP to decrease the client’s potential  
   loss of peripheral vision.
4. Assessment for a level of discomfort; the client may experience considerable pain until the optic nerve atrophies

24.) A child is scheduled for a myringotomy. What goal of this procedure will the nurse discuss with the parents?

1. Promote drainage from the ear
2. Irrigate the Eustachian tube
3. Correct a malformation in the inner ear
4. Equalize pressure on the tympanic membrane

25.) After a client’s eye has been anesthetized, what instructions will be important for the nurse to give the client?

1. Do not watch TV for at least one day
2. Do not rub the eye for 15-20 minutes
3. Irrigate the eye every hour to prevent dryness
4. Wear sunglasses when in direct sunlight for the next 6 hours

26.) A child diagnosed with conjunctivitis. Which statement reflects that the child understood the nurse’s teaching?

1. “It’s okay for me to let my friends use my sunglasses while we are playing together.”
2. “It’s okay for me to softly rub my eye, as long as I use the back of my hand.”
3. “I can pick the crustly stuff out of my eyelashes with my fingers when I wake up in the morning.”
4. “I will use my own washrag and towel while my eyes are sick.”

27.) What medication would the nurse anticipate giving a client with Meniere’s dse?

1. Nifedipine
2. Amoxicillin
3. Propanolol
4. Hydrochloride (Hydro DIURIL)

28.) When teaching a family and a client about the use of a hearing aid, the nurse will base the teaching on what information regarding the hearing aid?

1. Provides mechanical transmission for damaged part of the ear
2. Stimulates the neural network of the inner ear to amplify sound
3. Amplifies sound but does not improve the ability to hear
4. Tunes out extraneous noise in the lower-frequency sound spectrum

29.) What statement by the client recovering from cataract surgery would indicate to the nurse need for additional teaching?

1. “I’ll call if I have a significant amount of pain.”
2. “I’ll continue to take my Metamucil for another week.”
3. “I’ll just do some laundry this afternoon instead of going to work.”
4. “I’ll take my acetazolamide (Diamox) drops with my other morning medications

30.) A client is walking down the hall and begins to experience vertigo. What is the most important nursing action when this occurs?

1. Have the client sit in a chair and lower his head
2. Administer meclizine (Antivert) PO
3. Assist the client to sit or lie down
4. Assess if the occurrence is vertigo or dizziness

31.) Which client is at highest risk for retinal detachment?

1. 4-year old with amblyopia
2. 17 y/o who plays physical contact
3. 33 y/o with severe ptosis and diplopia
4. 72 y/o with nystagmus and Bell’s palsy

32.) To promote and maintain safety for a client after a stapedectomy. What would be included in the nursing care plan?

1. Implement fall precautions
2. Prevent aspirations
3. Begin oxygen 2-4L/min via nasal cannula
4. Change inner ear dressing when saturated

33.) The nurse would question the administration of which eye drop in a patient with increased ICP?

1. Artificial tears
2. Betaxolol (Betoptic)
3. Acetazolamide (Diamox)
4. Epinephrine HCL (Epirate)

34.) A client is being admitted for problems with Meniere’s disease. What is most important to the nurse to assess?

1. Diet history
2. Screening hearing test
3. Effect on client’s activities of daily living (ADLs)
4. Frequency and severity

35.) A client calls the nurse regarding an accident that just occurred during which an unknown chemical was splashed in his eyes. What is the most important for the nurse to tell the client to do immediately?

1. Rinse the eye with large amount of water or saline solution
2. Put a pad soaked in the sterile saline solution over the eye
3. Go to the closest emergency room
4. Have a co-worker visually checks the eye for a foreign body

36.) A 25- year old woman comes to the clinic complaining of dizziness, weakness and palpitations. What will be important for the nurse to initially evaluate when obtaining the health history?

1. Activity and exercise patterns
2. Nutritional patterns
3. Family health status
4. Coping and stress tolerance

37.) A child with leukemia is being discharged after beginning chemotherapy. What instructions will the nurse include in the teaching plan for the parents of this child?

1. Provide a diet low in protein and high in carbohydrates
2. Avoid fresh vegetables that are not cooked or peeled
3. Notify the M.D. if the child’s temperature exceeds 101F (39C)
4. Increase the use of humidifiers throughout the house

38.) Which client is most likely to have iron deficiency anemia?

1. A client with cancer receiving radiation therapy twice a week
2. A toddler whose primary nutritional intake is milk
3. A client with peptic ulcer who had surgery 6 weeks ago
4. A 15-year old client in sickle cell crisis

39.) A client has an order for one unit of whole blood. What is a correct nursing action?

1. Initiate an IV with 5% dextrose in water (D5W) to maintain a patent access site
2. Initiate the transfusion within 30 minutes of receiving the blood
3. Monitor the client’s vital signs for the first 5 minutes
4. Monitor V/S every 2 hours during the transfusion

40.) The nurse is caring for a client who is receiving a blood transfusion. The transfusion was started 30 mins ago at a rate of 100 ml/hr. The client begins to complain of low back pain and headache and is increasing restless, what is the first nursing action?

1. Slow the infusion and evaluate the V/S and client’s history of transfusion reaction
2. Stop the transfusion, disconnect the blood tubing and begin a primary infusion of normal saline solution
3. Stop the infusion of blood and begin infusion of NSS from the Y connector
4. Recheck the unit of blood for correct identification numbers and cross-match information

41.) The nurse is preparing to start an IV infusion before the administration of a unit of packed red blood cells, what fluid will the nurse select to maintain the infusion before hanging the unit of blood?

1. D5W
2. D5W/.45NaCl
3. LR solution
4. .9% Na Cl

42.) A client in sickle cell crisis is admitted to the emergency department what are the priorities of care?

1. Nutrition, hydration, electrolyte balance
2. Hydration, pain management, electrolyte balance
3. Hydration, oxygenation, apin management
4. Hydration, oxygenation, electrolyte balance

43.) A client in the ICU has been diagnosed with DIC. The nurse will anticipate administering which of the following fluids?

1. Packed RBC
2. Fresh Frozen plasma (FFP)
3. Volume expanders, such as D10W
4. Whole blood

44.) The nurse is assessing a client who has been given a diagnosis of polycythemia vera. What characteristics will the nurse anticipate finding when assessing this client?

1. Increased fatigue and bleeding tendencies
2. Hemoglobin below 13 mg/dl
3. Headaches, dyspnea, claudication
4. Back pain, ecchymosis, and joint tenderness

45.) A client has been diagnosed with pernicious anemia what will the nurse teach this client regarding medication he will need to take after he goes home?

1. Monthly Vit. B12 injections will be necessary
2. Ferrous sulfate PO daily will be prescribed
3. Coagulation studies are important to evaluate medications
4. Decrease intake of leafy green vegetables because of increased Vit. K

46.) First postop day after a right lower lobe (RLL) lobectomy, the client breathes and coughs but has difficulty raising mucus. What indicates that the client is not adequately clearing secretions?

1. Chest x-ray film shows right sided pleural fluid
2. A few scattered crackles on RLL on auscultation
3. PCO2 increases from 35-45 mm Hg
4. Decrease in forced vital capacity

47.) What nursing observations indicate that the cuff on an endotracheal tube is leaking?

1. An increase in peak pressure on the ventilator
2. Client is able to speak
3. Increased swallowing efforts by client
4. Increased crackles (rales) over left lung field

48.) The client with COPD is to be discharged home while receiving continuous oxygen at a rate of 2 L/min via cannula. What information does the nurse provide to the client and his wife regarding the use of oxygen at home?

1. Because of his need for oxygen, the client will have to limit activity at home
2. The use of oxygen will eliminate the client’s shortness of breath
3. Precautions are necessary because oxygen can spontaneously ignite and explode
4. Use oxygen during activity to relieve the strain on the client’s heart

49.) The wife of a client with COPD is worried about caring for her husband at home. Which statement by the nurse provides the most valid information?

1. “You should avoid emotional situations that increase his shortness of breathe.”
2. “Help your husband arrange activities so that he does as little walking as possible.”
3. “Arrange a schedule so your husband does all necessary activities before noon; then he can rest during the afternoon and evening.”
4. “Your husband will be no more short of breath when he walks but that will not hurt him.”

50.) Which statement correctly describes suctioning through an endotracheal tube

1. The catheter is inserted into the endotracheal tube; intermittent suction is applied until no further secretions are retrieved; the catheter is then withdrawn.
2. The catheter is inserted through the nose, and the upper airway is suctioned; the catheter is then removed from the upper airway and inserted into the endotracheal tube to suction the lower airway
3. With suction applied, the catheter is inserted into the endotracheal tube; when resistance is met, the catheter is slowly withdrawn
4. The catheter is inserted into the endotracheal tube to a point of resistance, and intermittent suction is applied during withdrawal.

**Answers and Rationales**

1. **Feel the client and bed for dampness**
2. **C. Check the dressing all the back of the neck for bleeding**
3. **A. Steatorrhea, abd. Pain, fever**
4. **B. Administer 50% glucose IV**
5. **A. Calcium chloride**
6. **A. Enhances the transport of glucose across cell walls**
7. **A. During exercise the body will use carbohydrates for energy production, which in turn will decrease the need for insulin**
8. **A. Fluid edema in the retro-orbital tissues which force the eyes to protrude**
9. **A. Diaphoresis**
10. **D. Come to the clinic at the earliest convenience to have blood drawn**
11. **A. Urine specific gravity**
12. **A. Increased blood glucose level**
13. **D. Central obesity**
14. **B. 1100 and 1700 hours**
15. **C. Should be taken with meals**
16. **C. Serum Na=120 mEq/L and low serum osmolality**
17. **B. Activity intolerance r/t muscle weakness**
18. **D. Marked fluctuations in BP**
19. **D. A hyperthermia blanket**
20. **C. Call the M.D. immediately at the onset of palpitations or nervousness**
21. **A. Atropine (Atrposil) 1-2 drops in each eye now**
22. **C. “There may be a genetic factor with glaucoma and your children over 30 y/o should be screened yearly.”**
23. **A. Evaluation of medications to determine if any of them cause an increase in IOP is a side effect.**
24. **A. Promote drainage from the ear**
25. **B. Do not rub the eye for 15-20 minutes**
26. **D. “I will use my own washrag and towel while my eyes are sick.”**
27. **D. Hydrochloride (Hydro DIURIL)**
28. **C. Amplifies sound but does not improve the ability to hear**
29. **C. “I’ll just do some laundry this afternoon instead of going to work.”**
30. **C. Assist the client to sit or lie down**
31. **B. 17 y/o who plays physical contact**
32. **A. Implement fall precautions**
33. **D. Epinephrine HCL (Epirate)**
34. **D. Frequency and severity**
35. **A. Rinse the eye with large amount of water or saline solution**
36. **B. Nutritional patterns**
37. **B. Avoid fresh vegetables that are not cooked or peeled**
38. **B. A toddler whose primary nutritional intake is milk**
39. **B. Initiate the transfusion within 30 minutes of receiving the blood**
40. **B. Stop the transfusion, disconnect the blood tubing and begin a primary infusion of normal saline solution**
41. **D. .9% Na Cl**
42. **C. Hydration, oxygenation, apin management**
43. **B. Fresh Frozen plasma (FFP)**
44. **C. Headaches, dyspnea, claudication**
45. **A. Monthly Vit. B12 injections will be necessary**
46. **C. PCO2 increases from 35-45 mm Hg**
47. **B. Client is able to speak**
48. **A. Because of his need for oxygen, the client will have to limit activity at home**
49. **C. “Arrange a schedule so your husband does all necessary activities before noon; then he can rest during the afternoon and evening.”**
50. **D. The catheter is inserted into the endotracheal tube to a point of resistance, and intermittent suction is applied during withdrawal.**

42-year-old client admitted with an acute myocardial infarction asks to see his chart. What should the nurse do first?

1. Allow the client to view his chart
2. Contact the supervisor and physician for approval
3. Ask the client if he has concerns about his care
4. Tell the client that he isn’t permitted to view his chart.

2. A registered nurse who works in the preoperative area of the operating room notices that a client is scheduled for a partial mastectomy and axillary lymph node removal the following week. The nurse should make sure, that the client is well educated about her surgery by:

1. taking with the nursing staff at the physician’s office to find out what the client has been taught and her level of understanding
2. making sure that the post-anesthesia recovery unit nurses know what to teach the patient before discharge
3. providing all of the preoperative teaching before surgery
4. having the post-operative nurses teach the patient because she’ll be too anxious before surgery

3. A male client brings a list of his prescribed medications to the clinic. During the initial assessment, he tells the nurse that  
he has been experiencing delayed ejaculation. Which drug class is associated with this problem?

1. Anticoagulants
2. Antibiotics
3. Antihypertens ive
4. Steroids

**Situation:** *Larry was admitted at Manila Doctor’s Hospital because of a second-degree burn wound.*

4. Before debriding a second-degree burn wound in the left  lower leg, the nurse should do which of the following?

1. Apply Lindane (Kwell) to the affected area
2. Medicate the client with narcotic analgesic
3. Administer acylovir (Zovirax) IV
4. Apply a topical antimicrobial ointment

5. Larry’s anterior trunk, both front upper extremities, both lower extremities sustained second and third degree burn. Estimate the total percentage of body surface area burned using the Rule of Nines.

1. 60%
2. 63%
3. 62%
4. 61%

**Situation** . *Hearing, impairment appears to be common among elderly patients. But also occurs among children.*

6. To assess the degree of hearing impairment of a 70-year-old client. Which communication approach would you initiate?

1. Use verbal communication and observe the response
2. Give message to client in writing
3. Asks a family member about the client’s
4. Post a sign “Patient deaf”

7. While you are mating your routine rounds you were told that there is a client in the 1CU who is in respirator and who lip- reads. To establish relationship with him, communication is best accomplished by:

1. Speaking slowly but aloud
2. Writing messages
3. Gesturing while speaking
4. Using simple “charade” approach or strategy

8. One of your client’s has just undergone an ear surgery. Which of the following would be inappropriate in planning for his care?

1. Administration of anti-emetics and analgesics as ordered
2. Daily irrigation of the ear canal
3. Walking with assistance at least 24 hours after operation
4. Teaching the patient to avoid sneezing, coughing and nose blowing

9. Which of the following conditions would an irrigation of the  ear canal be appropriate intervention?

1. Foreign body in the ear canal
2. Serious otitis
3. Impacted cerumen
4. Tympanic membrane perforation

10. Children who have undetected hearing loss are likely to  exhibit which of the following:

1. Indifference and lack of interest in the environment
2. Hyperactivity
3. An increased interest in reading
4. Hand gestures while speaking

**Situation** . *One of the main fools of the nursing profession is the use of therapeutic communication. The following situation would require you of your communication skills.*

11. A patient who is diagnosed to have terminal illness tells  you. “I’m really scared. Am I dying?” What could be your most  appropriate response?

1. “Tell me about what you think.”
2. “I’m sure you are scared; other clients in your situation feel the same way.”
3. “You should be careful not to let your family know you’re scared”
4. “Why are you scared?”

12. The nurse assessing a male client who has been admitted  for treatment of alcoholism. Which question by the nurse is  least appropriate?

1. “How much do you think?”
2. “What other drugs do you use?” .
3. “How is your general health?”
4. “Why do you drink so much?”

13. A 58-year-old male client tells the office nurse that his wife does not let him change his colostomy bag himself. Which response by the nurse indicates as understanding of the situation?

1. “Your wife’s need to help you is a reality you should accept”
2. “Do you think your wife might benefit from counseling?”
3. “You feel you need privacy when changing your colostomy?”
4. “Have you discussed the situation with your doctor?”

14. An 87 year old widow was hospitalized for treatment of chronic renal disease. She lives with her daughter and son-in- law and their family, who are very supportive. She is now ready for discharge. The doctor has ordered high carbohydrates, low-protein, low sodium diet for her and the family has asked for assistance in planning low-sodium diet meals. Which of the following choices best reflects the pre-discharge information the nurse should provide for the client’s family regarding low-sodium diet?

1. Avoid canned and processed foods, do not use salt replacements substitute herbs and replaces for salt in cooking and when seasoning  foods, call a dietitian for help.
2. Use potassium salts in place of table salt when coking and seasoning foods, read the labels on packaged foods to determine sodium content,  
   and avoid snacks food
3. Limit milk and dairy products, cook separate meals that are low in sodium and encourage increased fluid intake
4. Avoid eating in a restaurant, soak vegetables well before cooking to remove sodium, omit all canned foods, and remove salt shakes from table.

15. You are encouraging your patient for major cancer operation to verbalize her fears. She remarked,” I am afraid to  do”. Your appropriate response is

1. “I know how you feel about your condition”.
2. “Don’t worry, you are in good hands.”
3. “Let me call a chaplain to see you.”
4. “Let us asks your doctor about your operation.”

16. The nurse is caring for a client whose arterial blood gases indicate metabolic acidosis. The nurse knows that of the  following, the least likely to cause metabolic acidosis is:

1. cardiac arrest
2. Diabetic ketoacidosis
3. decreased serum potassium level
4. renal failure

17. The nurse is caring for a client who is receiving IV fluids, Which observation the nurse makes best indicates that the IV  has infiltrated?

1. Pain at the site
2. A change in flow rate
3. Coldness around the insertion site
4. Redness around the insertion site

18 A 27 y.o adult is admitted for treatment of Crohn’s disease. Which information is most significant when the nurse assesses nurtritional health?

1. Anthropometric measurements
2. bleeding gums
3. dry skin
4. facial rubor

19. ASA (aspirin) is being administered to a client. The nurse understands that the most common mechanism of action for nonnarcotic analgesic is their ability to:

1. Inhibit prostaglandin systhesis
2. After pain perception in the cerebellum
3. Directly affect the central nervous system
4. Target the pain-producing effect of kinins

20. The nurse caring for an adult client who is receiving TPN will need to be monitored for which of the following metabolic complications?

1. Hypoglycemia and Hypercalcemia
2. Hyperglycemia and Hypokalemia
3. Hyperglycemia and Kyperkalemia
4. Hyperkalemia and Hypercalcemia

21. Total parenteral nutrition is ordered for an adult. Which nutrient is not likely to be in the solution?

1. Dextrose 10%
2. Trace minerals
3. Amino acids
4. Non of the above

22. A man has sprained his ankle. The physician would order cold applied to the injured area to.

1. Reduce the body’s temperature
2. Increase circulation to the area
3. Aid in absorbing the edema
4. Relieve pain and control bleeding.

23. An adult is to have a tepid sponge bath to lower his fever. What temperature should the nurse make the water?

1. 65 F
2. 90 F
3. 110 F
4. 105 F

24. An adult has chronic lower back pain and receives hot pack three times a week. The nurse knows that the treatment is given for which of the following reasons?

1. To help remove debris from the wound
2. To keep the client warm and raise his temperature
3. To improve the client’s general circulation
4. To relieve muscle spasm and promote muscle relaxation

25. A patient classification system where patients minimal therapy and less frequent observation

1. minimal care (category 1)
2. moderate care (category 2)
3. maximum care (category 3)
4. intensive care (category 4)

26. The nurse is to apply a dressing to a stage II pressure ulcer. Which of the following dressing is best?

1. Dry gauze dressing
2. wet gauze dressing
3. wet to dry dressing
4. moisture vapor permeable dressing

27. The client has been placed in the trendelenburg position. The nurse knows the effects of this position to the client include which of the following.

1. increase blood flow to the feet
2. decrease blood pressure
3. increase pressure on the diaphragm
4. decrease intracranial pressure

28. A man who has been in an MVA is going into shock. Before placing the client in a modified trendelenburg position, the nurse should assess the client for:

1. long bone fracture
2. air embolus
3. head injury
4. thrombophlebitis

29. The nurse enter a room and finds a fire. Which is the best initial action?

1. Evacuate any people in the room, beginning with the most ambultory and ending with the least mobile
2. activating the fire alarm or call the operator, depending on the institutions system
3. get a fire extinguisher and put out the fire
4. close all the windows and doors and turn off any oxygen or electricity appliance.

30. The nurse is to open a sterile package from central supply.  Which is the correct direction to open the first lap?

1. Toward the nurse
2. Away from the nurse
3. To the nurse’s left or right hand
4. It does not matter as long as the nurse touches only the outside edge

31. The nurse knows which of the following is the proper  technique for medical asepsis?

1. gloving for all the client contact
2. changing hospital linens weekly
3. using your hands to turn off the faucet after handwashing
4. gowning to care for a 1 year old child w/ infections diarrhea

32. An adult ha a left, above the knee amputation two weeks ago. The nurse places him in a prone position tree times a day because:

1. Prevents pressure ulcer on the sacrum
2. helps the prosthesis to fit correctly
3. prevents flexion constractures
4. allow better blood flow to the heart

33. A woman is to have a pelvic exam. Which of the following should the nurse have the client do first?

1. Remove all her clothes and her socks and shoes
2. go to the bahtroom and void saving a sample
3. assume a lithotomy position on the exam table
4. assemble all the equipments needed for the examination

34. An adult is supine. Which of the ff. can the nurse to to prevent external rotation of the legs?

1. put a pillow under the clients lower legs
2. place a pillow directly under the client knee
3. use a trochanter rool alongside the client’s upper thighs
4. lower the client’s legs so that they ae below hips.

35. The nurse prepares to palpate a clients maxillary sinues. For this procedure, where should the nurse place the hands?

1. On the bridge of the nose
2. below the eyebrows
3. below the cheekbones
4. over the temporal area

36. A client who receives general anesthesia returns from  surgery. Postoperatively, which nursing diagnosis takes highest priority for this client?

1. Pain related to the surgery
2. Fluid volume deficit related to fluid and blood loss from surgery
3. Impared physical mobility related to surgery
4. Risk for aspiration related to anesthesia

37. After a client receives an IM injection, he complains of a burning pain in the injection site. Which nursing action whould be best to take at this time?

1. apply a cold compress to decrease swelling
2. apply a warm compress to dilate the blood vessels
3. Massage the area to promote absorption of the drug
4. Instruct the client to tighten his gluteal muscles to enhance absorption of the drug

38. A patient classification system where patients need close attention and complete care in most activities and requires frequent and complex treatments and medications:

1. Minimal Care (category 1)
2. Moderate Care (category 2)
3. Maximum Care (category 3)
4. Intensive Care (category 4)

39. An observation consistent with complete-airway obstruction is:

1. Loud crowing when attempting to speak
2. Inability to cough
3. Wheezes on auscultation
4. Gradual

40. The nurse assesses the client’s home environment for the safe use crutches. Which one of the following would pose the greatest hazard to the client’s safe use of crutches at home?

1. A 4-year old cocker spaniel
2. Scatter rugs
3. Snack tables
4. Diet high in fat

41. A patient who has kaposis sarcoma has all of the following nursing diagnoses. To which one should the nurse give priority?

1. Altered thought processes related to lesions
2. Altered with maintenance related to non compliance
3. Defensive coping related to loss of boundaries
4. Hopelessness, related to inability to control disease process

42. Which of the following statements, if made by a patient who has had a basal cell carcinoma removed, would indicate to  the nurse the need for further instruction?

1. “I will use sunscreen with at least a sun protection factor (SPF) of 15.”
2. “I will use tanning booths rather than sunbathing from now on.”
3. “I will stay out of the sun between 10:00 AM and 2:00 PM”
4. “I will wear a broad – brimmed heat when I am in the sun”

43. A patient who has a diagnosis is metastatic cancer of the kidney is told by the physician that the kidney needs to be removed. The patient asks the nurse. “What should I do?”Which of the following responses by the nurse would be most therapeutic?

1. “Let’s talk about your options.”
2. “You need to follow the doctor’s advice.”
3. “What does your family want you to do.”
4. “I wouldn’t have the surgery done without a second opinion.

44. Which of the following conditions, reported to a nurse by a 20 year old male patient, would indicate a risk for development  of testicular cancer?

1. Genital Herpes
2. Undescended testicle
3. Measles
4. Hydrocele

45. A client has been diagnosed as having bladder cancer, and a cystectomy and an ileal conduit are scheduled. Preoperatively, the nurse plans to:

1. Limit fluid intake for 24 hours
2. Teach muscle tightening exercises
3. Teach the procedure for irrigation of the stoma
4. Provide cleansing enemas and laxatives as ordered

46. To gain access to a vein and an artery, an external shunt may be used for clients who require hemodialysis. The most serious problem with an external shunt is.

1. Septicemia
2. Clot-formation
3. Exsanguination
4. Sclerosis of vessels

47. A client has been diagnosed as having bladder cancer, and a cystectomy and an ileal conduit are scheduled. Preoperatively, the nurse plans to:

1. Limit fluid intake for 24 hours
2. Teach the procedure for irrigation of the stoma
3. Teach muscle-tightening exercises
4. Provide cleansing enemas and laxatives as ordered

48. Intramedullary nailing is used in the treatment of:

1. Slipped epiphysis of the femur
2. Fracture of shaft of the femur
3. Fracture of the neck of the femur
4. Intertrochanteric fracture of the femur

49. The nurse should know that, following a fracture of the neck of the femur, the desirable position for the

1. Internal rotation with extension of the knee
2. Internal rotation with flexion of the knee and hip
3. External rotation with flexion of the knee and hip
4. External rotation with extension of the knee and hip

50. A client with myasthenia gravis has been receiving Neostigmine (Prostigmin). This drug acts by:

1. Stimulating the cerebral cortex
2. Blocking the action of cholinesterase
3. Replacing deficient neurotransmitters
4. Accelerating transmission along neural swaths

**Answers and Rationales**

1. **C. Ask the client if he has concerns about his care**
2. **A. taking with the nursing staff at the physician’s office to find out what the client has been taught and her level of understanding**
3. **C. Antihypertensive**
4. **B. Medicate the client with narcotic analgesic**
5. **B. 63%**
6. **A. Use verbal communication and observe the response**
7. **A. Speaking slowly but aloud**
8. **D. Teaching the patient to avoid sneezing, coughing and nose blowing**
9. **C. Impacted cerumen**
10. **A. Indifference and lack of interest in the environment**
11. **A. “Tell me about what you think.”**
12. **D. “Why do you drink so much?”**
13. **C. “You feel you need privacy when changing your colostomy?”**
14. **A. Avoid canned and processed foods, do not use salt replacements substitute herbs and replaces for salt in cooking and when seasoning foods, call a dietitian for help.**
15. **A. “I know how you feel about your condition”.**
16. **C. decreased serum potassium level**
17. **C. Coldness around the insertion site**
18. **A. Anthropometric measurements**
19. **A. Inhibit prostaglandin systhesis**
20. **B. Hyperglycemia and Hypokalemia**
21. **D. Non of the above**
22. **D. Relieve pain and control bleeding.**
23. **B. 90 F**
24. **D. To relieve muscle spasm and promote muscle relaxation**
25. **A. minimal care (category 1)**
26. **D. moisture vapor permeable dressing**
27. **C. increase pressure on the diaphragm**
28. **C. head injury**
29. **A. Evacuate any people in the room, beginning with the most ambultory and ending with the least mobile**
30. **B. Away from the nurse**
31. **D. gowning to care for a 1 year old child w/ infections diarrhea**
32. **C. prevents flexion constractures**
33. **B. go to the bahtroom and void saving a sample**
34. **C. use a trochanter rool alongside the client’s upper thighs**
35. **C. below the cheekbones**
36. **D. Risk for aspiration related to anesthesia**
37. **B. apply a warm compress to dilate the blood vessels**
38. **D. Intensive Care (category 4)**
39. **B. Inability to cough**
40. **B. Scatter rugs**
41. **D. Hopelessness, related to inability to control disease process**
42. **B. “I will use tanning booths rather than sunbathing from now on.”**
43. **A. “Let’s talk about your options.”**
44. **B. Undescended testicle**
45. **D. Provide cleansing enemas and laxatives as ordered**
46. **C. Exsanguination**
47. **D. Provide cleansing enemas and laxatives as ordered**
48. **B. Fracture of shaft of the femur**
49. **A. Internal rotation with extension of the knee**
50. **B. Blocking the action of cholinesterase**

. A client with myasthenia gravis ask the nurse why the disease has occurred. The nurse bases the reply on the knowledge that there is:

1. A genetic in the production acetylcholine
2. A reduced amount of neurotransmitter acetylcholine
3. A decreased number of functioning acetylcholine receptor sites
4. An inhibition of the enzyme ACHE leaving the end plates folded

2. A client with an inflamed sciatic nerve is to have a conventional transcutaneous electrical nerve stimulation (TENS) device applied to the painful nerve pathway. When operating the TENS unit the nurse should

1. Maintain the same dial setting everyday
2. Turn the machine several times a day for 10 to 20 minutes
3. Adjust the TENS dial until the client perceives pain relief and comfort
4. Apply the color-coded electrodes anywhere it is comfortable for the client

3. Although no cause has been determined for scleroderma, it is thought to be caused by:

1. Autoimmunity
2. Ocular motility
3. Increased amino acid metabolism
4. Defective sebaceous gland formation

4. The nurse must help the client with pemphigus vulgaris deal with the resulting:

1. Infertility
2. Paralysis
3. Skin lesions
4. Impaired digestion

5. The nurse should explain to the client with psoriasis that treatment usually involves:

1. Avoiding exposure to the sum
2. Topical application of steroids
3. Potassium permanganate baths
4. Debridement of necrotic plaques

6. The nurses should assess a client with psoriasis

1. Pruritic lesions
2. Multiple petechiae
3. Shiny, scaly lesions
4. Erythematous macules

7. A urine specimen for ketones should be removed from a client’s retention catheter by:

1. Disconnecting the catheter and draining it into a clean container
2. Cleansing the drainage valve and removing it from the catheter bag
3. Wiping the catheter with alcohol and draining it into a sterile test tube
4. Using a sterile syringe to remove it from clamped, cleansed catheter

8. Following an abdominal cholecystectomy, the nurse should assess for signs of respiratory complications because the:

1. Incision is in close proximity to the diaphragm
2. Length of time required for surgery is prolonged
3. Client’s resistance is lowered because of bile in the blood
4. Bloodstream is invaded by microorganisms from the biliary tract

9. The nurse assess the client with cholecystitis for the development of obstructive jaundice, which would be evidenced by:

1. Inadequate absorption of fat-soluble K
2. Light amber urine, dark brown stools, yellow skin
3. Dark-colored urine, clay colored stools, itchy skin
4. Straw-colored urine, putty-colored stools, yellow sclerae

10. A client with cholelithiasis experience discomfort after ingesting fatty foods because.

1. Fatty foods are hard to digest
2. Bile flow into the intestine is obstructed
3. The liver is manufacturing inadequate bile
4. There is inadequate closure of the Ampulla of Vater

11. The chief complaint in a client with Vincent’s Angina is:

1. Chest pain
2. Shortness of breath
3. Shoulder discomfort
4. Bleeding oral ulcerations

12. Clients with fractured mandibles usually have them immobilized with wires. The life-threatening problem that can develop postoperatively is:

1. Infection
2. Vomiting
3. Osteomyelitis
4. Bronchospasm

13. As a result of fractured ribs, the client may develop:

1. Scoliosis
2. Paradoxical respiration
3. Obstructive lung-disease
4. Hernation of the diaphragm

14. A client has a bone marrow aspiration performed, immediately after the procedure, the nurse should:

1. Position the client on the affected side
2. Begin frequent monitoring of vital signs
3. Cleanse the site with an antiseptic solution
4. Briefly apply pressure over the aspiration site

15. Following a bilateral lumbar sympathectomy a client has a sudden drop in blood pressure but no. evidence of bleeding. The nurse recognizes that this is most likely caused by:

1. An inadequate fluid intake
2. The after effects of anesthesia
3. A reallocation of the blood supply
4. An increased level of epinephrine

16. The occurrence of chronic illness is greatest in:

1. Older adult
2. Adolescents
3. Young children
4. Middle-aged adults

17. A client with full-thickness burns on the chest has a skin graft. During the 1s124 hours after a skin graft, care of the donor site includes immediately reporting.

1. Small amount of yellowish green oozing
2. A moderate area of serosanguinous oozing
3. Epithelialization under the non-adherent dressing
4. Separation of the edges of the non-adherent dressing

18. During peritoneal dialysis the nurse observes that drainage of dialysate from the peritoneal cavity has ceased before the required amount has drained out The nurse should assist the client to:

1. Turn from side to side
2. Drink 8 ounces of water
3. Deep breathe and cough
4. Periodically rotate the catheter

19. A client has ear surgery. An early response that may be associated with possible damage to the motor branch of the facial nerve is:

1. A bitter metallic state
2. Dryness of the lips and mouth
3. A sensation of pain behind the ear
4. An inability to wrinkle the forehead

20. After a prostatectomy, a client complains of painful bladder spasms. To limit these spasms the nurse should:

1. Administer a narcotic every 4 hours
2. Irrigate the Foley catheter with 60 ml of normal saline
3. Encourage the client not to contract his muscles as if he were voiding
4. Advance the catheter to relieve the pressure against the prostatic fossa

21. After 1 week a client with acute renal failure moves, into the diuretic phase. During this phase the client must be carefully assessed for signs of:

1. Hypovolemia
2. Hyperkalemia
3. Metabolic acidosis
4. Chronic renal failure

22. The nurse checks for hypocalcemia by placing a blood pressure cuff on a client’s arm and inflating it. After about 3 minutes the client develops carpopedial spasm. The nurse records this finding as a positive:

1. Homan’s sign
2. Romberg sign
3. Chvostek’s skin
4. Trosseau’s sign

23. A client is scheduled for a below-the-knee amputation of the right leg. Legally, the client may not sign the operative consent if:

1. Ambivalent feelings regarding operation are present
2. Any sedative type of medication has recently been administration
3. A discussion of alternative with 2 physicians have not been performed and recorded
4. A complete history and physical have not been performed

24. The nurse is assigned to check a client’s continuous bladder irrigation. Which one of the following solution is normally used for continuous or intermittent bladder and catheter irrigations?

1. Hydrogen peroxide
2. Bacteriostatic water
3. Sterile normal saline
4. Plain water

25. When continuous bladder irrigation is used following prostate surgery, the rate of flow is adjusted:

1. To run at 60 drops per minutes
2. According to the client’s oral intake
3. To maintain an output of 500 ml every 8 hours
4. To keep the drainage to light pink

26. The nurse is assigned to teach a class in health behaviors to young man. Which of the following can be stated as a probably cause of cancer of the penis?

1. A diet high in acidic foods
2. Poor personal hygiene
3. Exercise
4. Circumcision

27. The nurse is assigned to give perineal care to an uncircumcised male client. Which of the following is correct?

1. The anal area is washed at a separate time
2. The foreskin is retracted and the area beneath the foreskin is cleansed
3. The foreskin should not be retracted except by a physician
4. The scrotum is carefully washed with sterile normal saline

28. A female nurse is assigned to obtain a history from & client with a urinary tract problem an sexual dysfunction. Which of the following statements might place the client more at ease and willing to give a. history of his problem?

1. “When dud you first notice this problem?
2. “Why do you think you have a problem?”
3. “Do you think you sexual dysfunction is psychological?”
4. “Does your sexual dysfunction seem to be related to your urinary tract problem?”

29. A client is scheduled for an ultrasound examination of the prostate. To describe the procedure to the client, the nurse should plan to relate that:

1. The procedure is performed using a cystoscope
2. A probe will be inserted into the rectum
3. A flat disk is placed on the abdomen
4. This procedure uses x-rays to produce a visual image

30. To effectively teach men the importance of testicular self-examination, the nurse should know that testicular carcinoma:

1. Rarely metastasizes
2. Has a high incidence of early metastasis
3. Cannot be detected by laboratory tests
4. Must first be biopsied to confirm the diagnosis

31. A nurse is assigned to instruct a client in the method of testicular self-examination. The instruction should include mention that the best time to perform this task is:

1. Immediately after getting out of bed in the morning
2. Immediately before going to bed
3. In the morning after breakfast
4. After a warm bath or shower

32. Mr. Dorn has vasectomy. He asks the nurse why he just use a method of birth control because today he, had a sterilization procedure. The most correct answer is:

1. The sperm count will not be negative until his testosterone level decrease
2. Some minor surgery usually is necessary to ensure sterilization
3. Some live sperm will be present in the ejaculatory fluid for a period of time
4. Even though a vasectomy is performed, a condom is still recommended for 1 to 2 years

33. A client is scheduled for a cystectomy and asks the nurse what the physician will be able to see during the procedure. The most correct reply is the:

1. Kidney and ureters
2. Bladder and rectum
3. Prostate and ureters
4. Urethra and bladder

34. A client is scheduled for a cystectomy and asks the nurse what the physician will be able to see during the procedure. The most correct reply is the:

1. Kidney and ureters
2. Bladder and rectum
3. Prostate and ureters
4. Urethra and bladder

35. Nurse assistant attending a nursing conference hears that one of her clients has hydrocele. She asks the nurse how this condition is treated. The most common response is:

1. Usually the problem requires more medical or surgical intervention
2. Surgery may be necessary to correct the problem
3. Wearing a scrotal support usually corrects She problem
4. Drug therapy usually helps control the collection of fluid

36. The nurse is participating in a health class for young women. One subject is cancer of the ovary. Which of the following statements is correct?

1. Early symptoms of cancer of the ovary are vague
2. This type of cancer has a high cure rate
3. Chemotherapy is not used for treating ovarian cancer
4. The most prominent early symptoms is an irregular menstrual cycle

37. The nurse is asked to discuss the signs and symptoms of vaginitis caused by the fungus candida albicans with Ms. Barrows. Which one of the following is a usual sign and symptoms of this infection?

1. Pain high in the abdomen
2. Intensive vaginal and perineal itching
3. Decrease in urinary output
4. High fever

38. The nurse prepares to give Ms. Edwards a vaginal suppository, which is inserted by means of a special applicator supplied with the drug. Which one of the following is correct?

1. Ask the client to void prior to inserting the suppository
2. Lubricate the tip of the suppository with petroleum jelly
3. Insert the applicator tip gently and with an upward and forward motion
4. Insert the applicator approximately ½ inch and depress the plunger

39. The nurse is assigned to give Ms. Milton perineal care. When cleansing the perineum, the cotton ball or wash cloth is gently directed:

1. Side to side across the labia majora
2. Downward from the pubic area to the anus
3. Upward from the anus to the pubic area
4. Prom the urinary meatus to the vagina

40. The nurse is assigned to administer a vaginal irrigation (douche). Which of the following is correct?

1. The irrigation is best administered with the client standing in a bathtub
2. Before inserting, the nozzle is lubricated with petroleum jelly
3. The temperature of the solution should be between 80°F and 84°F
4. The nozzle is inserted downward and backward within the vagina

41. The nurse is assigned to teach health-seeking behaviors to young women. One topic the nurse plans to includes is the importance of the Pap test, which is used mainly to detect:

1. Ovarian cyst
2. Patency of the fallopian tube
3. Cervical cancer
4. Uterine infections

42. The physician asks the nurse to position a client for a vaginal examination. Which of the following position is normally used for this type of examination?

1. Lithotomy position
2. Sim’s position
3. Dorsal recumbent position
4. Left lateral position

43. Ms. Hull has had an electrocauterization of her cervix for chronic cervicitis. Following the procedure the nurse should instruct Ms. Hull to:

1. Douche the next day to remove debris and blood cloth
2. Avoid straining and heavy lifting until the physician permits this activity
3. Stay in bed for the next 5 days
4. Return in bed for the next 5 days

44. The nursing assistant is assigned to give Ms. Bailey, who has had an abdominal hysterectomy, a sitz bath. She is instructed to use the special sitz bath tub. She asks the nurse why the regular bath tub cannot be used. The most correct reply is based on the fact that a regular bath tab:

1. Is more slippery and is dangerous when used for surgical clients
2. Cannot supply water that is of the desired temperature for this procedure
3. Applies heat to the legs and alters the desired effect of heat directed to the pelvic region
4. Cannot be kept as clean as a special sitz bath tub

45. Which of the following solutions would be best for the nurse to use when cleaning the inner cannula of a tracheostomy tube?

1. IsopropyI alcohol
2. Sodium hydrochloride
3. Hydrogen peroxide
4. Providone-iodine

46. The nurse observes that the client’s knee is swollen and painful. Consequently; which one of the following nursing measures should be carried out?

1. Perform passive range of motion during each shift
2. Help to change positions to achieve comfort
3. Ambulate with him at frequent intervals
4. Encourage quadriceps setting exercises

47. If Ms. Drake tells the nurse her feet are cold. Which of the following nursing action would be best

1. Apply a hot water bottle
2. Use an electric heating pad
3. Wrap them in a warm blanket
4. Elevate her feet on a stool

48. Which of the following would indicate to the nurse that the stationary thrombus in Ms. Fleming suddenly develops?

1. Chest pains
2. Leg cramps
3. Numbness in the foot
4. Swelling of the knee

49. Following a total abdominal hysterectomy Ms. Sara Fleming develops a slightly elevated temperature and swelling in the right call of her leg. The physician prescribes warm moist compresses for the client’s affected leg. Which of the following nursing actions is correct when applying the warm moist compress? The nurse:

1. Heats the water to 120°F
2. Uses a sterile technique
3. Inspect the skin every 4 hours
4. Covers the wet gauze with a towel

50. Ms. Betty Lynch, age 29, holes that she has recently developed a skin problem and makes an appointment to be seen in a clinic specializing diagnosis of psoriasis is made by the physician. When examining Mr. Lynch’s skin for areas of psoriasis, the nurse should look for:

1. Weeping lesions on the trunk of the body
2. Patches of redness covered with silvery scales
3. Areas of redness surrounded by crusts
4. A rash characterized by raised, pus-filled lesions

**Answers**

1. **C. A decreased number of functioning acetylcholine receptor sites**
2. **C. Adjust the TENS dial until the client perceives pain relief and comfort**
3. **A. Autoimmunity**
4. **C. Skin lesions**
5. **B. Topical application of steroids**
6. **C. Shiny, scaly lesions**
7. **D. Using a sterile syringe to remove it from clamped, cleansed catheter**
8. **A. Incision is in close proximity to the diaphragm**
9. **B. Light amber urine, dark brown stools, yellow skin**
10. **B. Bile flow into the intestine is obstructed**
11. **D. Bleeding oral ulcerations**
12. **B. Vomiting**
13. **B. Paradoxical respiration**
14. **D. Briefly apply pressure over the aspiration site**
15. **C. A reallocation of the blood supply**
16. **A. Older adult**
17. **A. Small amount of yellowish green oozing**
18. **A. Turn from side to side**
19. **D. An inability to wrinkle the forehead**
20. **C. Encourage the client not to contract his muscles as if he were voiding**
21. **A. Hypovolemia**
22. **D. Trosseau’s sign**
23. **B. Any sedative type of medication has recently been administration**
24. **C. Sterile normal saline**
25. **D. To keep the drainage to light pink**
26. **B. Poor personal hygiene**
27. **B. The foreskin is retracted and the area beneath the foreskin is cleansed**
28. **A. “When dud you first notice this problem?**
29. **B. A probe will be inserted into the rectum**
30. **B. Has a high incidence of early metastasis**
31. **D. After a warm bath or shower**
32. **C. Some live sperm will be present in the ejaculatory fluid for a period of time**
33. **D. Urethra and bladder**
34. **D. Urethra and bladder**
35. **B. Surgery may be necessary to correct the problem**
36. **A. Early symptoms of cancer of the ovary are vague**
37. **B. Intensive vaginal and perineal itching**
38. **A. Ask the client to void prior to inserting the suppository**
39. **B. Downward from the pubic area to the anus**
40. **D. The nozzle is inserted downward and backward within the vagina**
41. **B. Patency of the fallopian tube**
42. **A. Lithotomy position**
43. **B. Avoid straining and heavy lifting until the physician permits this activity**
44. **C. Applies heat to the legs and alters the desired effect of heat directed to the pelvic region**
45. **C. Hydrogen peroxide**
46. **B. Help to change positions to achieve comfort**
47. **C. Wrap them in a warm blanket**
48. **B. Leg cramps**
49. **D. Covers the wet gauze with a towel**
50. **B. Patches of redness covered with silvery scales**

Before being discharged, Mr. Heywood must be taught principles of good body mechanics. The nurse would be correct in telling Mr. Heywood that when he picks up something, he should:

1. Flex both his knees
2. Keep his feet together
3. Lift with arms extended
4. Bend from the waist

2. The nurse applies a commercially made hot moist pack, called a hydrocollator, to the client’s lower back. To reduce the potential for a thermal injury the nurse should plan to:

1. Wrap the pack in several thick towels
2. Rub skin lotion over the back area
3. Place a pillow between hint and the back
4. Position the client on rubber ring

3. Which one of the following observations would most indicate to the nurse that the skin over Mr. Heywood’s coccyx is becoming impaired? The skin:

1. Looks shiny over boy prominences
2. Appears red when pressure in relieved
3. Feels cool and clammy
4. Is moist and warm

4. Before turning Mr. Heywood to wash his back, which instruction should the nurse provide to minimize his discomfort?

1. “Hold your breath as you are turning.”
2. “Move your upper body first then legs.”
3. “Curl up in a ball before you move.”
4. “Avoid twisting your body while moving.”

5. Which of the following should the nurse use to provide support to Mr. Heywood’s spine?

1. A sheep skin pad
2. An air mattress
3. A bed board
4. A foam square

6. Mr. Heywood is to remain in bed for the time being. Which position would the nurse find gives Mr. Heywood the most comfort?

1. On his back with the head and knees elevated
2. On his side with hips and legs straight
3. On his abdomen with his head to the side
4. On his back with his head and knees straight

7. Mr. Heywood is receiving 10 mg of Diazepam (Vatium) orally t.i.d. Besides diminishing anxiety, the nurse explains that this medication is also used to:

1. Reduce emotional depression
2. Relax skeletal muscles
3. Promote restful sleep
4. Relieve inflammation

8. Mr. Barry Heywood, a construction worker, has been experiencing periodic bouts of law back pain. Now, in addition to the pain that radiates into his buttocks, he has some numbness and tingling in his legs. The physician suspects that Mr. Heywood has a herniated intervertebral disk in the lumbar spine. While assessing the disk to indicate that the pain is increased when:

1. Eating
2. Sneezing
3. Resting
4. Urinating

9. Mr. Rumsey, who has not regained consciousness, rushed to surgery where his arm is amputated above the elbow. When Mr. Rumsey reacts from the anesthesia, he sees that his forearm is missing. He screams obscenities and sobs uncontrollably. Which of the following is the best action the nurse can take at this time?

1. Leave the room until he has worked through his anger
2. Stay with him quietly in the room at his bedside
3. Tell him to get control of himself
4. Call the hospital chaplain for him

10. In what position should the nurse place Mr. Rumsey while continuing with his assessment and care?

1. Prone
2. Supine extended
3. On his back with his legs elevated
4. On his side with his neck

11. During a farming accident Mr. Steve Rumsey’s arm gets caught in a corn auger. His lower left arm and band are crushed. Which of the following assessments would the nurse typically find when the paramedics bring Mr. Rumsey to the hospital in shock? The client would have:

1. Decreased heart rate
2. Decreasing blood pressure
3. Increasing bowel sounds
4. Increasing urine output

12. Ms. Angela Freeman has acute low back pain. She’ has pelvic-belt traction, which she uses intermittently throughout the day. When the nurse helps Ms. Freeman apply the pelvic traction, it would be best to place the top of the belt:

1. Just below the ribcage
2. Even with her waistline
3. Level with the iliac crest
4. Where it is most comfortable

13. Ms. Rizal has acute rheumatoid arthritis. Her hands and spine are involved. When the nurse admits Ms. Rizal is most likely to tell the nurse that the first symptoms that caused her to seek health care was:

1. Stiff, sore joints
2. Generalized fatigue
3. Stabbing hand pain
4. Disuse of fingers

14. Before Ms. Elkins leaves the emergency department, the nurse demonstrates hew to apply the roller bandage. She is told to remove it for approximately 20 minutes and re-apply it three times a day. It is essential that the nurse tells Ms. Elkins to loosen-the bandage if:

1. Her toes feel fairly warm
2. Her ankle feels painful
3. Her toes appear swollen
4. She wears a cotton sock

15. The x-ray reveals that the bones are intact. The physician tells Ms. Elkins that she has severely sprained ankle. The physician directs the nurse to wrap Ms. Elkins foot with an elastic roller bandage referred to by some as an Ace bandage. Where should the nurse begin applying the bandage?

1. Below the knee
2. Above the knee
3. Across the phalanges
4. At the metatarsals

16. Following an injury in which Ms. Leona Elkins while climbing stairs, she experiencing immediate swelling of her ankle and pain on movement. Her physician has sent her to the hospital for x-ray. Which on of the following nursing measures would be most helpful for relieving the swelling while preparing to obtain the x-ray of Ms. Elkin’s lower leg?

1. Dangle the foot
2. Elevate the foot
3. Exercise the foot
4. Immobilize the foot

SITUATION: *Mr. Ramos was barbecuing outdoors when the gas tank exploded. He sustained second degree and third degree burns of the anterior portion of BOTH arms, the upper half of his anterior trunk and the anterior and posterior portions of his left lower extremity.*

17. The BEST initial management of burns that can be employed at the scene is generally which of the following:

1. Pour cold water over the burned areas
2. Apply clean dressing to the affected area
3. Rinse the area with mild soap and water
4. Apply tomato juice and ointment over the area

18. At the emergency room, the nurse assessed the extent of the burn on the patient’s body. Based on the rules of nine. Which of the following is the BEST estimate of the burn?

1. 36%
2. 45%
3. 27%
4. 54%

19. Which one of the following .blood value determinations is most likely be useful to evaluate the adequacy of the fluid replacement?

1. Creatinine levels
2. Blood urea nitrogen
3. Hematocrit level
4. C02 tension

20. The nurse is administering the prescribed IVF. When she evaluated the patient, she suspected fluid overload because of which finding?

1. Dark and scant urine output
2. Moist rates
3. Bradycardia and hypotension
4. Facial flushing and twitching

21. The doctor orders MAFENIDE for application over the bum area. The nurse understands that one disadvantage of this drug is that:

1. It causes lactic acidosis
2. It must be constantly applied
3. It has minimal eschar penetration
4. It is bacteriostatic

SITUATION: *MARK Lester had been diagnosed with Stage 1 bronchogenic cancer. He had undergone lobectomy on the left lower lung. A two-bottle drainage system is inserted.*

22. The patient is placed on bed post-operatively in what position?

1. Prone
2. Trendelenburg
3. Right side
4. Left side

23 Water-seal chest drainage involves attaching the chest tube to a:

1. Suction machine directly
2. Rubber tube/glass tube that is submerged underwater
3. Rubber tube that is left open to air
4. A closed drainage bottle with sterile water and no external opening

24. If the nurse sees fluid moving up and down during inspiration and expiration on the water seal bottle, she should:

1. Do nothing as this is expected
2. Immediately check the bottle for leaks
3. Call the physician immediately and damp the chest tube
4. Cover the wound with wet sterile gauze and send someone to calf the physician

25. If the nurse sees vigorous and continuous bubbling in the second bottle, she should:

1. Momentarily clamp the tube to note for air leak
2. Administer oxygen to the patient
3. Attempt to change a new bottle
4. Pull the chest tube out to remove the air leak

**Answers**

1. **A. Flex both his knees**
2. **B. Wrap the pack in several thick towels**
3. **B. Appears red when pressure in relieved**
4. **D. “Avoid twisting your body while moving.”**
5. **B. An air mattress**
6. **A. On his back with the head and knees elevated**
7. **B. Relax skeletal muscles**
8. **B. Sneezing**
9. **B. Stay with him quietly in the room at his bedside**
10. **C. On his back with his legs elevated**
11. **B. Decreasing blood pressure**
12. **C. Level with the iliac crest**
13. **A. Stiff, sore joints**
14. **C. Her toes appear swollen**
15. **D. At the metatarsals**
16. **D. Immobilize the foot**
17. **A. Pour cold water over the burned areas**
18. **A. 36%**
19. **C. Hematocrit level**
20. **B. Moist rates**
21. **A. It causes lactic acidosis**
22. **C. Right side**
23. **D. A closed drainage bottle with sterile water and no external opening**
24. **A. Do nothing as this is expected**
25. **A. Momentarily clamp the tube to note for air leak**

The nurse is aware of several important tasks that should all be done immediately in order to give Mr. Duffy the care he needs. Which of the following nursing interventions will relieve his current myocardial ischemia?

1. stool softeners, rest
2. O2 therapy, analgesia
3. Reassurance, cardiac monitoring
4. Adequate fluid intake, low-fat diet

2. During the first three days that Mr. Duffy is in the CCU, a number of diagnostic blood tests are obtained. Which of the following patterns of cardiac enzyme elevation are most common following an MI?

1. SGOT, CK, and LDH are all elevated immediately.
2. SGOT rises 4-6 hours after infarction with CK and LDH rising slowly 24 hours later.
3. CK peaks first (12-24 hours), followed by the SGOT (peaks in 24-36 hours) and then the LDH (peaks 3-4 days).
4. CK peaks first and remains elevated for 1 to 2 weeks.

3. On his second day in CCU Mr. Duffy suffers a life-threatening cardiac arrhythmia. Considering his diagnosis, which is the most probable arrhythmia?

1. atrial tachycardia
2. ventricular fibrillation
3. atrial fibrillation
4. heart block

4. Mr. Duffy is placed on digitalis on discharge from the hospital. The nurse planning with him for his discharge should educate him as to the purpose and actions of his new medication. What should she or he teach Mr. Duffy to do at home to monitor his reaction to this medication?

1. take his blood pressure
2. take his radial pulse for one minute
3. check his serum potassium (K) level
4. weigh himself everyday

5. You decide to discuss glaucoma prevention. Which of the following diagnostic tests should these clients request from their care provider?

1. fluorescein stain
2. snellen’s test
3. tonometry
4. slit lamp

6. You also explain common eye changes associated with aging. One of these is presbyopia, which is:

1. Refractive error that prevents light rays from coming to a single focus on the retina.
2. Poor distant vision
3. Poor near vision
4. A gradual lessening of the power of accommodation

7. Some of the diabetic clients are interested in understanding what is visualized during funduscopic examination. During your discussion you describe the macular area as:

1. Head of the optic nerve, seen on the nasal side of the field, lighter in color than the retina.
2. The area of central vision, seen on the temporal side of the optic disc, which is quite avascular.
3. Area where the central retinal artery and vein appear on the retina.
4. Reddish orange in color, sometimes stippled.

8. One of the clients has noted a raised yellow plaque on the nasal side of the conjunctiva. You explain that this is called:

1. a pinguecula, which is normal slightly raised fatty structure under the conjunctiva that may gradually increase with age.
2. Icterus, which may be due to liver disease.
3. A pterygium, which will interfere with vision.
4. Ciliary flush caused by congestion of the ciliary artery.

9. You know that all but one of the following may eventually result in uremia. Which option is not implicated?

1. glomerular disease
2. uncontrolled hypertension
3. renal disease secondary to drugs, toxins, infections, or radiations
4. all of the above

10. You did the initial assessment on Mr. Kaplan when he came to your unit. What classical signs and symptoms did you note?

1. fruity- smelling breath.
2. Weakness, anorexia, pruritus
3. Polyuria, polydipsia, polyphagia
4. Ruddy complexion

11. Numerous drugs have been used on Mr. Kaplan in an attempt to stabilize him. Regarding his diagnosis and management of his drugs, you know that:

1. The half-life of many drugs is decreased in uremia; thus dosage may have to be increased to be effective.
2. Drug toxicity is a major concern in uremia; individualization of therapy and often a decrease in dose is essential.
3. Drug therapy is not usually affected by this diagnosis
4. Precautions should be taken with prescription drugs, but most OTC medications are safe for him to use.

12. The point of maximum impulse (PMI) is an important landmark in the cardiac exam. Which statement best describes the location of the PMI in the healthy adult?

1. Base of the heart, 5th intercostal space, 7-9 cm to the left of the midsternal line.
2. Base of the heart, 7th intercostal space, 7-9 cm to the left of the midsternal line.
3. Apex of the heart, intercostal space, 7-9 cm to the left of the midsternal line.
4. Apex of the heart, intercostal space, 7-9 cm to the left of the midsternal line.

13. During the physical examination of the well adult client, the health care provider auscultates the heart. When the stethoscope is placed on the 5th intercostal space along the left sternal border, which valve closure is best evaluated?

1. Tricuspid
2. Pulmonic
3. Aortic
4. Mitral

14. The pulmonic component of which heart sound is best heard at the 2nd LICS at the LSB?

1. S1
2. S2
3. S3
4. S4

15. The coronary arteries furnish blood supply to the myocardium. Which of the following is a true statement relative to the coronary circulation?

1. the right and left coronary arteries are the first of many branches off the ascending aorta
2. blood enters the right and left coronary arteries during systole only
3. the right coronary artery forms almost a complete circle around the heart, yet supplies only the right ventricle
4. the left coronary artery has two main branches, the left anterior descending and left circumflex: both supply the left ventricle

*Sally Baker, a 40-year-old woman, is admitted to the hospital with an established diagnosis of mitral stenosis. She is scheduled for surgery to repair her mitral valve.*

16. Ms. Baker has decided to have surgical correction of her stenosed valve at this time because her subjective complaints of dyspnea, hemoptysis, orthopnea, and paroxysmal nocturnal dyspnea have become unmanageable. These complaints are probably due to:

1. thickening of the pericardium
2. right heart failure
3. pulmonary hypertension
4. left ventricular hypertrophy

17. On physical exam of Ms. Baker, several abnormal findings can be observed. Which of the following is not one of the usual objective findings associated with mitral stenosis?

1. low-pitched rumbling diastolic murmur, precordial thrill, and parasternal lift
2. small crepitant rales at the bases of the lungs
3. weak, irregular pulse, and peripheral and facial cyanosis in severe disease
4. chest x-ray shows left ventricular hypertrophy

18. You are seeing more clients with diagnoses of mitral valve prolapse. You know those mitral valve prolapse is usually a benign cardiac condition, but may be associated with atypical chest pain. This chest pain is probably caused by:

1. ventricular ischemia
2. dysfunction of the left ventricle
3. papillary muscle ischemia and dysfunction
4. cardiac arrythmias

19. The most common lethal cancer in males between their fifth and seventh decades is:

1. cancer of the prostate
2. cancer of the lung
3. cancer of the pancreas
4. cancer of the bowel

20. Of the four basic cell types of lung cancer listed below, which is always associated with smoking?

1. adenocarcinoma
2. squamous cell carcinoma (epidermoid)
3. undifferenciated carcinoma
4. bronchoalveolar carcinoma

21. Chemotherapy may be used in combination with surgery in the treatment of lung cancer. Special nursing considerations with chemotherapy include all but which of the following?

1. Helping the client deal with depression secondary to the diagnosis and its treatment
2. Explaining that the reactions to chemotherapy are minimal
3. Careful observation of the IV site of the administration of the drugs
4. Careful attention to blood count results

22. Which of the following operative procedures of the thorax is paired with the correct definition?

1. Pneumonectomy: removal of the entire lung
2. Wedge resection: removal of one or more lobes of a lung
3. Decortication: removal of the reibs or sections of ribs
4. Thoracoplasty: removal of fibrous membrane that develops over visceral pleura as a result of emphysema

Mr. Liberatore, age 76, is admitted to your unit. He has a past medical history of hypertension, DM, hyperlipidemia. Recently he has had several episodes where he stops talking in midsentence and stares into space. Today the episode lasted for 15 minutes. The admission diagnosis is impending CVA.

23. The episodes Mr. Liberatore has been experiencing are probably:

1. small cerebral hemorrhages
2. TIA’s or transient ischemic attacks
3. Secondary to hypoglycemia
4. Secondary to hyperglycemia

24. Mr. Liberatore suffers a left sided CVA. He is right handed. The nurse should expect:

1. left-sided paralysis
2. visual loss
3. no alterations in speech
4. no impairment of bladder function

25. Upper motor neuron disease may be manifested in which of the following clinical signs?

1. spastic paralysis, hyperreflexia, presence of babinski reflex
2. flaccid paralysis, hyporeflexia
3. muscle atrophy, fasciculations
4. decreased or absent voluntary movement

26. During your assessment of Julie she tells you all visual symptoms are gone but that she now has a severe pounding headache over her left eye. You suspect Julie may have:

1. a tension headache
2. the aura and headache of migraine
3. a brain tumor
4. a conversion reaction

27. You explain to Julie and her mother that migraine headaches are caused by:

1. an allergic response triggered by stress
2. dilation of cerebral arteries
3. persistent contraction of the muscles of the head, neck and face
4. increased intracranial pressure

28. A thorough history reveals that hormonal changes associated with menstruation may have triggered Julie’s migraine attack. In investigating Julie’s history what factors would be least significant in migraine?

1. seasonal allergies
2. trigger foods such as alcohol, MSG, chocolate
3. family history of migraine
4. warning sign of onset, or aura

29. A client with muscle contraction headache will exhibit a pattern different for Julie’s. Which of the following is more compatible with tension headache?

1. severe aching pain behind both eyes
2. headache worse when bending over
3. a bandlike burning around the neck
4. feeling of tightness bitemporally, occipitally, or in the neck

*Mr. Snyder is admitted to your unit with a brain tumor. The type of tumor he has is currently unknown. You begin to think about the way brain tumors are classified.*

30. Glioma is an intracranial tumor. Which of the following statements about gliomas do you know to be false?

1. 50% of all intracranial tumors are gliomas
2. gliomas are usually benign
3. they grow rapidly and often cannot be totally excised from the surrounding tissue
4. most glioma victims die within a year after diagnosis

31. Acoustic neuromas produce symptoms of progressive nerve deafness, tinnitus, and vertigo due to pressure and eventual destruction of:

1. CN5
2. CN7
3. CN8
4. The ossicles

32. Whether Mr Snyder’s tumor is benign or malignant, it will eventually cause increased intracranial pressure. Signs and symptoms of increasing intracranial pressure may include all of the following except:

1. headache, nausea, and vomiting
2. papilledema, dizziness, mental status changes
3. obvious motor deficits
4. increased pulse rate, drop in blood pressure

33. Mr Snyder is scheduled for surgery in the morning, and you are surprised to find out that there is no order for an enema. You assess the situation and conclude that the reason for this is:

1. Mr. Snyder has had some mental changes due to the tumor and would find an enema terribly traumatic
2. Straining to evacuate the enema might increase the intracranial pressure
3. Mr. Snyder had been on clear liquids and then was NPO for several days, so an enema is not necessary
4. An oversight and you call the physician to obtain the order

34. Postoperatively Mr. Snyder needs vigilant nursing care including all of the following except:

1. Keeping his head flat
2. Assessments q ½ hour of LOC, VS, papillary responses, and mental status
3. Helping him avoid straining at stool, vomiting, or coughing
4. Providing a caring, supportive atmosphere for him and his family

35. Potential postintracranial surgery problems include all but which of the following?

1. increased ICP
2. extracranial hemorrhage
3. seizures
4. leakage of cerebrospinal fluid

*Mrs. Hogan, a 43-year-old woman, is admitted to your unit for cholecystectomy.*

36. You are responsible for teaching Mrs. Hogan deep breathing and coughing exercises. Why are these exercises especially important for Mrs. Hogan?

1. they prevent postoperative atelectasis and pneumonia
2. the incision in gallbladder surgery is in the subcostal area, which makes the client reluctant to take a deep breath and cough
3. because she is probably overweight and will be less willing to breathe, cough, and move postoperatively

37. On the morning of Mrs. Hogan’s planned cholecystectomy she awakens with a pain in her right scapular area and thinks she slept in poor position. While doing the preop check list you note that on her routine CB report her WBC is 15,000. Your responsibility at this point is:

1. to notify the surgeon at once; this is an elevated WBC indicating an inflammatory reaction
2. to record this finding in a prominent place on the preop checklist and in your preop notes
3. to call the laboratory for a STAT repeat WBC
4. none. This is not an unusual finding

38. Mrs. Hogan is scheduled for surgery 2 days later and is to be given atropine 0.3 mg IM and Demerol 50 mg IM one hour preoperatively. Which nursing actions follow the giving of the preop medication?

1. have her void soon after receiving the medication
2. allow her family to be with her before the medication takes effect
3. bring her valuables to the nursing station
4. reinforce preop teaching

39. Mrs. Hogan is transported to the recovery room following her cholecystectomy. As you continue to check her vital signs you note a continuing trend in Mrs. Hogan’s status: her BP is gradually dropping and her pulse rate is increasing. Your most appropriate nursing action is to:

1. order whole blood for Mrs. Hogan from the lab
2. increase IV fluid rate of infusion and place in trendelenburg position
3. immediately report signs of shock to the head nurse and/or surgeon and monitor VS closely
4. place in lateral sims position to facilitate breathing

40. Mrs. Hogan returns to your clinical unit following discharge from the recovery room. Her vital signs are stable and her family is with her. Postoperative leg exercises should be inititated:

1. after the physician writes the order
2. after the family leaves
3. if Mrs. Hogan will not be ambulated early
4. stat

41. An oropharyngeal airway may:

1. Not be used in a conscious patient.
2. Cause airway obstruction.
3. Prevent a patient from biting and occluding an ET tube.
4. Be inserted “upside down” into the mouth opening and then rotated into the proper orientation as it is advanced into the mouth.
5. All of the above.

42. Endotracheal intubation:

1. Can be attempted for up to 2 minutes before you need to stop and ventilate the patient.
2. Reduces the risk of aspiration of gastric contents.
3. Should be performed with the neck flexed forward making the chin touch the chest.
4. Should be performed after a patient is found to be not breathing and two breaths have been given but before checking for a pulse.

43. When giving bag-valve mask ventilations:

1. Rapid and forceful ventilations are desirable so that adequate ventilation will be assured
2. Effective ventilations can always be given by one person.
3. Cricoid pressure may prevent gastric inflation during ventilations.
4. Tidal volumes will always be larger than when giving mouth to pocket mask ventilations.

44. If breath sounds are only heard on the right side after intubation:

1. Extubate, ventilate for 30 seconds then try again.
2. The patient probably only has one lung, the right.
3. You have intubated the stomach.
4. Pull the tube back and listen again.

45. An esophageal obturator airway (EOA):

1. Can be inserted by any person trained in ACLS.
2. Requires visualization of the trachea before insertion.
3. Never causes regurgitation.
4. Should not be used with a conscious person, pediatric patients, or patients who have swallowed caustic substances.

46. During an acute myocardial infarct (MI):

1. A patient may have a normal appearing ECG.
2. Chest pain will always be present.
3. A targeted history is rarely useful in making the diagnosis of MI.
4. The chest pain is rarely described as crushing, pressing, or heavy.

47. The most common lethal arrhythmia in the first hour of an MI is:

1. Pulseless Ventricular Tachycardia
2. Asystole
3. Ventricular fibrillation
4. First degree heart block.

48. Which of the following is true about verapamil?

1. It is used for wide-complex tachycardia.
2. It may cause a drop in blood pressure.
3. It is a first line drug for Pulseless Electrical Activity.
4. It is useful for treatment of severe hypotension.

49. Atropine:

1. Is always given for a heart rate less than 60 bpm.
2. Cannot be given via ET tube.
3. Has a maximum total dosage of 0.03-0.04 mg/kg IV in the setting of cardiac arrest.
4. When given IV, should always be given slowly.

50. Asystole should not be “defibrillated.”

1. True
2. False

**Answers and Rationales**

1. **B. O2 therapy, analgesia**

All the nursing interventions listed are important in the care of Mr. Duffy. However relief of his pain will be best achieved by increasing the O2 content of the blood to his heart, and relieving the spasm of coronary vessels.

1. **C. CK peaks first (12-24 hours), followed by the SGOT (peaks in 24-36 hours) and then the LDH (peaks 3-4 days).**

Although the timing of initial elevation, peak elevation, and duration of elevation vary with sources, current literature favors option letter c.

1. **B. ventricular fibrillation**

Ventricular irritability is common in the early post-MI period, which predisposes the client to ventricular arrhythmias. Heart block and atrial arrhythmias may also be seen post-MI but ventricular arrhythmias are more common.

1. **B. take his radial pulse for one minute**

All options have some validity. However, option B relates best to the action of digitalis. If the pulse rate drops below 60 or is markedly irregular, the digitalis should be held and the physician consulted. Serum potassium levles should be monitored periodically in clients on digitalis and diuretics, as potassium balance is essential for prevention of arrhythmias. However the client cannot do this at home. Daily weights may make the client alert to fluid accumulation, an early sign of CHF. Blood pressure measurement is also helpful; providing the client has the right size cuff and he or she and/or significant other understand the technique and can interpret the results meaningfully.

1. **C. tonometry**

Option A is most often used to detect corneal lesions; B is a test for visual acuity using snellen’s chart; D is used to focus on layers of the cornea and lens looking for opacities and inflammation.

1. **D. A gradual lessening of the power of accommodation**

Option A defines astigmatism, B is myopia, and C is hyperopia

1. **B. The area of central vision, seen on the temporal side of the optic disc, which is quite avascular.**

Options A and C refer to the optic disc, D describes the color of the retina.

1. **A. a pinguecula, which is normal slightly raised fatty structure under the conjunctiva that may gradually increase with age.**

Correct by definition.

1. **D. all of the above**

Options A, B and C are potential causes of renal damage and eventual renal failure. Individuals can live very well with only one healthy kidney.

1. **B. Weakness, anorexia, pruritus**

Weakness and anorexia are due to progressive renal damage; pruritus is secondary to presence of urea in the perspiration. Fruity smelling breath is found in diabetic ketoacidosis. Polyuria, polydipsia, polyphagia are signs of DM and early diabetic ketoacidosis. Oliguria is seen in chronic renal failure. The skin is more sallow or brown as renal failure continues.

1. **B. Drug toxicity is a major concern in uremia; individualization of therapy and often a decrease in dose is essential.**

Metabolic changes and alterations in excretion put the client with uremia at risk for development of toxicity to any drug. Thus alteration in drug schedule and dosage is necessary for safe care.

1. **C. Apex of the heart, intercostal space, 7-9 cm to the left of the midsternal line.**

The PMI is the impulse at the apex of the heart caused by the beginning of ventricular systole. It is generally located in the 5th left ICS, 7-9 cm from the MSL or at, or just medial to, the MCL.

1. **A. Tricuspid**

The sound created by closure of the tricuspid valve is heard at the 5th LICS at the LSB. Pulmonic closure is best heard at the 2nd LICS, LSB. Aortic closure is best heard at the 2nd RICS, RSB. Mitral valve closure is best heard at the PMI landmark (apex)

1. **B. S2**

S1 is caused by mitral and tricuspid valve closure, S2 is caused by the aortic and pulmonic valve closure; S3 and S4 are generally considered abnormal heat sounds in adults and are best heard at the apex.

1. **D. the left coronary artery has two main branches, the left anterior descending and left circumflex: both supply the left ventricle**

The right and left coronary arteries are the only branches off the ascending aorta; blood enters these arteries mainly during diastole; the right coronary artery also often supplies a small portion of the left ventricle.

1. **C. pulmonary hypertension**

Pulmonary congestion secondary to left atrial hypertrophy causes these symptoms. The left ventricle does not hypertrophy in mitral stenosis; right heart failure would cause abdominal discomfort and peripheral edema; pericardial thickening does not occur.

1. **D. chest x-ray shows left ventricular hypertrophy**

Evidence of left atrial enlargement may be seen on chest x-ray and ECG. The other objective findings may be seen in chronic mitral stenosis with episodes of atrial fibrillation and right heart failure.

1. **C. papillary muscle ischemia and dysfunction**

Ventricular ischemia does not occur with prolapsed mitral valve; options B and D are not painful conditions in themselves.

1. **B. cancer of the lung**

The incidence of lung cancer is also rapidly rising in women.

1. **B. squamous cell carcinoma (epidermoid)**

Textbooks of medicine and nursing classify primary pulmonary carcinoma somewhat differently. However most agree that sqaumous cell or epidermoid carcinoma is always associated with cigarette smoking.

1. **B. Explaining that the reactions to chemotherapy are minimal**

There ar enumerous severe reactions to chemotherapy such as stomatitis, alopecia, bone marrow depression, nausea and vomiting. Options A, B and D are important nursing considerations.

1. **A. Pneumonectomy: removal of the entire lung**

Wedge resection is removal of part of a segment of the lung; decortication is the removal of a fibrous membrane that develops over the visceral pleura; and thoracoplasty is the removal of ribs or sections of ribs.

1. **B. TIA’s or transient ischemic attacks**

A TIA is a temporary reduction in blood flow to the brain, manifesting itself in symptoms like those Mr. Liberatore experiences. Although hypo- and hyperglycemia can cause some drowsiness and/or disorientation, the episodes Mr. Liberatore experiences fit the pattern of TIA because of his quick recovery with no sequelae and no treatment.

1. **B. visual loss**

Visual field loss is a common side effect of CVA. In right-handed persons the speech center (Broca’s area) is most commonly in the left brain; because of the crossover of the motor fibers, a CVA in the left brain will produce a right-sided hemiplegia. Thus, Mr. Liberatore will probably have some speech disturbance and right-sided paralysis. Often bladder control is diminished following CVA.

1. **A. spastic paralysis, hyperreflexia, presence of babinski reflex**

Options B, C and D describe lower motor neuron disease.

1. **B. the aura and headache of migraine**

The warning sign or aura is associated with migraine although not everyone with migrane has an aura. Migraine is usually unilateral and described as pounding. Julie’s symptoms are most compatible with migraine.

1. **B. dilation of cerebral arteries**

The vascular theory best explains migraine and often diagnosis is confirmed through a trial of ergotamine, which constricts the dilated, pulsating vesels.

1. **A. seasonal allergies**

Sinus headache often accompanies seasonal allergies. Many factors may contribute to migraine. Usually the client comes from a family that has migrated, which may have been called “sick headache” due to accompanying nausea and vomiting. Often there is an aura. Stress, diet, hormonal changes, and fatigue may all be implicated in migraine.

1. **D. feeling of tightness bitemporally, occipitally, or in the neck**

Options A and B describe sinus headache; option A may also be compatible with headache secondary to eyestrain; option B is also compatible with migraine; option C would be correct if stated a bandlike “tightness” around the head instead of “burning”

1. **B. gliomas are usually benign**

Gliomas are malignant tumors.

1. **C. CN8**

CN8, the acoustic nerve or vestibulocochlear nerve, is the most commonly affected CN in acoustic neuroma although as the tumor progresses CN5 and CN7 can be affected.

1. **D. increased pulse rate, drop in blood pressure**

As ICP increases, the pulse rate decreases and the BP rise. However, as ICP continues to rise, vital signs may vary considerably.

1. **B. Straining to evacuate the enema might increase the intracranial pressure**

Any activity that increases ICP could possibly cause brain herniation. Straining to expel an enema is one example of how the increased ICP can be further aggravated.

1. **A. Keeping his head flat**

Postoperatively clients who have undergone craniotomy usually have their heads elevated to decrease local edema and also decrease ICP.

1. **B. extracranial hemorrhage**

Hemorrhage is predominantly intracranial, although there may be some bloody drainage on external dressings. Increased ICP may result from hemorrhage or edema. CSF leakage may result in meningitis. Seizures are another postoperative concern.

1. **B. the incision in gallbladder surgery is in the subcostal area, which makes the client reluctant to take a deep breath and cough**

Option A is true: the rationale for deep breathing and coughing is to prevent postoperative pulmonary complications such as pneumonia and atelectasis. However, the risk of pulmonary problems is somewhat increased in clients with biliary tract surgery because of their high abdominal incisions. Option C assumes the stereotype of the person with gallbladder disease – fair, fat and fory – which is not necessarily the case. Splinting the incision with the hands or a pillow is very helpful in controlling the pain during coughing.

1. **A. to notify the surgeon at once; this is an elevated WBC indicating an inflammatory reaction**

A WBC count of 15,000 probably indicates acute cholecystitis, especially considering Mrs. Hogan’s new pain. The surgeon should be called as he/she may treat the acute attack medically and delay the surgery for several days, weeks, or months.

1. **B. allow her family to be with her before the medication takes effect**

Options A, C and D should all take place prior to administration of the drugs. The family may also be involved earlier but certainly should have that time immediately after the medication is given and before it takes full effect to be with their loved ones. Good planning of nursing care can facilitate this.

1. **C. immediately report signs of shock to the head nurse and/or surgeon and monitor VS closely**

These are signs of impending shock, which may be true shock or a reaction to anesthesia. Your most appropriate action is to report your findings quickly and accurately and to continue to monitor Mrs. Hogan carefully.

1. **D. stat**

Leg exercises, deep breathing and coughing, moving, and turning should begin as soon as the client’s condition is stable. The family can be extremely helpful in encouraging the client to do them, in supporting the incision, etc. a doctor’s oreder is not necessary – this is a nursing responsibility.

1. **E. All of the above.**

An oropharyngeal airway should be used in an unconscious patient. In a conscious or semiconscious patient its use may cause laryngospasm or vomiting. An oropharyngeal airway that is too long may push the epiglottis into a position that obstructs the airway. It is often use with an ETT to prevent biting and occlusion. It is usually inserted upside down and then rotated into the correct orientation as it approaches full insertion.

1. **B. Reduces the risk of aspiration of gastric contents.**

Letter A is wrong because an attempt should not last no longer than 30 seconds. Unless injury is suspected the neck should be slightly flexed and the head extended.. the ‘sniffing position’. After securing an airway and successfully ventilating the patient with two breaths you should then check for a pulse. If there is no pulse begin chest compressions. Intubation is part of the secondary survey ABC’s.

1. **C. Cricoid pressure may prevent gastric inflation during ventilations.**

Cricoid pressure may prevent gastric inflation during ventilations and may also prevent regurgitation by compressing the esophagus. Letter A may cause gastric insufflation thus increasing the risk for regurgitation and aspiration. With adults breaths should be delivered slowly and steadily over 2 seconds. Effective ventilation using bag-valve mask usually requires at least two well trained rescuers. A frequent problem with bag-valve mask ventilations is the inability to provide adequate tidal volumes.

1. **D. Pull the tube back and listen again.**

Most likely you have a right main stem bronchus intubation. Pulling the tube back a few centimeters may be all you need to do.

1. **D. Should not be used with a conscious person, pediatric patients, or patients who have swallowed caustic substances.**

EOA insertion should only be attempted by persons highly proficient in their use. Moreover, since visualization is not required the EOA may be very useful in patient’s when intubation is contraindicated or not possible. Vomiting and aspiration are possible complications of insertion and removal of an EOA.

1. **A. A patient may have a normal appearing ECG.**

Which is why a normal ECG alone cannot be relied upon to rule out an MI. Chest pain does not always accompany an MI. This is especially true of patients with diabetes. A targeted history is often crucial in making the diagnosis of acute MI. The chest pain associated with an acute MI is often described as heavy, crushing pressure, ‘like an elephant sitting on my chest.’

1. **C. Ventricular fibrillation**

Moreover, ventricular fibrillation is 15 times more likely to occur during the first hour of an acute MI than the following twelve hours which is why it is vital to decrease the delay between onset of chest pain and arrival at a medical facility. First degree heart block is not a lethal arrhythmia.

1. **B. It may cause a drop in blood pressure.**

Verapamil usually decreases blood pressure, which is why it is sometimes used as an antihypertensive agent. Verapamil may be lethal if given to a patient with V-tach, therefore it should not be given to a tachycardic patient with a wide complex QRS. Verapamil is a calcium channel blocker and may actually cause PEA if given too fast intravenously or if given in excessive amounts. The specific antidote for overdose from verapamil, or any other calcium channel blocker, is calcium. Verapamil may cause hypotension.

1. **C. Has a maximum total dosage of 0.03-0.04 mg/kg IV in the setting of cardiac arrest.**

Only give atropine for symptomatic bradycardias. Many physically fit people have resting heart rates less than 60 bpm. Atropine may be given via an endotracheal tube. Administering atropine slowly may cause paradoxical bradycardia.

1. **A. True**

Asystole is not amenable to correction by defibrillation. But there is a school of thought that holds that asystole should be treated like V-fib, i.e… defibrillate it. The thinking is that human error or equipment malfunction may result in misidentifying V-fib as asystole. Missing V- fib can have deadly consequences for the patient because V-fib is highly amenable to correction by defibrillation.

The nursing care plan for a toddler diagnosed with Kawasaki Disease (mucocutaneous lymph node syndrome) should be based on the high risk for development of which problem?

1. Chronic vessel plaque formation
2. Pulmonary embolism
3. Occlusions at the vessel bifurcations
4. Coronary artery aneurysms

2. A nurse has just received a medication order which is not legible. Which statement best reflects assertive communication?

1. “I cannot give this medication as it is written. I have no idea of what you mean.”
2. “Would you please clarify what you have written so I am sure I am reading it correctly?”
3. “I am having difficulty reading your handwriting. It would save me time if you would be more careful.”
4. “Please print in the future so I do not have to spend extra time attempting to read your writing.”

3. The nurse is discussing negativism with the parents of a 30 month-old child. How should the nurse tell the parents to best respond to this behavior?

1. Reprimand the child and give a 15 minute “time out”
2. Maintain a permissive attitude for this behavior
3. Use patience and a sense of humor to deal with this behavior
4. Assert authority over the child through limit setting

4. An ambulatory client reports edema during the day in his feet and an ankle that disappears while sleeping at night. What is the most appropriate follow-up question for the nurse to ask?

1. “Have you had a recent heart attack?”
2. “Do you become short of breath during your normal daily activities?”
3. “How many pillows do you use at night to sleep comfortably?”
4. “Do you smoke?”

5. The nurse is planning care for a client during the acute phase of a sickle cell vaso-occlusive crisis. Which of the following actions would be most  
appropriate?

1. Fluid restriction 1000cc per day
2. Ambulate in hallway 4 times a day
3. Administer analgesic therapy as ordered
4. Encourage increased caloric intake

6. While working with an obese adolescent, it is important for the nurse to recognize that obesity in adolescents is most often associated with what  
other behavior?

1. Sexual promiscuity
2. Poor body image
3. Dropping out of school
4. Drug experimentation

7. A nurse and client are talking about the client’s progress toward understanding his behavior under stress. This is typical of which phase in the  
therapeutic relationship?

1. Pre-interaction
2. Orientation
3. Working
4. Termination

8. A nurse is eating in the hospital cafeteria when a toddler at a nearby table chokes on a piece of food and appears slightly blue. The appropriate initial  
action should be to

1. Begin mouth to mouth resuscitation
2. Give the child water to help in swallowing
3. Perform 5 abdominal thrusts
4. Call for the emergency response team

9. The emergency room nurse admits a child who experienced a seizure at school. The father comments that this is the first occurrence, and denies any family history of epilepsy. What is the best response by the nurse?

1. “Do not worry. Epilepsy can be treated with medications.”
2. “The seizure may or may not mean your child has epilepsy.”
3. “Since this was the first convulsion, it may not happen again.”
4. “Long term treatment will prevent future seizures.”

10. A nurse admits a 3 week-old infant to the special care nursery with a diagnosis of bronchopulmonary dysplasia. As the nurse reviews the birth  
history, which data would be most consistent with this diagnosis?

1. Gestational age assessment suggested growth retardation
2. Meconium was cleared from the airway at delivery
3. Phototherapy was used to treat Rh incompatibility
4. The infant received mechanical ventilation for 2 weeks

11. Parents of a 6 month-old breast fed baby ask the nurse about increasing the baby’s diet. Which of the following should be added first?

1. Cereal
2. Eggs
3. Meat
4. Juice

12. A victim of domestic violence states, “If I were better, I would not have been beat.” Which feeling best describes what the victim may be experiencing?

1. Fear
2. Helplessness
3. Self-blame
4. Rejection

13. The nurse is assessing the mental status of a client admitted with possible organic brain disorder. Which of these questions will best assess the  
function of the client’s recent memory?

1. “Name the year.” “What season is this?” (pause for answer after each question)
2. “Subtract 7 from 100 and then subtract 7 from that.” (pause for answer) “Now continue to subtract 7 from the new number.”
3. “I am going to say the names of three things and I want you to repeat them after me: blue, ball, pen.”
4. “What is this on my wrist?” (point to your watch) Then ask, “What is the purpose of it?”

14. Which oxygen delivery system would the nurse apply that would provide the highest concentrations of oxygen to the client?

1. Venturi mask
2. Partial rebreather mask
3. Non-rebreather mask
4. Simple face mask

15. A nurse is caring for a client who had a closed reduction of a fractured right wrist followed by the application of a fiberglass cast 12 hours ago. Which finding requires the nurse’s immediate attention?

1. Capillary refill of fingers on right hand is 3 seconds
2. Skin warm to touch and normally colored
3. Client reports prickling sensation in the right hand
4. Slight swelling of fingers of right hand

16. Included in teaching the client with tuberculosis taking INH about follow-up home care, the nurse should emphasize that a laboratory appointment for  
which of the following lab tests is critical?

1. Liver function
2. Kidney function
3. Blood sugar
4. Cardiac enzymes

17. Which client is at highest risk for developing a pressure ulcer?

1. 23 year-old in traction for fractured femur
2. 72 year-old with peripheral vascular disease, who is unable to walk without assistance
3. 75 year-old with left sided paresthesia and is incontinent of urine and stool
4. 30 year-old who is comatose following a ruptured aneurysm

18. Which contraindication should the nurse assess for prior to giving a child immunization?

1. Mild cold symptoms
2. Chronic asthma
3. Depressed immune system
4. Allergy to eggs

19. The nurse is caring for a 2 year-old who is being treated with chelation therapy, calcium disodium edetate, for lead poisoning. The nurse should be  
alert for which of the following side effects?

1. Neurotoxicity
2. Hepatomegaly
3. Nephrotoxicity
4. Ototoxicity

20. A newborn is having difficulty maintaining a temperature above 98 degrees Fahrenheit and has been placed in a warming isolette. Which action  
is a nursing priority?

1. Protect the eyes of the neonate from the heat lamp
2. Monitor the neonate’s temperature
3. Warm all medications and liquids before giving
4. Avoid touching the neonate with cold hands

21. At a senior citizens meeting a nurse talks with a client who has diabetes mellitus Type 1. Which statement by the client during the conversation is  
most predictive of a potential for impaired skin integrity?

1. “I give my insulin to myself in my thighs.”
2. “Sometimes when I put my shoes on I don’t know where my toes are.”
3. “Here are my up and down glucose readings that I wrote on my calendar.”
4. “If I bathe more than once a week my skin feels too dry.”

22. A 4 year-old hospitalized child begins to have a seizure while playing with hard plastic toys in the hallway. Of the following nursing actions, which one should the nurse do first?

1. Place the child in the nearest bed
2. Administer IV medication to slow down the seizure
3. Place a padded tongue blade in the child’s mouth
4. Remove the child’s toys from the immediate area

23. The nurse is at the community center speaking with retired people. To which comment by one of the retirees during a discussion about glaucoma would the nurse give a supportive comment to reinforce correct information?

1. “I usually avoid driving at night since lights sometimes seem to make things blur.”
2. “I take half of the usual dose for my sinuses to maintain my blood pressure.”
3. “I have to sit at the side of the pool with the grandchildren since I can’t swim with this eye problem.”
4. “I take extra fiber and drink lots of water to avoid getting constipated.”

24. The nurse is teaching a parent about side effects of routine immunizations. Which of the following must be reported immediately?

1. Irritability
2. Slight edema at site
3. Local tenderness
4. Temperature of 102.5 F

25. A client is admitted with the diagnosis of pulmonary embolism. While taking a history, the client tells the nurse he was admitted for the same thing twice before, the last time just 3 months ago. The nurse would anticipate the health care provider ordering

1. Pulmonary embolectomy
2. Vena caval interruption
3. Increasing the coumadin therapy to an INR of 3-4
4. Thrombolytic therapy

26. A woman in her third trimester complains of severe heartburn. What is appropriate teaching by the nurse to help the woman alleviate these symptoms?

1. Drink small amounts of liquids frequently
2. Eat the evening meal just before retiring
3. Take sodium bicarbonate after each meal
4. Sleep with head propped on several pillows

27. The nurse is teaching the mother of a 5 month-old about nutrition for her baby. Which statement by the mother indicates the need for further  
teaching?

1. “I’m going to try feeding my baby some rice cereal.”
2. “When he wakes at night for a bottle, I feed him.”
3. “I dip his pacifier in honey so he’ll take it.”
4. “I keep formula in the refrigerator for 24 hours.”

28. For a 6 year-old child hospitalized with moderate edema and mild hypertension associated with acute glomerulonephritis (AGN), which one of the following nursing interventions would be appropriate?

1. Institute seizure precautions
2. Weigh the child twice per shift
3. Encourage the child to eat protein-rich foods
4. Relieve boredom through physical activity

29. Which statement by the client with chronic obstructive lung disease indicates an understanding of the major reason for the use of occasional pursed-lip breathing?

1. “This action of my lips helps to keep my airway open.”
2. “I can expel more when I pucker up my lips to breathe out.”
3. “My mouth doesn’t get as dry when I breathe with pursed lips.”
4. “By prolonging breathing out with pursed lips the little areas in my lungs don’t collapse.”

30. A 57 year-old male client has hemoglobin of 10 mg/dl and a hematocrit of 32%. What would be the most appropriate follow-up by the home care nurse?

1. Ask the client if he has noticed any bleeding or dark stools
2. Tell the client to call 911 and go to the emergency department immediately
3. Schedule a repeat Hemoglobin and Hematocrit in 1 month
4. Tell the client to schedule an appointment with a hematologist

31. Which response by the nurse would best assist the chemically impaired client to deal with issues of guilt?

1. “Addiction usually causes people to feel guilty. Don’t worry, it is a typical response due to your drinking behavior.”
2. “What have you done that you feel most guilty about and what steps can you begin to take to help you lessen this guilt?”
3. “Don’t focus on your guilty feelings. These feelings will only lead you to drinking and taking drugs.”
4. “You’ve caused a great deal of pain to your family and close friends, so it will take time to undo all the things you’ve done.”

32. An adolescent client comes to the clinic 3 weeks after the birth of her first baby. She tells the nurse she is concerned because she has not returned  
to her pre-pregnant weight. Which action should the nurse perform first?

1. Review the client’s weight pattern over the year
2. Ask the mother to record her diet for the last 24 hours
3. Encourage her to talk about her view of herself
4. Give her several pamphlets on postpartum nutrition

33. Which of the following measures would be appropriate for the nurse to teach the parent of a nine month-old infant about diaper dermatitis?

1. Use only cloth diapers that are rinsed in bleach
2. Do not use occlusive ointments on the rash
3. Use commercial baby wipes with each diaper change
4. Discontinue a new food that was added to the infant’s diet just prior to the rash

34. A 16 year-old client is admitted to a psychiatric unit with a diagnosis of attempted suicide. The nurse is aware that the most frequent cause for suicide in adolescents is

1. Progressive failure to adapt
2. Feelings of anger or hostility
3. Reunion wish or fantasy
4. Feelings of alienation or isolation

35. A mother brings her 26 month-old to the well-child clinic. She expresses frustration and anger due to her child’s constantly saying “no” and his refusal  
to follow her directions. The nurse explains this is normal for his age, as negativism is attempting to meet which developmental need?

1. Trust
2. Initiative
3. Independence
4. Self-esteem

36. Following mitral valve replacement surgery a client develops PVC’s. The health care provider orders a bolus of Lidocaine followed by a continuous Lidocaine infusion at a rate of 2 mgm/minute. The IV solution contains 2 grams of Lidocaine in 500 cc’s of D5W. The infusion pump delivers 60 microdrops/cc. What rate would deliver 4 mgm of Lidocaine/minute?

1. 60 microdrops/minute
2. 20 microdrops/minute
3. 30 microdrops/minute
4. 40 microdrops/minute

37. A couple asks the nurse about risks of several birth control methods. What is the most appropriate response by the nurse?

1. Norplant is safe and may be removed easily
2. Oral contraceptives should not be used by smokers
3. Depo-Provera is convenient with few side effects
4. The IUD gives protection from pregnancy and infection

38. The nurse is caring for a client in the late stages of Amyotrophic Lateral Sclerosis (A.L.S.). Which finding would the nurse expect?

1. Confusion
2. Loss of half of visual field
3. Shallow respirations
4. Tonic-clonic seizures

39. A client experiences post partum hemorrhage eight hours after the birth of twins. Following administration of IV fluids and 500 ml of whole blood, her hemoglobin and hematocrit are within normal limits. She asks the nurse whether she should continue to breast feed the infants. Which of the  
following is based on sound rationale?

1. “Nursing will help contract the uterus and reduce your risk of bleeding.”
2. “Breastfeeding twins will take too much energy after the hemorrhage.”
3. “The blood transfusion may increase the risks to you and the babies.”
4. “Lactation should be delayed until the “real milk” is secreted.”

40. A client complained of nausea, a metallic taste in her mouth, and fine hand tremors 2 hours after her first dose of lithium carbonate (Lithane).  
What is the nurse’s best explanation of these findings?

1. These side effects are common and should subside in a few days
2. The client is probably having an allergic reaction and should discontinue the drug
3. Taking the lithium on an empty stomach should decrease these symptoms
4. Decreasing dietary intake of sodium and fluids should minimize the side effects

41. The nurse is caring for a post-surgical client at risk for developing deep vein thrombosis. Which intervention is an effective preventive measure?

1. Place pillows under the knees
2. Use elastic stockings continuously
3. Encourage range of motion and ambulation
4. Massage the legs twice daily

42. The parents of a newborn male with hypospadias want their child circumcised. The best response by the nurse is to inform them that

1. Circumcision is delayed so the foreskin can be used for the surgical repair
2. This procedure is contraindicated because of the permanent defect
3. There is no medical indication for performing a circumcision on any child
4. The procedure should be performed as soon as the infant is stable

43. The nurse is teaching parents about the treatment plan for a 2 weeks-old infant with Tetralogy of Fallot. While awaiting future surgery, the nurse instructs the parents to immediately report

1. Loss of consciousness
2. Feeding problems
3. Poor weight gain
4. Fatigue with crying

44. An infant weighed 7 pounds 8 ounces at birth. If growth occurs at a normal rate, what would be the expected weight at 6 months of age?

1. Double the birth weight
2. Triple the birth weight
3. Gain 6 ounces each week
4. Add 2 pounds each month

45. The nurse is caring for a 13 year-old following spinal fusion for scoliosis. Which of the following interventions is appropriate in the immediate post-operative period?

1. Raise the head of the bed at least 30 degrees
2. Encourage ambulation within 24 hours
3. Maintain in a flat position, logrolling as needed
4. Encourage leg contraction and relaxation after 48 hours

46. A client asks the nurse about including her 2 and 12 year-old sons in the care of their newborn sister. Which of the following is an appropriate initial  
statement by the nurse?

1. “Focus on your sons’ needs during the first days at home.”
2. “Tell each child what he can do to help with the baby.”
3. “Suggest that your husband spend more time with the boys.”
4. “Ask the children what they would like to do for the newborn.”

47. A nurse is caring for a 2 year-old child after corrective surgery for Tetralogy of Fallot. The mother reports that the child has suddenly begun seizing. The nurse recognizes this problem is probably due to

1. A cerebral vascular accident
2. Postoperative meningitis
3. Medication reaction
4. Metabolic alkalosis

48. A client with schizophrenia is receiving Haloperidol (Haldol) 5 mg t.i.d.. The client’s family is alarmed and calls the clinic when “his eyes rolled upward.” The nurse recognizes this as what type of side effect?

1. Oculogyric crisis
2. Tardive dyskinesia
3. Nystagmus
4. Dysphagia

49. A home health nurse is at the home of a client with diabetes and arthritis. The client has difficulty drawing up insulin. It would be most appropriate for the nurse to refer the client to

1. A social worker from the local hospital
2. An occupational therapist from the community center
3. A physical therapist from the rehabilitation agency
4. Another client with diabetes mellitus and takes insulin

50. A client was admitted to the psychiatric unit after complaining to her friends and family that neighbors have bugged her home in order to hear all  
of her business. She remains aloof from other clients, paces the floor and believes that the hospital is a house of torture. Nursing interventions for the client should appropriately focus on efforts to

1. Convince the client that the hospital staff is trying to help
2. Help the client to enter into group recreational activities
3. Provide interactions to help the client learn to trust staff
4. Arrange the environment to limit the client’s contact with other clients

51. A client is scheduled for a percutaneous transluminal coronary angioplasty (PTCA). The nurse knows that a PTCA is the

1. Surgical repair of a diseased coronary artery
2. Placement of an automatic internal cardiac defibrillator
3. Procedure that compresses plaque against the wall of the diseased coronary artery to improve blood flow
4. Non-invasive radiographic examination of the heart

52. A newborn has been diagnosed with hypothyroidism. In discussing the condition and treatment with the family, the nurse should emphasize

1. They can expect the child will be mentally retarded
2. Administration of thyroid hormone will prevent problems
3. This rare problem is always hereditary
4. Physical growth/development will be delayed

53. A priority goal of involuntary hospitalization of the severely mentally ill client is

1. Re-orientation to reality
2. Elimination of symptoms
3. Protection from harm to self or others
4. Return to independent functioning

54. A 19 year-old client is paralyzed in a car accident. Which statement used by the client would indicate to the nurse that the client was using the  
mechanism of “suppression”?

1. “I don’t remember anything about what happened to me.”
2. “I’d rather not talk about it right now.”
3. “It’s the other entire guy’s fault! He was going too fast.”
4. “My mother is heartbroken about this.”

55. The nurse is caring for a woman 2 hours after a vaginal delivery. Documentation indicates that the membranes were ruptured for 36 hours prior to delivery. What are the priority nursing diagnoses at this time?

1. Altered tissue perfusion
2. Risk for fluid volume deficit
3. High risk for hemorrhage
4. Risk for infection

56. A 3 year-old had a hip spica cast applied 2 hours ago. In order to facilitate drying, the nurse should

1. Expose the cast to air and turn the child frequently
2. Use a heat lamp to reduce the drying time
3. Handle the cast with the abductor bar
4. Turn the child as little as possible

57. A client is scheduled for an Intravenous Pyelogram (IVP). In order to prepare the client for this test, the nurse would:

1. Instruct the client to maintain a regular diet the day prior to the examination
2. Restrict the client’s fluid intake 4 hours prior to the examination
3. Administer a laxative to the client the evening before the examination
4. Inform the client that only 1 x-ray of his abdomen is necessary

58. Following a diagnosis of acute glomerulonephritis (AGN) in their 6 year-old child, the parent’s remark: “We just don’t know how he caught the disease!” The nurse’s response is based on an understanding that

1. AGN is a streptococcal infection that involves the kidney tubules
2. The disease is easily transmissible in schools and camps
3. The illness is usually associated with chronic respiratory infections
4. It is not “caught” but is a response to a previous B-hemolytic strep infection

59. The nurse is caring for a 20 lbs (9 kg) 6 month-old with a 3 day history of diarrhea, occasional vomiting and fever. Peripheral intravenous therapy  
has been initiated, with 5% dextrose in 0.33% normal saline with 20 mEq of potassium per liter infusing at 35 ml/hr. Which finding should be reported to the health care provider immediately?

1. 3 episodes of vomiting in 1 hour
2. Periodic crying and irritability
3. Vigorous sucking on a pacifier
4. No measurable voiding in 4 hours

60. While caring for the client during the first hour after delivery, the nurse determines that the uterus is boggy and there is vaginal bleeding. What should be the nurse’s first action?

1. Check vital signs
2. Massage the fundus
3. Offer a bedpan
4. Check for perineal lacerations

61. The nurse is assessing an infant with developmental dysplasia of the hip. Which finding would the nurse anticipate?

1. Unequal leg length
2. Limited adduction
3. Diminished femoral pulses
4. Symmetrical gluteal folds

62. To prevent a valsalva maneuver in a client recovering from an acute myocardial infarction, the nurse would

1. Assist the client to use the bedside commode
2. Administer stool softeners every day as ordered
3. Administer antidysrhythmics prn as ordered
4. Maintain the client on strict bed rest

63. On admission to the psychiatric unit, the client is trembling and appears fearful. The nurse’s initial response should be to

1. Give the client orientation materials and review the unit rules and regulations
2. Introduce him/her and accompany the client to the client’s room
3. Take the client to the day room and introduce her to the other clients
4. Ask the nursing assistant to get the client’s vital signs and complete the admission search

64. During the admission assessment on a client with chronic bilateral glaucoma, which statement by the client would the nurse anticipate since it is  
associated with this problem?

1. “I have constant blurred vision.”
2. “I can’t see on my left side.”
3. “I have to turn my head to see my room.”
4. “I have specks floating in my eyes.”

65. A client with asthma has low pitched wheezes present on the final half of exhalation. One hour later the client has high pitched wheezes extending throughout exhalation. This change in assessment indicates to the nurse that the client

1. Has increased airway obstruction
2. Has improved airway obstruction
3. Needs to be suctioned
4. Exhibits hyperventilation

66. Which behavioral characteristic describes the domestic abuser?

1. Alcoholic
2. Over confident
3. High tolerance for frustrations
4. Low self-esteem

67. The nurse is caring for a client with a long leg cast. During discharge teaching about appropriate exercises for the affected extremity, the nurse  
should recommend

1. Isometric
2. Range of motion
3. Aerobic
4. Isotonic

68. A client is in her third month of her first pregnancy. During the interview, she tells the nurse that she has several sex partners and is unsure of the  
identity of the baby’s father. Which of the following nursing interventions is a priority?

1. Counsel the woman to consent to HIV screening
2. Perform tests for sexually transmitted diseases
3. Discuss her high risk for cervical cancer
4. Refer the client to a family planning clinic

69. A 16 month-old child has just been admitted to the hospital. As the nurse assigned to this child enters the hospital room for the first time, the toddler  
runs to the mother, clings to her and begins to cry. What would be the initial action by the nurse?

1. Arrange to change client care assignments
2. Explain that this behavior is expected
3. Discuss the appropriate use of “time-out”
4. Explain that the child needs extra attention

70. While planning care for a 2 year-old hospitalized child, which situation would the nurse expect to most likely affect the behavior?

1. Strange bed and surroundings
2. Separation from parents
3. Presence of other toddlers
4. Unfamiliar toys and games

71. While explaining an illness to a 10 year-old, what should the nurse keep in mind about the cognitive development at this age?

1. They are able to make simple association of ideas
2. They are able to think logically in organizing facts
3. Interpretation of events originate from their own perspective
4. Conclusions are based on previous experiences

72. The nurse is has just admitted a client with severe depression. From which focus should the nurse identify a prioriy nursing diagnosis?

1. Nutrition
2. Elimination
3. Activity
4. Safety

73. Which playroom activities should the nurse organize for a small group of 7 year-old hospitalized children?

1. Sports and games with rules
2. Finger paints and water play
3. “Dress-up” clothes and props
4. Chess and television programs

74. A client is discharged following hospitalization for congestive heart failure. The nurse teaching the family suggests they encourage the client to rest frequently in which of the following positions?

1. High Fowler’s
2. Supine
3. Left lateral
4. Low Fowler’s

75. The nurse is caring for a 10 year-old on admission to the burn unit. One assessment parameter that will indicate that the child has adequate fluid  
replacement is

1. Urinary output of 30 ml per hour
2. No complaints of thirst
3. Increased hematocrit
4. Good skin turgor around burn

**Answers and Rationales**

1. **The correct answer is D: Coronary artery aneurysms.**Kawasaki Disease involves all the small and medium-sized blood vessels. There is progressive inflammation of the small vessels which progresses to the medium-sized muscular arteries, potentially damaging the walls and leading to coronary artery aneurysms.
2. **The correct answer is B: “Would you please clarify what you have written so I am sure I am reading it correctly?”**Assertive communication respects the rights and responsibilities of both parties. This statement is an honest expression of concern for safe practice and a request for clarification without self-depreciation. It reflects the right of the professional to give and receive information.
3. **The correct answer is C: Use patience and a sense of humor to deal with this behavior.**The nurse should help the parents see the negativism as a normal growth of autonomy in the toddler. They can best handle the negative toddler by using patience and humor.
4. **The correct answer is B: “Do you become short of breath during your normal daily activities?”.**These are the symptoms of right-sided heart failure, which causes increased pressure in the systemic venous system. To equalize this pressure, the fluid shifts into the interstitial spaces causing edema. Because of gravity, the lower extremities are first affected in an ambulatory patient. This question would elicit information to confirm the nursing diagnosis of activity intolerance and fluid volume excess both associated with right-sided heart failure.
5. **The correct answer is C: Administer analgesic therapy as ordered.**The main general objectives in the treatment of a sickle cell crisis is bed rest, hydration, electrolyte replacement, analgesics for pain, blood replacement and antibiotics to treat any existing infection.
6. **The correct answer is B: Poor body image.**As the adolescent gains weight, there is a lessening sense of self esteem and poor body image.
7. **The correct answer is C: Working.**During the working phase alternative behaviors and techniques are explored. The nurse and the client discuss the meaning behind the behavior.
8. **The correct answer is C: Perform 5 abdominal thrusts.**At this age, the most effective way to clear the airway of food is to perform abdominal thrusts.
9. **The correct answer is B: “The seizure may or may not mean your child has epilepsy.”.**There are many possible causes for a childhood seizure. These include fever, central nervous system conditions, trauma, metabolic alterations and idiopathic (unknown).
10. **The correct answer is D: The infant received mechanical ventilation for 2 weeks.**Bronchopulmonary dysplasia is an iatrogenic disease caused by therapies such as use of positive-pressure ventilation used to treat lung disease.
11. **The correct answer is A: Cereal.**The guidelines of the American Academy of Pediatrics recommend that one new food be introduced at a time, beginning with strained cereal.
12. **The correct answer is C: Self-blame.**Domestic violence victims may be immobilized by a variety of affective responses, one being self-blame. The victim believes that a change in their behavior will cause the abuser to become nonviolent, which is a myth.
13. **The correct answer is C:** **“I am going to say the names of three things and I want you to repeat them after me: blue, ball, pen.”**
14. **The correct answer is C:**The non-rebreather mask has a one-way valve that prevents exhales air from entering the reservoir bag and one or more valves covering the air holes on the face mask itself to prevent inhalation of room air but to allow exhalation of air. When a tight seal is achieved around the mask up to 100% of oxygen is available.
15. **The correct answer is C:** Prickling sensation is an indication of compartment syndrome and requires immediate action by the nurse. The other findings are normal for a client in this situation.
16. **The correct answer is A: INH can cause hepatocellular injury and hepatitis.**This side effect is age-related and can be detected with regular assessment of liver enzymes, which are released into the blood from damaged liver cells.
17. **The correct answer is C: .**Risk factors for pressure ulcers include: immobility, absence of sensation, decreased LOC, poor nutrition and hydration, skin moisture, incontinence, increased age, decreased immune response. This client has the greatest number of risk factors.
18. **The correct answer is C:** Children who have a depressed immune system related to HIV or chemotherapy should not be given routine immunizations.
19. **The correct answer is C:**Nephrotoxicity is a common side effect of calcium disodium edetate, in addition to lead poisoning in general.
20. **The correct answer is B:** When using a warming device the neonate’s temperature should be continuously monitored for undesired elevations. The use of heat lamps is not safe as there is no way to regulate their temperature. Warming medications and fluids is not indicated. While touching with cold hands can startle the infant it does not pose a safety risk.
21. **The correct answer is B:**Peripheral neuropathy can lead to lack of sensation in the lower extremities. Clients do not feel pressure and/or pain and are at high risk for skin impairment.
22. **The correct answer is D**:Nursing care for a child having a seizure includes, maintaining airway patency, ensuring safety, administering medications, and providing emotional support. Since the seizure has already started, nothing should be forced into the child”s mouth and they should not be moved. Of the choices given, first priority would be for safety.
23. **The correct answer is D**:Any activity that involves straining should be avoided in clients with glaucoma. Such activities would increase intraocular pressure.
24. **The correct answer is D**:An adverse reaction of a fever should be reported immediately. Other reactions that should be reported include crying for > 3 hours, seizure activity, and tender, swollen, reddened areas.
25. **The correct answer is B**:Clients with contraindications to heparin, recurrent PE or those with complications related to the medical therapy may require vena caval interruption by the placement of a filter device in the inferior vena cava. A filter can be placed transvenously to trap clots before they travel to the pulmonary circulation.
26. **The correct answer is D**:Heartburn is a burning sensation caused by regurgitation of gastric contents that is best relieved by sleeping position, eating small meals, and not eating before bedtime.
27. T**he correct answer is C**:Honey has been associated with infant botulism and should be avoided. Older children and adults have digestive enzymes that kill the botulism spores.
28. **The correct answer is A: Institute seizure precautions.**The severity of the acute phase of AGN is variable and unpredictable; therefore, a child with edema, hypertension, and gross hematuria may be subject to complications and anticipatory preparation such as seizure precautions are needed.
29. **The correct answer is D**: **“By prolonging breathing out with pursed lips my little areas in my lungs don”t collapse.”**Clients with chronic obstructive pulmonary disease have difficulty exhaling fully as a result of the weak alveolar walls from the disease process . Alveolar collapse can be avoided with the use of pursed-lip breathing. This is the major reason to use it. The other options are secondary effects of purse-lip breathing.
30. **The correct answer is A: Ask the client if he has noticed any bleeding or dark stools.**Normal hemoglobin for males is 13.0 – 18 g/100 ml. Normal hemotocrit for males is 42 – 52%. These values are below normal and indicate mild anemia. The first thing the nurse should do is ask the client if he”s noticed any bleeding or change in stools that could indicate bleeding from the GI tract.
31. **The correct answer is B: “What have you done that you feel most guilty about and what steps can you begin to take to help you lessen this guilt?”**This response encourages the client to get in touch with their feelings and utilize problem solving steps to reduce guilt feelings.
32. **The correct answer is C: Encourage her to talk about her view of herself.**To an adolescent, body image is very important. The nurse must acknowledge this before assessment and teaching.
33. **The correct answer is D: Discontinue a new food that was added to the infant”s diet just prior to the rash.**The addition of new foods to the infant”s diet may be a cause of diaper dermatitis.
34. **The correct answer is D: Feelings of alienation or isolation.**The isolation may occur gradually resulting in a loss of all meaningful social contacts. Isolation can be self imposed or can occur as a result of the inability to express feelings. At this stage of development it is important to achieve a sense of identity and peer acceptance.
35. **The correct answer is C: Independence.**In Erikson’s theory of development, toddlers struggle to assert independence. They often use the word “no” even when they mean yes. This stage is called autonomy versus shame and doubt.
36. **The correct answer is A: 60 microdrops/minute**

2 gm=2000 mgm  
2000 mgm/500 cc = 4 mgm/x cc  
2000x = 2000  
x= 2000/2000 = 1 cc of IV solution/minute  
CC x 60 microdrops = 60 microdrops/minute

1. **The correct answer is B: Oral contraceptives should not be used by smokers.**The use of oral contraceptives in a pregnant woman who smokes increases her risk of cardiovascular problems, such as thromboembolic disorders.
2. **The correct answer is C: Shallow respirations.**A.L.S. is a chronic progressive disease that involves degeneration of the anterior horn of the spinal cord as well as the corticospinal tracts. When the intercostal muscles and diaphragm become involved, the respirations become shallow and coughing is ineffective.
3. **The correct answer is A: “Nursing will help contract the uterus and reduce your risk of bleeding.”**Stimulation of the breast during nursing releases oxytocin, which contracts the uterus. This contraction is especially important following hemorrhage.
4. **The correct answer is A: These side effects are common and should subside in a few days.**Nausea, metallic taste and fine hand tremors are common side effects that usually subside within days.
5. **The correct answer is C: Encourage range of motion and ambulation.**Mobility reduces the risk of deep vein thrombosis in the post-surgical client and the adult at risk.
6. **The correct answer is A: Circumcision is delayed so the foreskin can be used for the surgical repair.**Even if mild hypospadias is suspected, circumcision is not done in order to save the foreskin for surgical repair, if needed.
7. **The correct answer is A: Loss of consciousness.**While parents should report any of the observations, they need to call the health care provider immediately if the level of alertness changes. This indicates anoxia, which may lead to death. The structural defects associated with Tetralogy of Fallot include pulmonic stenosis, ventricular septal defect, right ventricular hypertrophy and overriding of the aorta. Surgery is often delayed, or may be performed in stages.
8. **The correct answer is A: Double the birth weight.**Although growth rates vary, infants normally double their birth weight by 6 months.
9. **The correct answer is C: Maintain in a flat position, logrolling as needed.**The bed should remain flat for at least the first 24 hours to prevent injury. Logrolling is the best way to turn for the client while on bed rest.
10. **The correct answer is A: “Focus on your sons” needs during the first days at home.”**In an expanded family, it is important for parents to reassure older children that they are loved and as important as the newborn.
11. **The correct answer is A: A cerebral vascular accident.**Polycythemia occurs as a physiological reaction to chronic hypoxemia which commonly occurs in clients with Tetralogy of Fallot. Polycythemia and the resultant increased viscosity of the blood increase the risk of thromboembolic events. Cerebrovascular accidents may occur. Signs and symptoms include sudden paralysis, altered speech, extreme irritability or fatigue, and seizures.
12. **The correct answer is A: Oculogyric crisis.**This refers to involuntary muscles spasm of the eye.
13. **The correct answer is B: An occupational therapist from the community center.**An occupational therapist can assist a client to improve the fine motor skills needed to prepare an insulin injection.
14. **The correct answer is C: Provide interactions to help the client learn to trust staff.**This establishes trust, facilitates a therapeutic alliance between staff and client.
15. **The correct answer is C:** **Procedure that compresses plaque against the wall of the diseased coronary artery to improve blood flow.**PTCA is performed to improve coronary artery blood flow in a diseased artery. It is performed during a cardiac catheterization. Aorta coronary bypass Graft is the surgical procedure to repair a diseased coronary artery.
16. **The correct answer is B: Administration of thyroid hormone will prevent problems.**Early identification and continued treatment with hormone replacement corrects this condition.
17. **The correct answer is C: Protection from self-harm and harm to others.**Involuntary hospitalization may be required for persons considered dangerous to self or others or for individuals who are considered gravely disabled.
18. **The correct answer is A: “I don”t remember anything about what happened to me.”**Suppression is willfully putting an unacceptable thought or feeling out of one’s mind. A deliberate exclusion “voluntary forgetting” is generally used to protect one’s own self esteem.
19. **The correct answer is D: Risk for infection.**Membranes ruptured over 24 hours prior to birth greatly increases the risk of infection to both mother and the newborn.
20. **The correct answer is A: Expose the cast to air and turn the child frequently.**The child should be turned every 2 hours, with surface exposed to the air.
21. **The correct answer is C: Administer a laxative to the client the evening before the examination.**Bowel prep is important because it will allow greater visualization of the bladder and ureters.
22. **The correct answer is D: It is not “caught” but is a response to a previous B-hemolytic strep infection.**AGN is generally accepted as an immune-complex disease in relation to an antecedent streptococcal infection of 4 to 6 weeks prior, and is considered as a noninfectious renal disease.
23. **The correct answer is D: No measurable voiding in 4 hours.**The concern is possible hyperkalemia, which could occur with continued potassium administration and a decrease in urinary output since potassium is excreted via the kidneys.
24. **The correct answer is B: Massage the fundus.**The nurse’s first action should be to massage the fundus until it is firm as uterine atony is the primary cause of bleeding in the first hour after delivery.
25. **The correct answer is A: Unequal leg length.**Shortening of a leg is a sign of developmental dysplasia of the hip.
26. **The correct answer is B: Administer stool softeners every day as ordered.**Administering stool softeners every day will prevent straining on defecation which causes the Valsalva maneuver. If constipation occurs then laxatives would be necessary to prevent straining. If straining on defecation produced the valsalva maneuver and rhythm disturbances resulted then antidysrhythmics would be appropriate.
27. **The correct answer is B: Introduce him/herself and accompany the client to the client’s room.**Anxiety is triggered by change that threatens the individual’s sense of security. In response to anxiety in clients, the nurse should remain calm, minimize stimuli, and move the client to a calmer, more secure/safe setting.
28. **The correct answer is C: “I have to turn my head to see my room.”.**Intraocular pressure becomes elevated which slowly produces a progressive loss of the peripheral visual field in the affected eye along with rainbow halos around lights. Intraocular pressure becomes elevated from the microscopic obstruction of the trabeculae meshwork. If left untreated or undetected blindness results in the affected eye.
29. **The correct answer is A: Has increased airway obstruction.**The higher pitched a sound is, the more narrow the airway. Therefore, the obstruction has increased or worsened. With no evidence of secretions no support exists to indicate the need for suctioning.
30. **The correct answer is D: Low self-esteem.**Batterers are usually physically or psychologically abused as children or have had experiences of parental violence. Batterers are also manipulative, have a low self-esteem, and have a great need to exercise control or power-over partner.
31. **The correct answer is A: Isometric.**The nurse should instruct the client on isometric exercises for the muscles of the casted extremity, i.e., instruct the client to alternately contract and relax muscles without moving the affected part. The client should also be instructed to do active range of motion exercises for every joint that is not immobilized at regular and frequent intervals.
32. **The correct answer is A: Counsel the woman to consent to HIV screening.**The client”s behavior places her at high risk for HIV. Testing is the first step. If the woman is HIV positive, the earlier treatment begins, the better the outcome.
33. **The correct answer is B: Explain that this behavior is expected.**During normal development, fear of strangers becomes prominent beginning around age 6-8 months. Such behaviors include clinging to parent, crying, and turning away from the stranger. These fears/behaviors extend into the toddler period and may persist into preschool.
34. **The correct answer is B: Separation from parents.**Separation anxiety if most evident from 6 months to 30 months of age. It is the greatest stress imposed on a toddler by hospitalization. If separation is avoided, young children have a tremendous capacity to withstand other stress.
35. **The correct answer is B: Think logically in organizing facts.**The child in the concrete operations stage, according to Piaget, is capable of mature thought when allowed to manipulate and organize objects.
36. **The correct answer is D: Safety.**Safety is a priority of care for the depressed client. Precautions to prevent suicide must be a part of the plan.
37. **The correct answer is A: Sports and games with rules.**The purpose of play for the 7 year-old is cooperation. Rules are very important. Logical reasoning and social skills are developed through play.
38. **The correct answer is A: High Fowler”s.**Sitting in a chair or resting in a bed in high Fowler”s position decreases the cardiac workload and facilitates breathing.
39. **The correct answer is A: Urinary output of 30 ml per hour.**For a child of this age, this is adequate output, yet does not suggest overload.

The nurse would evaluate that the client understands his home care instructions after scleral buckling for a detached retina if he says his activity should include:

1. Avoiding abrupt movements of the head
2. Exercising the eye muscles each day
3. Turning the entire head rather than just the eyes for sight
4. Avoiding activities requiring good depth perception

2. Lomotil has been prescribed to treat a client’s diarrhea. The nurse should teach the client to report which of the following common side effects?

1. Urinary retention
2. Diaphoresis
3. Hypotension
4. Lethargy

3. Nitroglycerin is also available in ointment or paste form. Before applying nitroglycerin ointment, the nurse should:

1. Cleanse the skin with alcohol where the ointment will be placed.
2. Obtain the client’s pulse rate and rhythm
3. Remove the ointment previously applied
4. Instruct the client to expect pain relief in the next 15 minutes

4. While a client with hypertension is being assessed, he says to the nurse, “I really don’t know why I am here. I feel fine and haven’t had any  symptoms.” The nurse would explain to the client that symptoms of hypertension:

1. Are often not present
2. Signify a high risk of stroke
3. Occur only with malignant hypertension
4. Appear after irreversible kidney damage has occurred

5. For a neurologically injured client, the nurse would best assess motor strength by:

1. Comparing equality of hand grasps
2. Observing spontaneous movements
3. Observing the client feed himself
4. Asking him to signal if he feels pressure applied to his feet

6. Morphine 8 mg IM has been ordered for a client. The ampule label reads 15 mg/mL. How many milliliters will the nurse give?

1. 0.45 mL
2. 0.53 mL
3. 0.66 mL
4. 0.75 mL

7. The correct procedure for auscultating the client’s abdomen for bowel sounds would include:

1. Palpating the abdomen first to determine correct stethoscope placement
2. Encouraging the client to cough to stimulate movement of fluid and air through the abdomen
3. Placing the client on the left side to aid auscultation
4. Listening for 5minutes in all four quadrants to confirm absence of bowel sound

8. A client is admitted to the hospital with a diagnosis of a right hip fracture. She complains of right hip pain and cannot move her right leg. Which of  
the following assessments made by the nurse indicates that the client has a typical sign of hip fracture? The client’s right leg is:

1. Rotated internally
2. Held in a flexed position
3. Adducted
4. Shorter than the leg on the unaffected side

9. The nurse assesses the client’s understanding of the relationship between body position and gastroesophageal reflux. Which response would indicate  
that the client understands measures to avoid problems with reflux while sleeping?

1. I can elevate the foot of the bed 4 to 6 inches
2. I can sleep on my stomach with my head turned to the left
3. I can sleep on my back without a pillow under my head
4. I can elevate the head of the bed 4 to 6 inches

10.  Which of the following would be an appropriate nursing diagnosis for a hospitalized client with bacterial pneumonia and shortness of breath?

1. Ineffective cardiopulmonary tissue perfusion related to myocardial damage
2. Risk for self-care deficit related to fatigue
3. Deficient fluid volume related to nausea and vomiting
4. Disturbed thought processes related to inadequate relief of chest pain

11.  Theophylline ethylenediamide is administered to a client with COPD to:

1. Reduce bronchial secretions
2. Relax bronchial smooth muscle
3. Strengthen myocardial contractions
4. Decrease alveolar elasticity

12.  Which of the following lab results would be unexpected in a client with chronic renal failure?

1. Serum potassium 6.0 mEq/L
2. Serum creatinine 9 mg/dL
3. BUN 15 mg/dL
4. Serum phosphate 5.2 mg/dL.

13. Which of the following criteria are acceptable for a rescuer to discontinue CPR?

1. When it is obvious that the victim will not survive
2. When the rescuer is exhausted
3. After 30 minutes of CPR without a pulse rate
4. When the family requests discontinuation

14. A client is scheduled to undergo an abdominal perineal resection with a permanent colostomy. Which of the following measures would be an anticipated part of the client’s preoperative care?

1. Keep the client NPO for 24 hrs before surgery
2. Administer neomycin sulfate the evening before surgery
3. Inform the client that total parenteral nutrition will likely be implemented after surgery
4. Advise the client to limit physical activity

15.  The nurse notes that the client’s urinary appliance contains yellow urine with large amounts of mucus. How would the nurse best interpret these data?

1. The client is developing an infection of the urinary tract
2. The mucus is caused by elevated levels of glucose in the urine
3. These findings are normal for a client with an ileal conduit
4. There is irritation of the stoma

16.  Which of the following assessments would be important for the nurse to make to determine whether or not a client is recovering as expected from  
spinal anesthesia?

1. Level of consciousness
2. Rate and depth of respirations
3. Rate of capillary refill in the toes
4. Degree of response to pinpricks in the legs and toes

17.  A client with iron-deficiency anemia is prescribed liquid iron supplements. The nurse evaluates the client’s understanding of how to take this drug. Which of the following statements indicates the client has adequate knowledge?

1. I can use antidiarrheal drugs if I develop diarrhea
2. I will report any black stools to the physician
3. I will check my gums for any bleeding
4. I will dilute the medication and drink it with a straw

18.  The nurse has instructed the client about the correct positioning of his leg and hip following hip replacement surgery. Which of the following statements indicate that the client has understood these instructions?

1. I may cross my legs as long as I keep my knees extended
2. I should avoid bending over to tie my shoes
3. I can sit in any chair that I find comfortable
4. I should avoid any unnecessary walking for about 3 months after my surgery

19.  Clients with diabetes mellitus require frequent vision assessment. The nurse should instruct the client about which of the following eye problems most likely to be associated with diabetes mellitus?

1. Cataracts
2. Retinopathy
3. Astigmatism
4. Glaucoma

20.  An autograft is taken from the client’s left leg. The nurse should care for the donor site by:

1. Covering it with an occlusive dry dressing
2. Keeping the site clean and dry
3. Applying a pressure dressing
4. Wrapping the extremity with an elastic bandage

21.  Which of the following categories of medications would the nurse anticipate being included in the conservative management of a client with a herniated lumbar disk?

1. Muscle relaxant
2. Sedatives
3. Tranquilizers
4. Parenteral analgesics

22.  The client has a nursing diagnosis of Constipation related to decreased mobility secondary to traction. A care plan that incorporates which of the following breakfasts would be most helpful in reestablishing a normal bowel routine?

1. Eggs and bacon, buttered white toast, orange juice and coffee
2. Corn flakes with sliced banana, milk and English muffin with jelly
3. Orange juice, breakfast pastries (doughnut and Danish) and coffee
4. An orange, raisin bran and milk, and wheat toast with butter

23.  A client has been placed on levodopa to treat Parkinson’s disease.  Which of the following is a common side effects of levodopa that the nurse should include in the client’s teaching plan?

1. Pancytopenia
2. Peptic ulcer
3. Postural hypotension
4. Weight loss

24.  The client would be experiencing a typical symptom of Meniere’s disease if, before an attack, he experienced:

1. A severe headache
2. Blurred vision
3. Nausea
4. A feeling of inner ear fullness

25.  Which of the following observations should the postanesthesia care unit (PACU) nurse plan to make first when the client who has had a modified radical mastectomy returns from the operating room?

1. Obtaining and recording vital signs
2. Observing that drainage tubes are patent and functioning
3. Ensuring that the client’s airway is free of obstruction
4. Checking the client’s dressings for drainage

26.  The classic signs and symptoms of rheumatoid arthritis include which of the following?

1. Pain on weight-bearing, rash and low-grade fever
2. Joint swelling, joint stiffness in the morning and bilateral joint movement
3. Crepitus, development of Heberden’s nodes and anemia
4. Fatigue, leucopenia and joint pain

27.  Nursing measures for the client who has had an MI include helping the client to avoid activity that results in Valsalva’s maneuver. Valsalva’s maneuver may cause cardiac dysrhythmias, increased venous pressure, increased intrathoracic pressure and thrombi dislodgement. Which of the following actions would help prevent Valsalva’s maneuver? Have the client:

1. Assume a side-lying position
2. Clench her teeth while moving in bed
3. Drink fluids through a straw
4. Avoid holding her breath during activity

28.  A client is scheduled for radical neck surgery and a total laryngectomy. During the preoperative teaching, the nurse should prepare the client for  which of the following postoperative possibilities?

1. Endotracheal intubation
2. Insertion of laryngectomy tube
3. Immediate speech therapy
4. Gastrostomy tube

29.  The client is being taught to self-administer insulin. Learning goals most likely will be attained when they are established by the:

1. Nurse and client because both need to be responsible for teaching
2. Physician and client because the physician is the manager of care and the client is the main participant
3. Client because the client is best able to identify his or her own needs and how to meet those needs
4. Client, nurse and physician so the client can participate in planning care with the nurse and physician

30.   Which statement by the client with rheumatoid arthritis would indicate that she needs additional teaching to safely receive the maximum benefit  
of her aspirin therapy?

1. I always take aspirin with food to protect my stomach
2. Once I learned to take aspirin with meals, I was able to start using the inexpensive generic brand
3. I always watch for bleeding gums or blood in my stool
4. I try to take aspirin only on days when the pain seems particularly bad

31.  A client has stress incontinence has been given a pamphlet that describes Kegel exercises. Which of the following statements indicates to the nurse that the client has understood the instructions contained in the pamphlet?

1. I should perform these exercises every evening
2. It will probably take a year before the exercises are effective
3. I can do these exercises sitting up, lying down or standing
4. I need to tighten my abdominal muscles to do these exercises correctly

32.  The development of laryngeal cancer is most clearly linked to which of the following factors?

1. High-fat, low-fiber diet
2. Alcohol and tobacco use
3. Low socioeconomic status
4. Overuse of artificial sweeteners

33.  Oxtriphylline (Choledyl SA) 0.2 g has been ordered. Available tablets are 100mg. How many tablets should be given?

1. 0.5 tablets
2. 2.0 tablets
3. 2.5 tablets
4. 5.0 tablets

34.  The most common causes of megaloblastic, macrocytic anemias are:

1. Folate or vitamin B deficiency
2. Chronic disease
3. Iron deficiency
4. Infection

35.  Which of the following nutrients provides a little over half of the energy needed during sleep?

1. Protein
2. Carbohydrate
3. Fat
4. Water

36.  An anticipated outcome for the client after cataract removal surgery would include which of the following?

1. The client states her vision is clear
2. The client states her infection is under control
3. The client describes methods to prevent an increase in intraocular pressure
4. The client states she is able to administer parenteral pain medication

37.  The nurse understands that Hodgkin’s disease is suspected when a client presents with a painless, swollen lymph node. Hodgkin’s disease typically affects people in which age group?

1. Children (ages 6-12 years)
2. Teenagers (ages 13-20 years)
3. Young adults (ages 21-40 years)
4. Older adults (ages 41-50 years)

38.  The nurse notes the following assessment findings regarding the client’s peripheral vascular status: cramping leg pain relieved by rest; cool, pale  feet; and delayed capillary refilling. Based on these data, the nurse would make a nursing diagnosis of:

1. Impaired skin integrity
2. Impaired gas exchange
3. Ineffective peripheral tissue perfusion
4. Impaired physical mobility

39.  The client with urinary tract infection is given a prescription for trimethoprim (Bactrim-DS) for her infection. Which of the following statements would indicate that she understands the principles of antibiotic therapy?

1. I’ll take the pills until I feel better and keep the rest for recurrences
2. I’ll take all the pills then return to my doctor
3. I’ll take the pills until the symptoms go away then reduce the dose to one pill a day
4. I’ll take all the pills then have the prescription renewed once

40.  Which of the following clients would the nurse expect to be at highest risk for developing a urinary tract infection?

1. Woman who has delivered two children vaginally
2. Man with an indwelling urinary catheter for incontinence
3. Man with a past medical history of renal calculi
4. Woman with well-controlled diabetes mellitus

41.  When bandaging the burned client’s hand, the nurse should make certain that:

1. The bandage is free of elastic
2. The hand and finger surfaces do not touch
3. The hand and fingers are not elevated above heart level
4. The bandage material is moistened with sterile normal saline solution

42.  The nurse is caring for a client who has a history of aplastic anemia. Which of the following data from the nursing history indicates that the anemia is not being managed effectively?

1. Pallor of skin and mucous membranes
2. Heart rate of 68 bpm, bounding pulse
3. Blood pressure of 146/90 mm Hg
4. Poor skin turgor

43.  A client is learning about caring for her ileostomy. Which of the following statements would indicate that she understands how to care for her ileostomy pouch?

1. I’ll empty my pouch when it’s about one-third full
2. I can take my pouch off at night
3. I should change my pouch immediately after lunch
4. I must apply a new pouch system every day

44.  A client’s laboratory tests indicate that the client has hypocalcemia. Which of the following symptoms should the nurse look for in the client?

1. Flushed skin
2. Depressed reflexes
3. Tingling in extremities
4. Diarrhea

45.  Which of the following symptoms would the nurse most likely observe in a client with cholecystitis from cholelithiasis?

1. Black stools
2. Nausea after ingestion of high fat foods
3. Elevated temperature of 103 F (39.4 C)
4. Decreased WBC count

46.  Pain control is an important nursing goal for the client with pancreatitis. Which of the following medications would the nurse plan to administer in this situation?

1. Meperidine hydrochloride (Demerol)
2. Cimetidine (Tagamet)
3. Morphine sulfate
4. Codeine sulfate

47.  A client is recovering from a gastric resection for peptic ulcer disease. Which of the following outcomes indicates that the goal of adequate nutritional intake is being achieved 3 weeks following surgery?

1. Increases food intake and tolerance gradually
2. Experiences occasional episodes of nausea and vomiting
3. Drinks 2000 mL/day of water
4. Experiences a rapid weight gain within 1 week

48.  What would be the most important nursing intervention in caring for the client’s residual limb during the first 24 hrs after amputation of the left leg?

1. Keeping the residual limb flat on the bed
2. Abducting the residual limb on a scheduled basis
3. Applying traction to the residual limb
4. Elevating the residual limb on a pillow

49.  After the client returns from surgery for a deviated nasal septum, the nurse would anticipate placing her in what position?

1. Supine
2. Left side-lying
3. Semi-Fowler’s
4. Reverse Trendelenburg’s

50.  While suctioning a client’s laryngectomy tube, the nurse insert the catheter:

1. About 1-2 inches
2. As the client exhales
3. Until resistance is met, then withdraw it 1-2 cm
4. Until the client begins coughing

**Answers**

1. **A. Avoiding abrupt movements of the head**
2. **A. Urinary retention**
3. **C. Remove the ointment previously applied**
4. **A. Are often not present**
5. **A. Comparing equality of hand grasps**
6. **B. 0.53 mL**
7. **D. Listening for 5minutes in all four quadrants to confirm absence of bowel sound**
8. **D. Shorter than the leg on the unaffected side**
9. **D. I can elevate the head of the bed 4 to 6 inches**
10. **B. Risk for self-care deficit related to fatigue**
11. **B. Relax bronchial smooth muscle**
12. **C. BUN 15 mg/dL**
13. **B. When the rescuer is exhausted**
14. **B. Administer neomycin sulfate the evening before surgery**
15. **C. These findings are normal for a client with an ileal conduit**
16. **D. Degree of response to pinpricks in the legs and toes**
17. **D. I will dilute the medication and drink it with a straw**
18. **B. I should avoid bending over to tie my shoes**
19. **B. Retinopathy**
20. **B. Keeping the site clean and dry**
21. **A. Muscle relaxant**
22. **D. An orange, raisin bran and milk, and wheat toast with butter**
23. **C. Postural hypotension**
24. **D. A feeling of inner ear fullness**
25. **C. Ensuring that the client’s airway is free of obstruction**
26. **B. Joint swelling, joint stiffness in the morning and bilateral joint movement**
27. **D. Avoid holding her breath during activity**
28. **B. Insertion of laryngectomy tube**
29. **D. Client, nurse and physician so the client can participate in planning care with the nurse and physician**
30. **D. I try to take aspirin only on days when the pain seems particularly bad**
31. **C. I can do these exercises sitting up, lying down or standing**
32. **B. Alcohol and tobacco use**
33. **B. 2.0 tablets**
34. **A. Folate or vitamin B deficiency**
35. **C. Fat**
36. **C. The client describes methods to prevent an increase in intraocular pressure**
37. **C. Young adults (ages 21-40 years)**
38. **C. Ineffective peripheral tissue perfusion**
39. **B. I’ll take all the pills then return to my doctor**
40. **B. Man with an indwelling urinary catheter for incontinence**
41. **B. The hand and finger surfaces do not touch**
42. **A. Pallor of skin and mucous membranes**
43. **A. I’ll empty my pouch when it’s about one-third full**
44. **B. Depressed reflexes**
45. **B. Nausea after ingestion of high fat foods**
46. **A. Meperidine hydrochloride (Demerol)**
47. **A. Increases food intake and tolerance gradually**
48. **D. Elevating the residual limb on a pillow**
49. **C. Semi-Fowler’s**
50. **C. Until resistance is met, then withdraw it 1-2 cm**

According to Maslow, which of the following categories of needs represents the most basic?

1. Physiologic needs  
   Physiologic needs must be met before an individual is able to move toward psychological health and well-being.
2. Self-actualization  
   Self-actualization is the highest level of need
3. Safety and security needs  
   Safety and security needs, while lower level, are not essential to physiologic survival.
4. Belongingness  
   Belongingness and affection needs are not essential to physiologic survival.

2. Which of the following statements reflects the World Health Organization’s definition of health?

1. A state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity.  
   Such a definition, however, does not allow for any variations in the degrees of wellness or illness.
2. A condition of homeostatis and adaptation.  
   The WHO definition addresses physical, mental, and social dimensions of being.
3. An individual’s location along a wellness–illness continuum.  
   The concept of a health–illness continuum allows for a greater range in describing a person’s health than the definition provided by the WHO.
4. A fluid, ever-changing balance reflected through physical, mental, and social behavior.  
   The WHO definition does not allow for any variations in the degrees of wellness and illness.

3. Which of the following statements defines culture?

1. The learned patterns of behavior, beliefs, and values that can be attributed to a particular group of people.  
   Included among characteristics that distinguish cultural groups are manner of dress, values, artifacts, and health beliefs and practices.
2. A group of people distinguished by genetically transmitted material.  
   A group of people distinguished by genetically transmitted material describes the term race.
3. The status of belonging to a particular region by origin, birth, or naturalization.  
   The status of belonging to a particular region by origin, birth, or naturalization describes the term nationality.
4. The classification of a group based upon certain distinctive characteristics.  
   The classification of a group based upon certain distinctive characteristics describes the term ethnicity.

4. The reason that case management has gained such prominence in health care can be traced to

1. decreased cost of care associated with inpatient stay.  
   The reasons case management has gained such prominence can be traced to the decreased cost of care associated with decreased length of hospital stay, coupled with rapid and frequent inter-unit transfers from specialty to standard care units.
2. increased length of hospital stay.  
   In general, length of hospital stay has decreased over the past 5 years.
3. discharge from specialty care units to home.  
   In general, patients are transferred from specialty care units to standard care units at least 24 hours prior to discharge.
4. limited availability for inter-unit hospital transfers.  
   In general, patients in acute care hospitals undergo frequent inter-unit transfers from specialty to standard care units.

5. A preferred provider organization is described as a

1. business arrangement between hospitals and physicians.  
   PPO’s usually contract to provide health care to subscribers, usually businesses, for a negotiated fee that often is discounted.
2. prepaid group health practice system.  
   A prepaid group health practice system is termed a health maintenance organization.
3. limited insurance program.  
   Insurance is a cost payment system of shared risk, not a health care delivery system.
4. health care savings account program.  
   A health care savings account program is an incentive program to consumers, not a health care delivery system.

6. Which of the following categories identifies the focus of community/public health nursing practice?

1. Promoting and maintaining the health of populations and preventing and minimizing the progress of disease  
   Although nursing interventions used by public health nurses might involve individuals, families, or small groups, the central focus remains promoting health and preventing disease in the entire community.
2. Rehabilitation and restorative services  
   Rehabilitation and restorative services are the focus of extended care facilities and home care nursing.
3. Adaptation of hospital care to the home environment  
   Adaptation of hospital care to the home environment is the focus of home nursing.
4. Hospice care delivery  
   Hospice care delivery refers to the delivery of services to the terminally ill.

7. A major goal for home care nurses is

1. restoring maximum health function.  
   Tertiary preventive nursing care, focusing on rehabilitation and restoring maximum health function, is a goal for home care nurses.
2. promoting the health of populations.  
   Promoting the health of populations is a focus of community/public health nursing.
3. minimizing the progress of disease.  
   Minimizing the progress of disease is a focus of community/public health nursing.
4. maintaining the health of populations.  
   Maintaining the health of populations is a focus of community/public health nursing.

8. In the United States, nurses performing invasive procedures need to be up-to-date with their immunizations, particularly

1. hepatitis B.  
   Hepatitis B is transmitted through contact with infected blood or plasma.
2. hepatitis E.  
   Hepatitis E is found mainly in underdeveloped countries with substandard sanitation and water quality.
3. hepatitis A.  
   hepatitis A is transmitted through the oral route from the feces and saliva of an infected person.
4. hepatitis C.  
   At present, immunization against hepatitis C is not available.

9. At what time during a patient’s hospital stay does discharge planning begin?

1. Admission  
   To prepare for early discharge and the possible need for follow-up in the home, discharge planning begins with the patient’s admission.
2. Twenty-four hours prior to discharge  
   Discharge planning requires identification of patient needs and anticipatory guidance and is not relegated to a specific time for beginning.
3. The shift prior to discharge  
   Discharge planning requires communication with and cooperation of the patient, family, and health care team and is not relegated to a specific time for beginning.
4. By the third hospital day  
   Discharge planning may require involvement of personnel and agencies in the planning process and is not relegated to a specific day of hospital stay.

10. The leading health problems of elementary school children include

1. cancer.  
   The leading health problems of elementary school children are injuries, infections, malnutrition, dental disease, and cancer.
2. alcohol and drug abuse.  
   Alcohol and drug abuse are leading health problems for high school students.
3. mental and emotional problems.  
   Mental and emotional problems are leading health problems for high school students.
4. homicide.                                                                                                                                              Homicide is a leading health problem for high school children.

11. Which skill needed by the nurse to think critically involves identification of patient problems indicated by data?

1. Analysis  
   Analysis is used to identify patient problems indicated by data.
2. Interpretation  
   Interpretation is used to determine the significance of data that is gathered.
3. Inferencing  
   Inferences are used by the nurse to draw conclusions.
4. Explanation  
   Explanation is the justification of actions or interventions used to address patient problems and to help a patient move toward desired outcomes.

12. The ethics theory that focuses on ends or consequences of actions is the

1. utilitarian theory.  
   Utilitarian theory is based on the concept of the greatest good for the greatest number.
2. formalist theory.  
   Formalist theory argues that moral standards exist independently of the ends or consequences.
3. deontological theory.  
   Deontological theory argues that moral standards exist independently of the ends or consequences.
4. adaptation theory.  
   Adaptation theory is not an ethics theory.

13. Which of the following ethical principles refers to the duty to do good?

1. Beneficence  
   Beneficence is the duty to do good and the active promotion of benevolent acts.
2. Fidelity  
   Fidelity refers to the duty to be faithful to one’s commitments.
3. Veracity  
   Veracity is the obligation to tell the truth.
4. Nonmaleficence  
   Nonmaleficence is the duty not to inflict, as well as to prevent and remove, harm; it is more binding than beneficence.

14. During which step of the nursing process does the nurse analyze data related to the patient’s health status?

1. Assessment  
   Analysis of data is included as part of the assessment.
2. Implementation  
   Implementation is the actualization of the plan of care through nursing interventions.
3. Diagnosis  
   Diagnosis is the identification of patient problems.
4. Evaluation  
   Evaluation is the determination of the patient’s responses to the nursing interventions and the extent to which the outcomes have been achieved.

15. The basic difference between nursing diagnoses and collaborative problems is that

1. nurses manage collaborative problems using physician-prescribed interventions.  
   Collaborative problems are physiologic complications that nurses monitor to detect onset or changes and manage through the use of physician-prescribed and nursing-prescribed interventions to minimize the complications of events.
2. collaborative problems can be managed by independent nursing interventions.  
   Collaborative problems require both nursing and physician-prescribed interventions.
3. nursing diagnoses incorporate physician-prescribed interventions.  
   Nursing diagnoses can be managed by independent nursing interventions.
4. nursing diagnoses incorporate physiologic complications that nurses monitor to detect change in status.  
   Nursing diagnoses refer to actual or potential health problems that can be managed by independent nursing interventions.

16. Health education of the patient by the nurse

1. is an independent function of nursing practice.  
   Health education is an independent function of nursing practice and is included in all state nurse practice acts.
2. requires a physician’s order.  
   Teaching, as a function of nursing, is included in all state nurse practice acts.
3. must be approved by the physician.  
   Health education is a primary responsibility of the nursing profession.
4. must focus on wellness issues.  
   Health education by the nurse focuses on promoting, maintaining, and restoring health; preventing illness; and assisting people to adapt to the residual effects of illness.

17. Nonadherence to therapeutic regimens is a significant problem for which of the following age groups?

1. Adults 65 and over  
   Elderly people frequently have one or more chronic illnesses that are managed with numerous medications and complicated by periodic acute episodes, making adherence difficult.
2. Teenagers  
   Problems of teenagers, generally, are time limited and specific, and require promoting adherence to treatment to return to health.
3. Children  
   In general, the compliance of children depends on the compliance of their parents.
4. Middle-aged adults  
   Middle-aged adults, in general, have fewer health problems, thus promoting adherence.

18. Experiential readiness to learn refers to the patient’s

1. past history with education and life experience.  
   Experiential readiness refers to past experiences that influence a person’s ability to learn.
2. emotional status.  
   Emotional readiness refers to the patient’s acceptance of an existing illness or the threat of an illness and its influence on the ability to learn.
3. acceptance of an existing illness.  
   Emotional readiness refers to the patient’s acceptance of an existing illness or the threat of an illness and its influence on the ability to learn.
4. ability to focus attention.  
   Physical readiness refers to the patient’s ability to cope with physical problems and focus attention upon learning.

19. Asking the patient questions to determine if the person understands the health teaching provided would be included during which step of the nursing process?

1. Evaluation  
   Evaluation includes observing the person, asking questions, and comparing the patient’s behavioral responses with the expected outcomes.
2. Assessment  
   Assessment includes determining the patient’s readiness regarding learning.
3. Planning and goals  
   Planning includes identification of teaching strategies and writing the teaching plan.
4. Implementation  
   Implementation is the step during which the teaching plan is put into action.

20. Which of the following items is considered the single most important factor in assisting the health professional in arriving at a diagnosis or determining the person’s needs?

1. History of present illness  
   The history of the present illness is the single most important factor in assisting the health professional in arriving at a diagnosis or determining the person’s needs.
2. Physical examination  
   The physical examination is helpful but often only validates the information obtained from the history.
3. Diagnostic test results  
   Diagnostic test results can be helpful, but they often only verify rather than establish the diagnosis.
4. Biographical data  
   Biographical information puts the health history in context but does not focus the diagnosis.

21. Of the following areas for assessing the patient profile, which should be addressed after the others?

1. Body image  
   The patient is often less anxious when the interview progresses from information that is less personal to information that is more personal.
2. Education  
   Educational level is relatively impersonal and readily revealed by the patient.
3. Occupation  
   Occupation is relatively impersonal and readily revealed by the patient.
4. Environment  
   Housing, religion, and language are relatively impersonal and readily revealed by the patient.

22. Which of the following methods of physical examination refers to the translation of physical force into sound?

1. Percussion  
   Percussion translates the application of physical force into sound.
2. Palpation  
   Palpation refers to examination by non-forceful touching.
3. Auscultation  
   Auscultation refers to the skill of listening to sounds produced within the body created by movement of air or fluid.
4. Manipulation  
   Manipulation refers to the use of the hands to determine motion of a body part.

23. In which range of body mass index (BMI) are patients considered to have increased risk for problems associated with poor nutritionalstatus?

1. Below 24  
   Additionally, higher mortality rates in hospitalized patients and community-dwelling elderly are associated with individuals who have low BMI.
2. 25-29  
   Those who have a BMI of 25 to 29 are considered overweight.
3. 30 to 39  
   Those who have BMI of 30-39 are considered obese.
4. Over 40  
   Those who have BMI over 40 are considered extremely obese.

24. To calculate the ideal body weight for a woman, the nurse allows

1. 100 pounds for 5 feet of height.  
   To calculate the ideal body weight of a woman, the nurse allows 100 pounds for 5 feet of height and adds 5 pounds for each additional inch over 5 feet
2. 106 pounds for 5 feet of height.  
   The nurse allows 106 pounds for 5 feet of height in calculating the ideal body weight for a man.
3. 6 pounds for each additional inch over 5 feet.  
   The nurse adds 6 pounds for each additional inch over 5 feet in calculating the ideal body weight for a man.
4. 80 pounds for 5 feet of height.  
   Eighty pounds for 5 feet of height is too little.

25. A steady state within the body is termed

1. homeostasis.  
   When a change occurs that causes a body function to deviate from its stable range, processes are initiated to restore and maintain the steady state or homeostasis.
2. constancy.  
   Constancy refers to the balanced internal state of the human body maintained by physiologic and biochemical processes.
3. adaptation.  
   Adaptation refers to a constant, ongoing process that requires change in structure, function, or behavior so that the person is better suited to the environment.
4. stress.  
   Stress refers to a state produced by a change in the environment that is perceived as challenging, threatening, or damaging to the person’s dynamic balance or equilibrium.

26. Which of the following terms, according to Lazarus, refers to the process through which an event is evaluated with respect to what is at stake and what might and can be done?

1. Cognitive appraisal  
   The outcome of cognitive appraisal is identification of the situation as either stressful or non-stressful.
2. Coping  
   Coping consists of both cognitive and behavioral efforts made to manage the specific external or internal demand that taxes a person’s resources.
3. Hardiness  
   Hardiness is a personality characteristic that is composed of control, commitment, and challenge.
4. Adaptation  
   Lazarus believed adaptation was affected by emotion that subsumed stress and coping.

27. An increase in the number of new cells in an organ or tissue that is reversible when the stimulus for production of new cells is removed is termed

1. hyperplasia.  
   Hyperplasia occurs as cells multiply and are subjected to increased stimulation resulting in tissue mass enlargement.
2. hypertrophy.  
   Hypertrophy is an increase in size and bulk of tissue that does not result from an increased number of cells.
3. atrophy.  
   Atrophy refers to reduction in size of a structure after having come to full maturity.
4. neoplasia.  
   With neoplasia, the increase in the number of new cells in an organ or tissue continues after the stimulus is removed.

28. Which of the following types of cells have a latent ability to regenerate?

1. Stable  
   Stable cells have a latent ability to regenerate if they are damaged or destroyed and are found in the kidney, liver, and pancreas, among other body organs.
2. Labile  
   Labile cells multiply constantly to replace cells worn out by normal physiologic processes.
3. Permanent  
   Permanent cells include neurons — the nerve cell bodies, not their axons. Destruction of a neuron causes permanent loss, but axons may regenerate.
4. Epithelial  
   Epithelial cells are a type of labile cell that multiply constantly to replace cells worn out by normal physiologic processes.

29. The relaxation techniques of progressive muscle relaxation, relaxation with guided imagery, and the Benson Relaxation Response share which of the following elements?

1. A mental device (something on which to focus the attention)  
   Similar elements also include a quiet environment, a comfortable position, and a passive attitude.
2. Nutritional foundation  
   Relaxation techniques do not encompass specific nutritional guidelines.
3. Analgesic preparation  
   Relaxation techniques are used to reduce one’s response to stress and do not require analgesia prior to practicing the techniques.
4. Physician’s order  
   A physician’s order is not required to assist an individual to learn techniques to reduce one’s response to stress.

30. Which of the following terms has been defined by the American Psychiatric Association as a group of behavioral or psychological symptoms or a pattern that manifests itself in significant distress, impaired functioning, or accentuated risk of enduring severe suffering or possible death?

1. Mental disorder  
   The definition was adopted by the American Psychiatric Association in 1994.
2. Emotional disorder  
   There is no universally accepted definition of what constitutes an emotional disorder.
3. Anxiety  
   Anxiety is defined as fear of the unknown.
4. Schizophrenia                                                                                                                                      Schizophrenia is a specific disorder characterized by psychosis.

31. Establishing financial security has been identified as a developmental task of which of the following groups?

1. Middle adult  
   The middle adult’s tasks also include launching children, and refocusing on one’s marital relationship.
2. Older adult  
   The older adult’s tasks include adapting to retirement and declining physical stamina.
3. Young adult  
   The young adult’s tasks include establishing a lifestyle and independence.
4. Teenager  
   The teenager’s primary developmental tasks include developing an identity and intimacy.

32. When up to a 6-month period elapses between the experience of trauma and the onset of symptoms of posttraumatic stress disorder(PTSD), the episode is termed

1. delayed.  
   In the case of delayed PTSD, there may be up to a 6-month period of time that elapses between the trauma and the manifestation of symptoms.
2. acute.  
   Acute PTSD is defined as the experience of symptoms for less than a 3-month period.
3. chronic.  
   Chronic PTSD is defined as the experience of symptoms lasting longer than 3 months.
4. primary.  
   The concept of primary disease is not used in relation to PTSD.

33. Which of the following statements accurately describes a risk factor for depression?

1. History of physical or sexual abuse  
   History of physical or sexual abuse and current substance abuse are risk factors for depression.
2. Male gender  
   A risk factor for depression is female gender.
3. Age over 50 years  
   A risk factor for depression is onset before 40 years.
4. Negative family history of depression  
   Family history of depression is a risk factor.

34. Of the following stages of grieving as described by Kubler-Ross, which is the initial?

1. Denial  
   The stages include: denial, anger, bargaining, depression, and acceptance.
2. Anger  
   Anger is the second stage of the process.
3. Bargaining  
   Bargaining is the third stage of the process.
4. Depression  
   Depression is the fourth stage of the process.

35. Which of the following terms refers to Leininger’s description of the learned and transmitted knowledge about values, beliefs, rules of behavior, and lifestyle practices that guide a designated group in their thinking and actions in patterned ways?

1. Culture  
   Leininger was the founder of the specialty called transcultural nursing and advocated culturally competent nursing care.
2. Minority  
   Minority refers to a group of people whose physical or cultural characteristics differ from the majority of people in a society.
3. Race  
   Race refers to a group of people distinguished by genetically transmitted characteristics.
4. Subculture  
   Subculture refers to a group that functions within a culture.

36. The inability of a person to recognize his or her own values, beliefs, and practices and those of others because of strong ethnocentric tendencies is termed

1. cultural blindness.  
   Cultural blindness results in bias and stereotyping.
2. acculturation.  
   Acculturation is the process by which members of a culture adapt or learn how to take on the behaviors of another group.
3. cultural imposition.  
   Cultural imposition is the tendency to impose one’s cultural beliefs, values, and patterns of behavior on a person from a different culture.
4. cultural taboo.  
   Cultural taboos are those activities governed by rules of behavior that are avoided, forbidden, or prohibited by a particular cultural group.

37. Which of the following groups of individuals may stare at the floor during conversations as a sign of respect?

1. Native Americans  
   Some Native Americans stare at the floor during conversations, conveying respect and indicating that the listener is paying close attention to the speaker.
2. Indo-Chinese  
   The Indo-Chinese may consider direct eye contact impolite or aggressive.
3. Arabs  
   Arabs may consider direct eye contact impolite or aggressive.
4. Asians  
   Asians may consider direct eye contact impolite or aggressive.

38. For which of the following religious groups is all meat prohibited?

1. Hinduism  
   Hinduism prohibits consumption of all meats and animal shortening.
2. Seventh-Day Adventism  
   Seventh-Day Adventism prohibits consumption of pork.
3. Judaism  
   Judaism prohibits consumption of pork.
4. Islam  
   Islam prohibits the consumption of pork and animal shortening.

39. The paradigm that explains the cause of illness as an imbalance in the forces of nature is the

1. holistic perspective.  
   The naturalist or holistic perspective believes that health exists when all aspects of a persona are in perfect balance or harmony.
2. magico-religious view.  
   The magico-religious view holds that illness is caused by forces of evil.
3. biomedical view.  
   The biomedical view holds life events as cause and effect and incorporates the bacterial or viral explanation of communicable disease.
4. scientific view.  
   The scientific view holds life events as cause and effect and incorporates the bacterial or viral explanation of communicable disease.

40. The aim of genomic medicine is

1. improving predictions about individuals’ susceptibility to diseases  
   Predictions regarding the time of their onset, their extent and eventual severity as well as which treatments or medications are likely to be most effective or harmful are the focus of genomic medicine.
2. reproduction  
   The focus of genomic medicine is broader than the reproduction of cells.
3. cure of disease  
   The focus of genomic medicine is broader than the cure of disease.
4. cloning                                                                                                                                          Genomic medicine is gene-based health care.

41. Nondisjunction of a chromosome results in which of the following diagnoses?

1. Down Syndrome  
   When a pair of chromosomes fails to separate completely and creates a sperm or oocyte that contains two copies of a particular chromosome (nondisjunction) Down syndrome results from three number 21 chromosomes.
2. Huntingon Disease  
   Huntington disease is one example of a germ-line mutation.
3. Duchenne Muscular Dystrophy  
   Duchenne muscular dystrophy, an inherited form of muscular dystrophy, is an example of a genetic caused by structural gene mutations.
4. Marphan Syndrome  
   Marphan Syndrome is a genetic condition that may occur in a single family member as a result of spontaneous mutation.

42. Which type of Mendelian inherited condition results in both genders being affected equally in a vertical pattern?

1. Automosomal dominant inheritance  
   An individual who has an autosomal dominant inherited condition carries a gene mutation for that condition on one chromosome of a pair.
2. Automosomal recessive inheritance  
   The pattern of inheritance in autosomal recessive inherited conditions is different from that of autosomal dominant inherited conditions in that it is more horizontal than vertical, with relatives of a single generation tending to have the condition.
3. X-linked inheritance  
   X-linked conditions may be inherited in families in recessive or dominant patterns. In both, the gene mutation is located on the X-chromosome. All males inherit an X chromosome from their mother with no counterpart; hence, all males express the gene mutation.
4. Multifactorial genetic inheritance  
   Neural tube defects, such as spina bifida and anencephaly, are examples of multifactorial genetic conditions. The majority of neural tube defects are caused by both genetic and environmental influences that combine during early embryonic development leading to incomplete closure of the neural tube.

43. A specific BRCA1 cancer-predisposing gene mutation seems to occur more frequently among women of which descent?

1. Ashkanazi Jewish  
   Expression of the BRCA1 gene is an example of inheritance in the development of breast cancer.
2. Mediterranean  
   Glucose-6-phosphate dehydrogenase deficiency (G6PD) is a common enzyme abnormality that affects millions of people throughout the world, especially those of Mediterranean, South East Asian, African, Middle Eastern, and Near Eastern origin.
3. African American  
   Sickle cell anemia is associated with the African-American population.
4. Chinese and Japanese  
   Individuals of Chinese and Japanese descent who are rapid metabolizers of the enzyme N-acetyltransferase and who are prescribed the drug isoniazid (as part of treatment for tuberculosis) are at significantly increased risk for developing isoniazid-induced hepatitis.

44. Which of the following statements describes accurate information related to chronic illness?

1. Most people with chronic conditions do not consider themselves sick or ill.  
   Although some people take on a sick role identity, most people with chronic conditions do not consider themselves sick or ill and try to live as normal a life as is possible.
2. Most people with chronic conditions take on a sick role identity.  
   Research has demonstrated that some people with chronic conditions may take on a sick role identity, but they are not the majority.
3. Chronic conditions do not result from injury.  
   Chronic conditions may be due to illness, genetic factors, or injury
4. Most chronic conditions are easily controlled.  
   Many chronic conditions require therapeutic regimens to keep them under control.

45. In which phase of the trajectory model of chronic illness are the symptoms under control and managed?

1. Stable  
   The stable phase indicates that the symptoms and disability are under control or managed.
2. Acute  
   The acute phase is characterized by sudden onset of severe or unrelieved symptoms or complications that may necessitate hospitalization for their management.
3. Comeback  
   The comeback phase is the period in the trajectory marked by recovery after an acute period.
4. Downward  
   The downward phase occurs when symptoms worsen or the disability progresses despite attempts to control the course through proper management.

46. Which phase of the trajectory model of chronic illness is characterized by reactivation of the illness?

1. Unstable  
   The unstable phase is characterized by development of complications or reactivation of the illness.
2. Stable  
   The stable phase indicates that the symptoms and disability are under control or managed.
3. Acute  
   The acute phase is characterized by sudden onset of severe or unrelieved symptoms or complications that may necessitate hospitalization for their management.
4. Comeback  
   The comeback phase is the period in the trajectory marked by recovery after an acute period.

47. Which phase of the trajectory model of chronic illness is characterized by the gradual or rapid decline in the trajectory despite efforts to halt the disorder?

1. Dying  
   The dying phase is characterized by stoppage of life-maintaining functions.
2. Unstable  
   The unstable phase is characterized by development of complications or reactivation of the illness.
3. Acute  
   The acute phase is characterized by sudden onset of severe or unrelieved symptoms or complications that may necessitate hospitalization for their management.
4. Downward  
   The downward phase occurs when symptoms worsen or the disability progresses despite attempts to control the course through proper management.

48. In order to help prevent the development of an external rotation deformity of the hip in a patient who must remain in bed for any period of time, the most appropriate nursing action would be to use

1. a trochanter roll extending from the crest of the ilium to the midthigh.  
   A trochanter roll, properly placed, provides resistance to the external rotation of the hip.
2. pillows under the lower legs.  
   Pillows under the legs will not prevent the hips from rotating externally.
3. a hip-abductor pillow.  
   A hip-abductor pillow is used for the patient after total hip replacement surgery.
4. a footboard.  
   A footboard will not prevent the hips from rotating externally.

49. To prevent footdrop, the patient is positioned in:

1. Order to keep the feet at right angles to the leg  
   When the patient is supine in bed, padded splints or protective boots are used.
2. A semi-sitting position in bed  
   Semi-fowlers positioning is used to decrease the pressure of abdominal contents on the diaphragm.
3. A sitting position with legs hanging off the side of the bed  
   In order to prevent footdrop, the feet must be supported.
4. A side-lying position  
   Side-lying positions do not provide support to prevent footdrop.

50. Through which of the following activities does the patient learn to consciously contract excretory sphincters and control voiding cues?

1. Biofeedback  
   Cognitively intact patients who have stress or urge incontinence may gain bladder control through biofeedback.
2. Kegel exercises  
   Kegel exercises are pelvic floor exercises that strengthen the pubococcygeus muscle.
3. Habit training  
   Habit training is used to try to keep the patient dry by strictly adhering to a toileting schedule and may be successful with stress, urge, or functional incontinence.
4. Bladder training                                                                                                                                         Habit training is a type of bladder training.

During which stage of pressure ulcer development does the ulcer extend into the subcutaneous tissue?

1. Stage III  
   Clinically, a deep crater with or without undermining of adjacent tissues is noted.
2. Stage IV  
   A stage IV pressure ulcer extends into the underlying structure, including the muscle and possibly the bone.
3. Stage II  
   A stage II ulcer exhibits a break in the skin through the epidermis or dermis.
4. Stage I  
   A stage I pressure ulcer is an area of nonblanchable erythema, tissue swelling, and congestion, and the patient complains of discomfort.

2. During which stage of pressure ulcer development does the ulcer extend into the underlying structures, including the muscle and possibly the bone?

1. Stage IV  
   A stage IV pressure ulcer extends into the underlying structure, including the muscle and possibly the bone.
2. Stage III  
   A stage III ulcer extends into the subcutaneous tissue.
3. Stage II  
   A stage II ulcer exhibits a break in the skin through the epidermis or dermis.
4. Stage I  
   A stage I pressure ulcer is an area of nonblanchable erythema, tissue swelling, and congestion, and the patient complains of discomfort.

3. Which type of incontinence is associated with weakened perineal muscles that permit leakage of urine when intra-abdominal pressure is increased?

1. Stress incontinence  
   Stress incontinence may occur with coughing or sneezing.
2. Urge incontinence  
   Urge incontinence is involuntary elimination of urine associated with a strong perceived need to void.
3. Reflex (neurogenic) incontinence  
   Neurogenic incontinence is associated with a spinal cord lesion.
4. Functional incontinence  
   Functional incontinence refers to incontinence in patients with intact urinary physiology who experience mobility impairment, environmental barriers, or cognitive problems.

4. Ageism refers to

1. Bias against older people based solely on chronological age  
   Individuals demonstrating ageism base their beliefs and attitudes about older people based upon chronological age without consideration of functional capacity.
2. fear of old age.  
   Fear of aging and the inability of many to confront their own aging process may trigger ageist beliefs.
3. loss of memory.  
   Age-related loss of memory occurs more with short-term and recent memory.
4. benign senescent forgetfulness.  
   Benign senescent forgetfulness refers to the age-related loss of memory in the absence of a pathologic process.

5. When assessing the older adult, the nurse anticipates increase in which of the follow components of respiratory status?

1. Residual lung volume  
   As a result, patient experience fatigue and breathlessness with sustained activity.
2. Vital capacity  
   The nurse anticipates decreased vital capacity.
3. Gas exchange and diffusing capacity  
   The nurse anticipates decreased gas exchange and diffusing capacity resulting in impaired healing of tissues due to decreased oxygenation.
4. Cough efficiency  
   The nurse anticipates difficulty coughing up secretions due to decreased cough efficiency.

6. According to the classification of hypertension diagnosed in the older adult, hypertension that can be attributed to an underlying cause is termed

1. secondary.  
   Secondary hypertension may be caused by a tumor of the adrenal gland (e.g., pheochromacytoma).
2. primary.  
   Primary hypertension has no known underlying cause.
3. essential.  
   Essential hypertension has no known underlying cause.
4. isolated systolic.  
   Isolated systolic hypertension is demonstrated by readings in which the systolic pressure exceeds 140 mm Hg and the diastolic measurement is normal or near normal (less than 90 mm Hg).

7. Which of the following terms refers to the decrease in lens flexibility that occurs with age, resulting in the near point of focus getting farther away?

1. Presbyopia  
   Presbyopia usually begins in the fifth decade of life, when reading glasses are required to magnify objects.
2. Presbycusis  
   Presbycusis refers to age-related hearing loss.
3. Cataract  
   Cataract is the development of opacity of the lens of the eye.
4. Glaucoma  
   Glaucoma is a disease characterized by increased intraocular pressure.

8. Which of the following states is characterized by a decline in intellectual functioning?

1. Dementia  
   Dementia is an acquired syndrome in which progressive deterioration in global intellectual abilities is of such severity that it interferes with the person’s customary occupational and social performance.
2. Depression  
   Depression is a mood disorder that disrupts quality of life.
3. Delirium  
   Delirium is often called acute confusional state.
4. Delusion  
   Delusion is a symptom of psychoses.

9. When a person who has been taking opioids becomes less sensitive to their analgesic properties, that person is said to have developed a (an)

1. tolerance.  
   Tolerance is characterized by the need for increasing dose requirements to maintain the same level of pain relief.
2. addiction.  
   Addiction refers to a behavioral pattern of substance use characterized by a compulsion to take the drug primarily to experience its psychic effects.
3. dependence.  
   Dependence occurs when a patient who has been taking opioids experiences a withdrawal syndrome when the opioids are discontinued.
4. balanced analgesia.  
   Balanced analgesia occurs when the patient is using more than one form of analgesia concurrently to obtain more pain relief with fewer side effects.

10. Prostaglandins are chemical substances thought to

1. increase sensitivity of pain receptors.  
   Prostaglandins are believed to increase sensitivity to pain receptors by enhancing the pain-provoking effect of bradykinin.
2. reduce the perception of pain.  
   Endorphins and enkephalins reduce or inhibit transmission or perception of pain.
3. inhibit the transmission of pain.  
   Endorphins and enkephalins reduce or inhibit transmission or perception of pain.
4. inhibit the transmission of noxious stimuli.  
   Morphine and other opioid medications inhibit the transmission of noxious stimuli by mimicking enkephalin and endorphin.

11. Which of the following principles or guidelines accurately informs the nurse regarding placebos?

1. Placebos should never be used to test the person’s truthfulness about pain.  
   Perception of pain is highly individualized.
2. A placebo effect is an indication that the person does not have pain.  
   A placebo effect is a true physiologic response.
3. A placebo should be used as the first line of treatment for the patient.  
   A placebo should never be used as a first line of treatment.
4. A positive response to a placebo indicates that the person’s pain is not real.  
   Reduction in pain as a response to placebo should never be interpreted as an indication that the person’s pain is not real.

12. Regarding tolerance and addiction, the nurse understands that

1. although patients may need increasing levels of opioids, they are not addicted.  
   Physical tolerance usually occurs in the absence of addiction.
2. tolerance to opioids is uncommon.  
   Tolerance to opioids is common.
3. addiction to opioids commonly develops.  
   Addiction to opioids is rare.
4. the nurse must be primarily concerned about development of addiction by the patient in pain.  
   Addiction is rare and should never be the primary concern for a patient in pain.

13. The preferred route of administration of medication in the most acute care situations is which of the following routes?

1. Intravenous  
   The IV route is the preferred parenteral route in most acute care situations because it is much more comfortable for the patient, and peak serum levels and pain relief occur more rapidly and reliably.
2. Epidural  
   Epidural administration is used to control postoperative and chronic pain.
3. Subcutaneous  
   Subcutaneous administration results in slow absorption of medication.
4. Intramuscular  
   Intramuscular administration of medication is absorbed more slowly than intravenously administered medication.

14. Mu opioids have which of the following effects on respiratory rate:

1. Stimulation, then depression  
   Mu opioids also cause bradycardia, hypothermia, and constipation.
2. No change  
   Kappa opioids result in no change in respiratory rate.
3. Stimulation, only  
   Delta opioids result in stimulation of respiratory rate.
4. Depression, only  
   Neither mu, nor kappa, nor delta opoids depress respiratory rate as its only effect upon respiratory rate.

15. Which of the following electrolytes is a major cation in body fluid?

1. Potassium  
   Potassium is a major cation that affects cardiac muscle functioning.
2. Chloride  
   Chloride is an anion.
3. Bicarbonate  
   Bicarbonate is an anion.
4. Phosphate  
   Phosphate is an anion.

16. Which of the following electrolytes is a major anion in body fluid?

1. Chloride  
   Chloride is a major anion found in extracellular fluid.
2. Potassium  
   Potassium is a cation.
3. Sodium  
   Sodium is a cation.
4. Calcium  
   Calcium is a cation.

17. Oncotic pressure refers to

1. the osmotic pressure exerted by proteins.  
   Oncotic pressure is a pulling pressure exerted by proteins, such as albumin.
2. the number of dissolved particles contained in a unit of fluid.  
   Osmolality refers to the number of dissolved particles contained in a unit of fluid.
3. the excretion of substances such as glucose through increased urine output.  
   Osmotic diuresis occurs when the urine output increases due to excretion of substances such as glucose.
4. the amount of pressure needed to stop flow of water by osmosis.  
   Osmotic pressure is the amount of pressure needed to stop the flow of water by osmosis.

18. Which of the following solutions is hypotonic?

1. 0.45% NaCl.  
   Half-strength saline is hypotonic
2. Lactated Ringer’s solution.  
   Lactated Ringer’s is isotonic.
3. 0.9% NaCl.  
   Normal saline (0.9% NaCl) is isotonic.
4. 5% NaCl.  
   A solution that is 5% NaCl is hypertonic.

19. The normal serum value for potassium is

1. 3.5-5.5 mEq/L.  
   Serum potassium must be within normal limits to prevent cardiac dysrhythmias.
2. 135-145 mEq/L.  
   Normal serum sodium is 135-145 mEq/L.
3. 96-106 mEq/L.  
   Normal serum chloride is 96-106 mEq/L.
4. 8.5-10.5 mg/dL.  
   Normal total serum calcium is 8.5-10.5mg/dL.

20. In which type of shock does the patient experiences a mismatch of blood flow to the cells?

1. Distributive  
   Distributive or vasogenic shock results from displacement of blood volume, creating a relative hypovolemia.
2. Cardiogenic  
   Cardiogenic shock results from the failure of a heart as a pump.
3. Hypovolemic  
   In hypovolemic shock, there is a decrease in the intravascular volume.
4. Septic  
   In septic shock, overwhelming infection results in a relative hypovolemia.

21. Which stage of shock is best described as that stage when the mechanisms that regulate blood pressure fail to sustain a systolic pressure above 90 mm Hg?

1. Progressive  
   In the progressive stage of shock, the mechanisms that regulate blood pressure can no longer compensate, and the mean arterial pressure falls below normal limits.
2. Refractory  
   The refractory or irreversible stage of shock represents the point at which organ damage is so severe that the patient does not respond to treatment and cannot survive.
3. Compensatory  
   In the compensatory state, the patient’s blood pressure remains within normal limits due to vasoconstriction, increased heart rate, and increased contractility of the heart.
4. Irreversible  
   The refractory or irreversible stage of shock represents the point at which organ damage is so severe that the patient does not respond to treatment and cannot survive.

22. When the nurse observes that the patient’s systolic blood pressure is less than 80–90 mm Hg, respirations are rapid and shallow, heart rate is over 150 beats per minute, and urine output is less than 30 cc per hour, the nurse recognizes that the patient is demonstrating which stage of shock?

1. Compensatory  
   In compensatory shock, the patient’s blood pressure is normal, respirations are above 20, and heart rate is above 100 but below 150.
2. Progressive  
   In progressive shock, the patient’s skin appears mottled and mentation demonstrates lethargy.
3. Refractory  
   In refractory or irreversible shock, the patient requires complete mechanical and pharmacologic support.
4. Irreversible  
   In refractory or irreversible shock, the patient requires complete mechanical and pharmacologic support.

23. Which of the following vasoactive drugs used in treating shock results in reduced preload and afterload, reducing oxygen demand of the heart?

1. Nitroprusside (Nipride)  
   A disadvantage of nitroprusside is that it causes hypotension.
2. Dopamine (Intropin)  
   Dopamine improves contractility, increases stroke volume, and increases cardiac output.
3. Epinephrine (adrenaline)  
   Epinephrine improves contractility, increases stroke volume, and increases cardiac output.
4. Methoxamine (Vasoxyl)  
   Methoxamine increases blood pressure by vasoconstriction.

24. The nurse anticipates that the immunosuppressed patient is at greatest risk for which type of shock?

1. Septic  
   Septic shock is associated with immunosuppression, extremes of age, malnourishment, chronic illness, and invasive procedures.
2. Neurogenic  
   Neurogenic shock is associated with spinal cord injury and anesthesia.
3. Cardiogenic  
   Cardiogenic shock is associated with disease of the heart.
4. Anaphylactic  
   Anaphylactic shock is associated with hypersensitivity reactions.

25. Which of the following colloids is expensive but rapidly expands plasma volume?

1. Albumin  
   Albumin is a colloid that requires human donors, is limited in supply, and can cause congestive heart failure.
2. Dextran  
   Dextran is a colloid, synthetic plasma expander that interferes with platelet aggregation and is not recommended for hemorrhagic shock.
3. Lactated Ringers  
   Lactated ringers is a crystalloid, not a colloid.
4. Hypertonic Saline  
   Hypertonic saline is a crystalloid, not a colloid.

26. Which of the following terms refers to cells that lack normal cellular characteristics and differ in shape and organization with respect to their cells of origin?

1. Anaplasia  
   Usually, anaplastic cells are malignant.
2. Neoplasia  
   Neoplasia refers to uncontrolled cell growth that follows no physiologic demand.
3. Dysplasia  
   Dysplasia refers to bizarre cell growth resulting in cells that differ in size, shape, or arrangement from other cells of the same type of tissue.
4. Hyperplasia  
   Hyperplasia refers to an increase in the number of cells of a tissue, most often associated with a period of rapid body growth.

27. Palliation refers to

1. relief of symptoms associated with cancer.  
   Palliation is the goal for care in terminal cancer patients.
2. hair loss.  
   Alopecia is the term that refers to hair loss.
3. the spread of cancer cells from the primary tumor to distant sites.  
   Metastasis is the term that refers to the spread of cancer cells from the primary tumor to distant sites.
4. the lowest point of white blood cell depression after therapy that has toxic effects on the bone marrow.  
   Nadir is the term that refers to the lowest point of white blood cell depression after therapy that has toxic effects on the bone marrow.

28. During which step of cellular carcinogenesis do cellular changes exhibit increased malignant behavior?

1. Progression  
   During this third step, cells show a propensity to invade adjacent tissues and metastasize.
2. Promotion  
   During promotion, repeated exposure to promoting agents causes the expression of abnormal genetic information even after long latency periods.
3. Initiation  
   During this first step, initiators such as chemicals, physical factors, and biologic agents escape normal enzymatic mechanisms and alter the genetic structure of cellular DNA.
4. Prolongation  
   No stage of cellular carcinogenesis is termed prolongation.

29. The drug, Interleukin-2, is an example of which type of biologic response modifier?

1. Cytokine  
   Other cytokines include interferon alfa and filgrastim.
2. Monoclonal antibodies  
   Monoclonal antibodies include rituximab, trastuzumab, and gemtuzumab.
3. Retinoids  
   Retinoic acid is an example of a retinoid.
4. Antimetabolites  
   Antimetabolites are cell cycle-specific antineoplastic agents.

30. Of the following terms, which is used to refer to the period of time during which mourning a loss takes place?

1. Bereavement  
   Bereavement is the period of time during which mourning a loss takes place.
2. Grief  
   Grief is the personal feelings that accompany an anticipated or actual loss
3. Mourning  
   Mourning is the individual, family, group and cultural expressions of grief and associated behaviors
4. Hospice                                                                                                                                          Hospice is a coordinated program of interdisciplinary care and services provided primarily in the home to terminally ill patients and   their families.

31. Which of the following “awareness contexts” is characterized by the patient, the family, and the health care professionals being aware that the patient is dying but all pretend otherwise?

1. Mutual pretense awareness  
   In mutual pretense awareness, the patient, the family and the health care professionals are aware that the patient is dying but all pretend otherwise.
2. Closed awareness  
   In closed awareness, the patient is unaware of his terminality in a context where others are aware.
3. Suspected awareness  
   In suspected awareness, the patient suspects what others know and attempts to find it out.
4. Open awareness  
   In open awareness, all are aware that the patient is dying and are able to openly acknowledge that reality.

32. For individuals known to be dying by virtue of age and/or diagnoses, which of the following signs indicate approaching death:

1. Increased restlessness  
   As the oxygen supply to the brain decreases, the patient may become restless.
2. Increased wakefulness  
   As the body weakens, the patient will sleep more and begin to detach from the environment.
3. Increased eating  
   For many patients, refusal of food is an indication that they are ready to die.
4. Increased urinary output  
   Based upon decreased intake, urinary output generally decreases in amount and frequency.

33. Which of the following terms best describes a living will?

1. Medical directive  
   The living will is a type of advance medical directive in which the individual of sound mind documents treatment preferences.
2. Proxy directive  
   A proxy directive is the appointment and authorization of another individual to make medical decisions on behalf of the person who created anadvance directive when he/she is no loner able to speak for him/herself.
3. Health care power of attorney  
   Health care power of attorney is a legal document that enables the signer to designate another individual to make health care decisions on his/her behalf when he/she is unable to do so.
4. Durable power of attorney for health  
   A durable power of attorney for health care is a legal document that enables the signer to designate another individual to make health care decisions on his/her behalf when he/she is unable to do so.

34. A malignant tumor

1. gains access to the blood and lymphatic channels.  
   By this mechanism, the tumor metastasizes to other areas of the body.
2. demonstrates cells that are well-differentiated.  
   Cells of malignant tumors are undifferentiated.
3. is usually slow growing.  
   Malignant tumors demonstrate variable rate of growth; however, the more anaplastic the tumor, the faster its growth.
4. grows by expansion.  
   A malignant tumor grows at the periphery and sends out processes that infiltrate and destroy surrounding tissues.

35. Which of the following classes of antineoplastic agents is cell–cycle-specific?

1. Antimetabolites (5-FU)  
   Antimetabolites are cell–cycle-specific (S phase).
2. Antitumor antibiotics (bleomycin)  
   Antitumor antibiotics are cell-cycle nonspecific.
3. Alkylating agents (cisplatin)  
   Alkylating agents are cell-cycle nonspecific.
4. Nitrosureas (carmustine)  
   Nitrosureas are cell-cycle nonspecific.

36. Regarding the surgical patient, which of the following terms refers to the period of time that constitutes the surgical experience?

1. Perioperative phase  
   Perioperative period includes the preoperative, intraoperative, and postoperative phases.
2. Preoperative phase  
   Preoperative phase is the period of time from when the decision for surgical intervention is made to when the patient is transferred to the operating room table.
3. Intraoperative phase  
   Intraoperataive phase is the period of time from when the patient is transferred to the operating room table to when he or she is admitted to the postanesthesia care unit.
4. Postoperative phase  
   Postoperative phase is the period of time that begins with the admission of the patient to the postanesthesia care unit and ends after a follow-up evaluation in the clinical setting or home.

37. When the indication for surgery is without delay, the nurse recognizes that the surgery will be classified as

1. emergency.  
   Emergency surgery means that the patient requires immediate attention and the disorder may be life-threatening.
2. urgent.  
   Urgent surgery means that the patient requires prompt attention within 24-30 hours.
3. required.  
   Required surgery means that the patient needs to have surgery, and it should be planned within a few weeks or months.
4. elective.  
   Elective surgery means that there is an indication for surgery, but failure to have surgery will not be catastrophic.

38. When a person with a history of chronic alcoholism is admitted to the hospital for surgery, the nurse anticipates that the patient may show signs of alcohol withdrawal delirium during which time period?

1. Up to 72 hours after alcohol withdrawal  
   Alcohol withdrawal delirium is associated with a significant mortality rate when it occurs postoperatively.
2. Immediately upon admission  
   Onset of symptoms depends upon time of last consumption of alcohol.
3. Upon awakening in the post-anesthesia care unit  
   Onset of symptoms depends upon time of last consumption of alcohol.
4. Up to 24 hours after alcohol withdrawal  
   Twenty-four hours is too short a time frame to consider alcohol withdrawal delirium no longer a threat to a chronic alcoholic.

39. Which of the following categories of medications may result in seizure activity if withdrawn suddenly?

1. Tranquilizers  
   Abrupt withdrawal of tranquilizers may result in anxiety, tension, and even seizures if withdrawn suddenly.
2. Adrenal corticosteroids  
   Abrupt withdrawal of steroids may precipitate cardiovascular collapse.
3. Antidepressants  
   Monoamine oxidase inhibitors increase the hypotensive effects of anesthetics.
4. Diuretics  
   Thiazide diuretics may cause excessive respiratory depression during anesthesia due to an associated electrolyte imbalance.

40. When the patient is encouraged to concentrate on a pleasant experience or restful scene, the cognitive coping strategy being employed by the nurse is

1. imagery.  
   Imagery has proven effective for oncology patients.
2. optimistic self-recitation.  
   Optimistic self-recitation is practiced when the patient is encouraged to recite optimistic thoughts such as “I know all will go well.”
3. distraction.  
   Distraction is employed when the patient is encouraged to think of an enjoyable story or recite a favorite poem.
4. progressive muscular relaxation.                                                                                                 Progressive muscular relaxation requires contracting and relaxing muscle groups and is a physical coping strategy as opposed to cognitive.

41. According to the American Society of Anesthesiology Physical Status Classification System, a patient with severe systemic disease that is not incapacitating is noted to have physical status classification

1. P3  
   Classification P3 patients are those who have compensated heart failure, cirrhosis, or poorly controlled diabetes, for example.
2. P4  
   Classification P4 patients have an incapacitating systemic disease that is a constant threat to life.
3. P1  
   Classification P1 refers to a normal healthy patient
4. P2  
   Classification P2 reflects a patient with mild systemic disease

42. Which stage of anesthesia is termed surgical anesthesia?

1. III  
   With proper administration of the anesthetic, this stage may be maintained for hours.
2. I  
   Stage I is beginning anesthesia, as the patient breathes in the anesthetic mixture and experiences warmth, dizziness, and a feeling of detachment.
3. II  
   Stage II is the excitement stage, which may be characterized by struggling, singing, laughing, or crying.
4. IV  
   Stage IV is a stage of medullary depression and is reached when too much anesthesia has been administered.

43. Fentanyl (Sublimaze) is categorized as which type of intravenous anesthetic agent?

1. Neuroleptanalgesic  
   Fentanyl is 75-100 times more potent than morphine and has about 25% of the duration of morphine (IV).
2. Tranquilizer  
   Examples of tranquilizers include midazolam (Versed) and diazepam (Valium).
3. Opioid  
   Opioids include morphine and meperidine hydrochloride (Demerol).
4. Dissociative agent  
   Ketamine is a dissociative agent.

44. Which of the following manifestations is often the earliest sign of malignant hyperthermia?

1. Tachycardia (heart rate above 150 beats per minute)  
   Tachycardia is often the earliest sign of malignant hyperthermia.
2. Hypotension  
   Hypotension is a later sign of malignant hyperthermia.
3. Elevated temperature  
   The rise in temperature is actually a late sign that develops rapidly.
4. Oliguria  
   Scant urinary output is a later sign of malignant hyperthermia.

45. Which of the following terms is used to refer to protrusion of abdominal organs through the surgical incision?

1. Evisceration  
   Evisceration is a surgical emergency.
2. Hernia  
   A hernia is a weakness in the abdominal wall.
3. Dehiscence  
   Dehiscence refers to partial or complete separation of wound edges.
4. Erythema  
   Erythema refers to redness of tissue.

46. When the method of wound healing is one in which wound edges are not surgically approximated and integumentary continuity is restored by granulations, the wound healing is termed

1. second intention healing.  
   When wounds dehisce, they will be allowed to heal by secondary intention.
2. primary intention healing.  
   Primary or first intention healing is the method of healing in which wound edges are surgically approximated and integumentary continuity is restored without granulating.
3. first intention healing.  
   Primary or first intention healing is the method of healing in which wound edges are surgically approximated and integumentary continuity is restored without granulating.
4. third intention healing.  
   Third intention healing is a method of healing in which surgical approximation of wound edges is delayed and integumentary continuity is restored by bringing apposing granulations together.

47. The nurse recognizes which of the following signs as typical of the patient in shock?

1. Rapid, weak, thready pulse  
   Pulse increases as the body tries to compensate.
2. Flushed face  
   Pallor is an indicator of shock.
3. Warm, dry skin  
   Skin is generally cool and moist in shock.
4. Increased urine output  
   Usually, a low blood pressure and concentrated urine are observed in the patient in shock.

48. When the nurse observes that the postoperative patient demonstrates a constant low level of oxygen saturation, although the patient’s breathing appears normal, the nurse identifies that the patient may be suffering which type of hypoxemia?

1. Subacute  
   Supplemental oxygen may be indicated.
2. Hypoxic  
   Hypoxic hypoxemia results from inadequate breathing.
3. Episodic  
   Episodic hypoxemia develops suddenly, and the patient may be at risk for myocardial ischemia, cerebral dysfunction, and cardiac arrest.
4. Anemic  
   Anemic hypoxemia results from blood loss during surgery.

49. When the surgeon performs an appendectomy, the nurse recognizes that the surgical category will be identified as

1. clean contaminated.  
   Clean-contaminated cases are those with a potential, limited source for infection, the exposure to which, to a large extent, can be controlled.
2. clean.  
   Clean cases are those with no apparent source of potential infection.
3. contaminated.  
   Contaminated cases are those that contain an open and obvious source of potential infection.
4. dirty.  
   A traumatic wound with foreign bodies, fecal contamination, or purulent drainage would be considered a dirty case.

50. Which of the following terms is used to describe inability to breathe easily except in an upright position?

1. Orthopnea  
   Patients with orthopnea are placed in a high Fowler’s position to facilitate breathing.
2. Dyspnea  
   Dyspnea refers to labored breathing or shortness of breath.
3. Hemoptysis  
   Hemoptysis refers to expectoration of blood from the respiratory tract.
4. Hypoxemia                                                                                                                                       Hypoxemia refers to low oxygen levels in the blood.

In relation to the structure of the larynx, the cricoid cartilage is

1. the only complete cartilaginous ring in the larynx.  
   The cricoid cartilage is located below the thyroid cartilage.
2. used in vocal cord movement with the thyroid cartilage.  
   The arytenoid cartilages are used in vocal cord movement with the thyroid cartilage.
3. the largest of the cartilage structures.  
   The thyroid cartilage is the largest of the cartilage structures; part of it forms the Adam’s apple.
4. the valve flap of cartilage that covers the opening to the larynx during swallowing.  
   The epiglottis is the valve flap of cartilage that covers the opening to the larynx during swallowing.

2. Which respiratory volume is the maximum volume of air that can be inhaled after maximal expiration?

1. Inspiratory reserve volume  
   Inspiratory reserve volume is normally 3000 mL.
2. Tidal volume  
   Tidal volume is the volume of air inhaled and exhaled with each breath.
3. Expiratory reserve volume  
   Expiratory reserve volume is the maximum volume of air that can be exhaled forcibly after a normal exhalation.
4. Residual volume  
   Residual volume is the volume of air remaining in the lungs after a maximum exhalation.

3. The individual who demonstrates displacement of the sternum is described as having a

1. pigeon chest.  
   Pigeon chest may occur with rickets, Marfan’s syndrome, or severe kyphoscoliosis.
2. barrel chest.  
   A barrel chest is seen in patients with emphysema as a result of over-inflation of the lungs.
3. funnel chest.  
   A funnel chest occurs when there is a depression in the lower portion of the sternum.
4. kyphoscoliosis.  
   Kyphoscoliosis is characterized by elevation of the scapula and a corresponding S-shaped spine.

4. When the nurse auscultates chest sounds that are harsh and cracking, sounding like two pieces of leather being rubbed together, she records her finding as

1. pleural friction rub.  
   A pleural friction rub is heard secondary to inflammation and loss of lubricating pleural fluid.
2. crackles.  
   Crackles are soft, high-pitched, discontinuous popping sounds that occur during inspiration.
3. sonorous wheezes.  
   Sonorous wheezes are deep, low-pitched rumbling sounds heard primarily during expiration.
4. sibilant wheezes.  
   Sibilant wheezes are continuous, musical, high-pitched, whistle-like sounds heard during inspiration and expiration.

5. Which of the following terms is used to describe hemorrhage from the nose?

1. Epistaxis  
   Epistaxis is due to rupture of tiny, distended vessels in the mucous membrane of any area of the nose.
2. Xerostomia  
   Xerostomia refers to dryness of the mouth.
3. Rhinorrhea  
   Rhinorrhea refers to drainage of a large amount of fluid from the nose.
4. Dysphagia  
   Dysphagia refers to difficulties in swallowing.

6. The herpes simplex virus (HSV-1), which produces a cold sore (fever blister), has an incubation period of

1. 2-12 days.  
   HSV-1 is transmitted primarily by direct contact with infected secretions.
2. 0-3 months.  
   The time period 0-3 months exceeds the incubation period.
3. 20-30 days.  
   The time period 20-30 days exceeds the incubation period.
4. 3-6 months.  
   The time period 3-6 months exceeds the incubation period.

7. Another term for clergyman’s sore throat is

1. chronic granular pharyngitis.  
   In clergyman’s sore throat, the pharynx is characterized by numerous swollen lymph follicles.
2. aphonia.  
   Aphonia refers to the inability to use one’s voice.
3. atrophic pharyngitis.  
   Atrophic pharyngitis is characterized by a membrane that is thin, white, glistening, and at times wrinkled.
4. hypertrophic pharyngitis.  
   Hypertrophic pharyngitis is characterized by general thickening and congestion of the pharyngeal mucous membrane.

8. Which type of sleep apnea is characterized by lack of airflow due to pharyngeal occlusion?

1. Obstructive  
   Obstructive sleep apnea occurs usually in men, especially those who are older and overweight.
2. Simple  
   Types of sleep apnea do not include a simple characterization.
3. Mixed  
   Mixed sleep apnea is a combination of central and obstructive apnea with one apneic episode.
4. Central  
   In central sleep apnea, the patient demonstrates simultaneous cessation of both airflow and respiratory movements.

9. When the patient who has undergone laryngectomy suffers wound breakdown, the nurse monitors him very carefully because he is identified as being at high risk for

1. carotid artery hemorrhage.  
   The carotid artery lies close to the stoma and may rupture from erosion if the wound does not heal properly.
2. pulmonary embolism.  
   Pulmonary embolism is associated with immobility.
3. dehydration.  
   Dehydration may lead to poor wound healing and breakdown.
4. pneumonia.  
   Pneumonia is a risk for any postoperative patient.

10. Which of the following terms refers to lung tissue that has become more solid in nature due to a collapse of alveoli or infectious process?

1. Consolidation  
   Consolidation occurs during an infectious process such as pneumonia.
2. Atelectasis  
   Atelectasis refers to collapse or airless condition of the alveoli caused by hypoventilation, obstruction to the airways, or compression.
3. Bronchiectasis  
   Bronchiectasis refers to chronic dilation of a bronchi or bronchi in which the dilated airway becomes saccular and a medium for chronic infection.
4. Empyema  
   Empyema refers to accumulation of purulent material in the pleural space.

11. Which of the following community-acquired pneumonias demonstrates the highest occurrence during summer and fall?

1. Legionnaires’ disease  
   Legionnaires’ disease accounts for 15% of community-acquired pneumonias.
2. Streptococcal (pneumococcal) pneumonia  
   Streptococcal pneumonia demonstrates the highest occurrence in winter months.
3. Mycoplasma pneumonia  
   Mycoplasma pneumonia demonstrates the highest occurrence in fall and early winter.
4. Viral pneumonia  
   Viral pneumonia demonstrates the greatest incidence during winter months.

12. When interpreting the results of a Mantoux test, the nurse explains to the patient that a reaction occurs when the intradermal injection site shows

1. redness and induration.  
   The site is inspected for redness and palpated for hardening.
2. drainage.  
   Drainage at the site does not indicate a reaction to the tubercle bacillus.
3. tissue sloughing.  
   Sloughing of tissue at the site of injection does not indicate a reaction to the tubercle bacillus.
4. bruising.  
   Bruising of tissue at the site may occur from the injection, but does not indicate a reaction to the tubercle bacillus.

13. Which of the following actions is most appropriate for the nurse to take when the patient demonstrates subcutaneous emphysema along the suture line or chest dressing 2 hours after chest surgery?

1. Record the observation.  
   Subcutaneous emphysema occurs after chest surgery as the air that is located within the pleural cavity is expelled through the tissue opening created by the surgical procedure.
2. Apply a compression dressing to the area.  
   Subcutaneous emphysema is a typical post-operative finding in the patient after chest surgery.
3. Measure the patient’s pulse oximetry.  
   Subcutaneous emphysema is absorbed by the body spontaneously after the underlying leak is treated or halted.
4. Report the finding to the physician immediately.  
   Subcutaneous emphysema results from air entering the tissue planes.

14. Which of the following types of lung cancer is characterized as fast growing and tending to arise peripherally?

1. Large cell carcinoma  
   Large cell carcinoma is a fast-growing tumor that tends to arise peripherally.
2. Bronchioalveolar carcinoma  
   Bronchioalveolar cell cancer arises from the terminal bronchus and alveoli and is usually slow-growing.
3. Adenocarcinoma  
   Adenocarcinoma presents as peripheral masses or nodules and often metastasizes.
4. Squamous cell carcinoma  
   Squamous cell carcinoma arises from the bronchial epithelium and is more centrally located.

15. Which of the following methods is the best method for determining nasogastric tube placement in the stomach?

1. X-ray  
   Radiologic identification of tube placement in the stomach is most reliable.
2. Observation of gastric aspirate  
   Gastric fluid may be grassy green, brown, clear, or odorless while an aspirate from the lungs may be off-white or tan. Hence, checking aspirate is not the best method of determining nasogastric tube placement in the stomach.
3. Testing of pH of gastric aspirate  
   Gastric pH values are typically lower or more acidic than that of the intestinal or respiractory tract, but not always.
4. Placement of external end of tube under water  
   Placement of external end of tube under water and watching for air bubbles is not a reliable method for determining nasogastric tube placement in the stomach.

16. Which of the following types of lung cancer is the most prevalent carcinoma of the lung for both men and women?

1. Adenocarcinoma  
   Adenocarcinoma presents more peripherally as peripheral masses or nodules and often metastasizes.
2. Large cell carcinoma  
   Large cell carcinoma is a fast-growing tumor that tends to arise peripherally.
3. Squamous cell carcinoma  
   Squamous cell carcinoma is more centrally located and arises more commonly in the segmental and subsegmental bronchi in response to repetitive carcinogenic exposures.
4. Small cell carcinoma  
   Small cell carcinomas arise primarily as proximal lesions, but may arise in any part of the tracheobronchial tree.

17. Emphysema is described as:

1. A disease of the airways characterized by destruction of the walls of overdistended alveoli. Emphysema is a category of COPD.
2. A disease that results in a common clinical outcome of reversible airflow obstruction.  
   Asthma is the disease described.
3. The presence of cough and sputum production for at least a combined total of two or three months in each of two consecutive years.  
   Bronchitis is the disease described.
4. Chronic dilatation of a bronchus or bronchi  
   Bronchiectasis is the condition described.

18. Which of the following is the most important risk factor for development of Chronic Obstructive Pulmonary Disease?

1. Cigarette smoking  
   Pipe, cigar and other types of tobacco smoking are also risk factors.
2. Occupational exposure  
   While a risk factor, occupational exposure is not the most important risk factor for development of COPD.
3. Air pollution  
   Air pollution is a risk factor for development of COPD, but it is not the most important risk factor.
4. Genetic abnormalities  
   A deficiency of alpha-antitrypsin is a risk factor for development of COPD, but it is not the most important risk factor.

19. Which type of chest configuration is typical of the patient with COPD?

1. Barrel chest  
   “Barrel chest” results from fixation of the ribs in the inspiratory position.
2. Pigeon chest  
   Pigeon chest results from a displaced sternum.
3. Flail chest  
   Flail chest results when the ribs are fractured.
4. Funnel chest  
   Funnel chest occurs when there is a depression in the lower portion of the sternum and is associated with Mafan’s syndrome or rickets.

20. In which stage of COPD is the forced expiratory volume (FEV1) < 30%?

1. III  
   Stage III patients demonstrate FEV1 < 30% with respiratory failure or clinical signs of right heart failure
2. II  
   Stage II patients demonstrate FEV1 between > 30% and 80%
3. I  
   Stage I is mild COPD with FEV1 < 70%.
4. O  
   Stage O is characterized by normal spirometry

21. Of the following oxygen administration devices, which has the advantage of providing high oxygen concentration?

1. Non-rebreather mask  
   The non-rebreather mask provides high oxygen concentration but is usually poor fitting.
2. Venturi mask  
   The Venturi mask provides low levels of supplemental oxygen.
3. Catheter  
   The catheter is an inexpensive device that provides a variable fraction of inspired oxygen and may cause gastric distention.
4. Face tent  
   A face tent provides a fairly accurate fraction of inspired oxygen, but is bulky and uncomfortable. It would not be the device of choice to provide high oxygen concentration.

22. Which of the following ranges identifies the amount of pressure within the endotracheal tube cuff that is believed to prevent both injury and aspiration?

1. 20-25 mm Hg water pressure.  
   Usually the pressure is maintained at less than 25 cm water pressure to prevent injury and at more than 20 cm water pressure to prevent aspiration.
2. 10-15 mm Hg water pressure.  
   A measure of 10–15 mm Hg water pressure would indicate that the cuff is underinflated.
3. 30-35 mm Hg water pressure.  
   A measure of 30–35 mm Hg water pressure would indicate that the cuff is overinflated.
4. 0-5 mm Hg water pressure  
   A measure of 0-5 mm Hg water pressure would indicate that the cuff is underinflated.

23. When performing endotracheal suctioning, the nurse applies suctioning while withdrawing and gently rotating the catheter 360 degrees for which of the following time periods?

1. 10-15 seconds  
   In general, the nurse should apply suction no longer than 10-15 seconds because hypoxia and dysrhythmias may develop, leading to cardiac arrest.
2. 30-35 seconds  
   Applying suction for 30-35 seconds is hazardous and may result in the patient’s developing hypoxia, which can lead to dysrhythmias and, ultimately, cardiac arrest.
3. 20-25 seconds  
   Applying suction for 20-25 seconds is hazardous and may result in the patient’s developing hypoxia, which can lead to dysrhythmias and, ultimately, cardiac arrest.
4. 0-5 seconds  
   Applying suction for 0-5 seconds would provide too little time for effective suctioning of secretions.

24. In general, chest drainage tubes are not used for the patient undergoing

1. Pneumonectomy  
   Usually, no drains are used for the pneumonectomy patient because the accumulation of fluid in the empty hemithorax prevents mediastinal shift.
2. Lobectomy  
   With lobectomy, two chest tubes are usually inserted for drainage, the upper for air and the lower for fluid
3. Wedge resection  
   With wedge resection, the pleural cavity usually is drained because of the possibility of an air or blood leak
4. Segmentectomy  
   With segmentectomy, drains are usually used because of the possibility of an air or blood leak.

25. Which term is used to describe the ability of the heart to initiate an electrical impulse?

1. Automaticity  
   Automaticity is the ability of specialized electrical cells of the cardiac conduction system to initiate an electrical impulse.
2. Contractility  
   Contractility refers to the ability of the specialized electrical cells of the cardiac conduction system to contract in response to an electrical impulse.
3. Conductivity  
   Conductivity refers to the ability of the specialized electrical cells of the cardiac conduction system to transmit an electrical impulse from one cell to another.
4. Excitability  
   Excitability refers to the ability of the specialized electrical cells of the cardiac conduction system to respond to an electrical impulse.

26. The nurse auscultates the apex beat at which of the following anatomical locations?

1. Fifth intercostal space, midclavicular line  
   The left ventricle is responsible for the apex beat or the point of maximum impulse, which is normally palpable in the left midclavicular line of the chest wall at the fifth intercostal space.
2. Mid-sternum  
   The right ventricle lies anteriorly, just beneath the sternum.
3. 2” to the left of the lower end of the sternum  
   Use of inches to identify the location of the apex beat is inappropriate based upon variations in human anatomy.
4. 1” to the left of the xiphoid process  
   Auscultation below and to the left of the xiphoid process will detect gastrointestinal sounds, but not the apex beat of the heart.

27. Which of the following terms describes the amount of blood ejected per heartbeat?

1. Stroke volume  
   Stroke volume is determined by preload, afterload, and contractility.
2. Cardiac output  
   Cardiac output is the amount of blood pumped by each ventricle during a given period and is computed by multiplying the stroke volume of the heart by the heart rate.
3. Ejection fraction  
   Ejection Fraction is the percentage of the end-diastolic volume that is ejected with each stroke, measured at 42–50% in the normal heart.
4. Afterload  
   Afterload is defined as the pressure that the ventricular myocardium must overcome to eject blood during systole and is one of the determinants of stroke volume.

28. When measuring the blood pressure in each of the patient’s arms, the nurse recognizes that in the normal adult, the pressures

1. differ no more than 5 mm Hg between arm pressures.  
   Normally, in the absence of disease of the vasculature, there is a difference of no more than 5 mm Hg between arm pressures.
2. must be equal in both arms.  
   The pressures in each arm do not have to be equal in order to be considered normal.
3. may vary 10 mm Hg or more between arms.  
   Pressures that vary more than 10 mm Hg between arms indicate an abnormal finding.
4. may vary, with the higher pressure found in the left arm.  
   The left arm pressure is not anticipated to be higher than the right as a normal anatomical variant.

29. Central venous pressure is measured in which of the following heart chambers?

1. Right atrium  
   The pressure in the right atrium is used to assess right ventricular function and venous blood return to the heart.
2. Left atrium  
   The left atrium receives oxygenated blood from the pulmonary circulation.
3. Left ventricle  
   The left ventricle receives oxygenated blood from the left atrium.
4. Right ventricle  
   The right ventricle is not the central collecting chamber of venous circulation.

30. Which of the following ECG characteristics is usually seen when a patient’s serum potassium level is low?

1. U wave  
   The U wave is an ECG waveform characteristic that may reflect Purkinje fiber repolarization. It is usually seen when a patient’s serum potassium level is low.
2. T wave  
   The T wave is an ECG characteristic reflecting repolarization of the ventricles. It may become tall or “peaked” if a patient’s serum potassium level is high.
3. P wave  
   The P wave is an ECG characteristic reflecting conduction of an electrical impulse through the atria.
4. QT interval  
   The QT interval is an ECG characteristic reflecting the time from ventricular depolarization to repolarization.

31. Which of the following ECG waveforms characterizes conduction of an electrical impulse through the left ventricle?

1. QRS complex  
   The QRS complex represents ventricular depolarization
2. P wave  
   The P wave is an ECG characteristic reflecting conduction of an electrical impulse through the atria.
3. PR interval  
   The PR interval is a component of an ECG tracing reflecting conduction of an electrical impulse through the AV node.
4. QT interval  
   The QT interval is an ECG characteristic reflecting the time from ventricular depolarization to repolarization.

32. When the nurse observes that the patient’s heart rate increases during inspiration and decreases during expiration, the nurse reports that the patient is demonstrating

1. sinus dysrhythmia.  
   Sinus dysrhythmia occurs when the sinus node creates an impulse at an irregular rhythm.
2. normal sinus rhythm.  
   Normal sinus rhythm occurs when the electrical impulse starts at a regular rate and rhythm in the SA node and travels through the normal conduction pathway.
3. sinus bradycardia.  
   Sinus bradycardia occurs when the sinus node regularly creates an impulse at a slower-than-normal rate.
4. sinus tachycardia.  
   Sinus tachycardia occurs when the sinus node regularly creates an impulse at a faster-than-normal rate.

33. Which of the following terms is used to describe a tachycardia characterized by abrupt onset, abrupt cessation, and a QRS of normal duration?

1. Paroxysmal atrial tachycardia  
   PAT is often caused by a conduction problem in the AV node and is now called AV nodal reentry tachycardia.
2. Sinus tachycardia  
   Sinus tachycardia occurs when the sinus node regularly creates an impulse at a faster-than-normal rate.
3. Atrial flutter  
   Atrial flutter occurs in the atrium and creates an atrial rate between 250-400 times per minute.
4. Atrial fibrillation  
   Atrial fibrillation causes a rapid, disorganized, and uncoordinated twitching of atrial musculature.

34. When the nurse observes an ECG tracing on a cardiac monitor with a pattern in lead II and observes a bizarre, abnormal shape to the QRS complex, the nurse has likely observed which of the following ventricular dysrhythmias?

1. Premature ventricular contraction                                                                                                                A PVC is an impulse that starts in a ventricle before the next normal sinus impulse.
2. Ventricular bigeminy  
   Ventricular bigeminy is a rhythm in which every other complex is a PVC.
3. Ventricular tachycardia  
   Ventricular tachycardia is defined as three or more PVCs in a row, occurring at a rate exceeding 100 beats per minute.
4. Ventricular fibrillation  
   Ventricular fibrillation is a rapid but disorganized ventricular rhythm that causes ineffective quivering of the ventricles.

35. Premature ventricular contractions are considered precursors of ventricular tachycardia when they

1. occur at a rate of more than six per minute.  
   When PVCs occur at a rate of more than six per minute they indicate increasing ventricular irritability and are considered forerunners of ventricular tachycardia (VT).
2. occur during the QRS complex.  
   PVCs are dangerous when they occur on the T wave.
3. have the same shape.  
   PVCs are dangerous when they are multifocal (have different shapes).
4. are paired with a normal beat.  
   A PVC that is paired with a normal beat is termed bigeminy.

36. When no atrial impulse is conducted through the AV node into the ventricles, the patient is said to be experiencing which type of AV block?

1. Third degree  
   In third degree heart block, two impulses stimulate the heart—one stimulates the ventricles and one stimulates the atria.
2. First degree  
   In first degree heart block, all the atrial impulses are conducted through the AV node into the ventricles at a rate slower than normal.
3. Second degree, type I  
   In second degree AV block, type I, all but one of the atrial impulses are conducted through the AV node into the ventricles.
4. Second degree, type II  
   In second degree AV block, type II, only some of the atrial impulses are conducted through the AV node into the ventricles.

37. Which of the following terms refers to chest pain brought on by physical or emotional stress and relieved by rest or medication?

1. angina pectoris  
   Angina pectoris is a symptom of myocardial ischemia.
2. atherosclerosis  
   Atherosclerosis is an abnormal accumulation of lipid deposits and fibrous tissue within arterial walls and lumens.
3. atheroma  
   Atheromas are fibrous caps composed of smooth muscle cells that form over lipid deposits within arterial vessels.
4. ischemia  
   Ischemia is insufficient tissue oxygenation and may occur in any part of the body.

38. Of the following risk factors, which is considered modifiable?

1. Diabetes mellitus  
   While diabetes mellitus cannot be cured, blood sugars and symptomatology can be managed through healthy heart living.
2. Gender  
   Gender is considered a non-modifiable risk factor.
3. Race  
   Race is considered a non-modifiable risk factor.
4. Increasing age  
   Increasing age is considered a non-modifiable risk factor.

39. When the patient with known angina pectoris complains that he is experiencing chest pain more frequently even at rest, the period of pain is longer, and it takes less stress for the pain to occur, the nurse recognizes that the patient is describing

1. unstable angina.  
   Unstable angina is also called crescendo or pre-infarction angina and indicates the need for a change in treatment.
2. intractable angina.  
   Intractable or refractory angina produces severe, incapacitating chest pain that does not respond to conventional treatment.
3. variant angina.  
   Variant angina is described as pain at rest with reversible ST-segment elevation and is thought to be caused by coronary artery vasospasm.
4. refractory angina.  
   Intractable or refractory angina produces severe, incapacitating chest pain that does not respond to conventional treatment.

40. Heparin therapy is usually considered therapeutic when the patient’s activated partial thromboplasin time (aPTT) is how many times normal?

1. 1.5 to 2  
   The amount of heparin administered is based on aPTT results, which should be obtained in follow-up to any alteration of dosage.
2. .5 to 1  
   The patient’s aPTT value would have to be greater than .5 to 1 times normal to be considered therapeutic.
3. 2.5 to 3  
   An aPTT value that is 2.5 to 3 times normal would be too high to be considered therapeutic.
4. .25 to .75                                                                                                                                                        The patient’s aPTT value would have to be greater than .25 to .75 times normal to be considered therapeutic.

41. When the post-cardiac surgery patient demonstrates restlessness, nausea, weakness, and peaked T waves, the nurse reviews the patient’s serum electrolytes anticipating which abnormality?

1. Hyperkalemia  
   Hyperkalemia is indicated by mental confusion, restlessness, nausea, weakness, and dysrhythmias (tall, peaked T waves).
2. Hypercalcemia  
   Hypercalcemia would likely be demonstrated by asystole.
3. Hypomagnesemia  
   Hypomagenesemia would likely be demonstrated by hypotension, lethargy, and vasodilation.
4. Hyponatremia  
   Hyponatremia would likely be indicated by weakness, fatigue, and confusion without change in T wave formation.

42. In order to be effective, Percutaneous Transluminal Coronary Angioplasty (PTCA) must be performed within what time frame, beginning with arrival at the emergency department after diagnosis of myocardial infarction?

1. 60 minutes  
   The sixty minute interval is known as “door to balloon time” for performance of PTCA on a diagnosed MI patient.
2. 30 minutes  
   The thirty minute interval is known as “door to needle” time for administration of thrombolytics post MI.
3. 9 days  
   The time frame of nine (9) days refers to the time for onset of vasculitis after administration of Streptokinase for thrombolysis in an acute MI patient.
4. 6-12 months  
   The six to twelve month time frame refers to the time period during which streptokinase will not be used again in the same patient for acute MI.

43. Which of the following statements reflect a goal of rehabilitation for the patient with an MI:

1. To improve the quality of life  
   Overall, cardiac rehabilitation is a complete program dedicated to extending and improving quality of life.
2. To limit the effects and progression of atherosclerosis  
   An immediate objective of rehabilitation of the MI patient is to limit the effects and progression of atherosclerosis.
3. To return the patient to work and a pre illness lifestyle  
   An immediate objective of rehabilitation of the MI patient is to return the patient to work and a pre illness lifestyle.
4. To prevent another cardiac event  
   An immediate objective of rehabilitation of the MI patient is to prevent another cardiac event.

44. Which of the following methods to induce hemostasis after sheath removal post Percutaneous Transluminal Coronary Angioplasty is the least effective?

1. Application of a sandbag to the area  
   Several nursing interventions frequently used as part of the standard of care, such as applying a sandbag to the sheath insertion site, have not been shown to be effective in reducing the incidence of bleeding.
2. Application of a vascular closure device, such as AngiosealTM, VasosealTM, DuettTM, Syvek patchTM  
   Application of a vascular closure device has been demonstrated to be very effective.
3. Direct manual pressure  
   Direct manual pressure to the sheath introduction site has been demonstrated to be effective and was the first method used to induce hemostasis post PTCA.
4. Application of a pneumatic compression device (e.g., Fem-StopTM)  
   Application of a pneumatic compression device post PTCA has been demonstrated to be effective.

45. A long-term effect of which of the following procedures post acute MI induces angioneogenesis?

1. Transmyocardial laser revascularization  
   TNR procedures usually involves making 20 to 40 channels in ventricular muscle. It is thought that some blood flows into the channels, decreasing the ischemia directly. Within the next few days to months, the channels close as a result of the body’s inflammatory process of healing a wound and new blood vessels form as a result of the inflammatory process.
2. Bracytherapy  
   Brachytherapy involves the delivery of gamma or beta radiation by placing a radioisotope close to the lesion and has been shown to be effective in reducing the recurrence of obstruction, preventing vessell restenosis by inhibiting smooth muscle cell proliferation.
3. Atherectomy  
   Atherectomy is an invasive interventional procedure that involves the removal of the atheroma, or plaque, from a coronary artery.
4. Stent placement  
   A stent is a woven stainless steel mesh that provides structural support to a vessel at risk of acute closure. Eventually, endothelium covers the stent and it is incorporated into the vessel wall. Because of the risk of thrombus formation in the stent, the patient receives antiplatelet medications (e.g., clopidigrel [Plavix]) therapy for 2 weeks and lifetime use of aspirin).

46. Which of the following medications are used to reverse the effects of heparin?

1. Protamine sulfate  
   Protamine sulfate is known as the antagonist to heparin.
2. Streptokinase  
   Streptokinase is a thrombolytic agent.
3. Clopidigrel (Plavix)  
   Clopidigrel (Plavix) is an antiplatelet medication that is given to reduce the risk of thrombus formation post coronary stent placement.
4. Aspirin  
   The antiplatelet effect of aspirin does not reverse the effects of heparin.

47. Which of the following terms refers to leg pain that is brought on walking and caused by arterial insufficiency?

1. Intermittent claudication  
   Intermittent claudication is leg pain that is brought on by exercise and relieved by rest.
2. Dyspnea  
   Dyspnea is the patient’s subjective statement of difficulty breathing.
3. Orthopnea  
   Orthopnea is the inability of the patient to breathe except in the upright (sitting) position.
4. Thromboangitis obliterans  
   Thomroangitis obliterans is a peripheral vascular disease also known as Burger’s disease.

48. When the post-cardiac surgical patient demonstrates vasodilation, hypotension, hyporeflexia, slow gastrointestinal motility (hypoactive bowel sounds), lethargy, and respiratory depression, the nurse suspects which of the following electrolyte imbalances?

1. Hypermagnesemia  
   Untreated hypomagnesemia may result in coma, apnea, cardiac arrest.
2. Hypokalemia  
   Signs and symptoms of hypokalemia include signs of digitalis toxicity and dysrhythmias (U wave, AV block, flat or inverted T waves).
3. Hyperkalemia  
   Signs of hyperkalemia include: mental confusion, restlessness, nausea, weakness, paresthesias of extremities, dysrhythmias (tall, peaked T waves; increased amplitude, widening QRS complex; prolonged QT interval).
4. Hypomagnesemia  
   Signs and symptoms of hypomagnesemia include: paresthesias, carpopedal spasm, muscle cramps, tetany, irritability, tremors, hyperexcitability, hyperreflexia, cardiac dysrhythmias (prolonged PR and QT intervals, broad flat T waves), disorientation, depression, and hypotension.

49. When the nurse notes that the post cardiac surgery patient demonstrates low urine output (< 25 ml/hr) with high specific gravity (> 1.025), the nurse suspects:

1. Inadequate fluid volume  
   Urine output of less than 25 ml/hr may indicate a decrease in cardiac output. A high specific gravity indicates increased concentration of solutes in the urine which occurs with inadequate fluid volume.
2. Normal glomerular filtration  
   Indices of normal glomerular filtration are output of 25 ml or greater per hour and specific gravity between 1.010 and 1.025.
3. Overhydration  
   Overhydration is manifested by high urine output with low specific gravity.
4. Anuria  
   The anuric patient does not produce urine.

50. When the valve used in valve replacement surgery is made from the patient’s own heart valve, which of the following terms is used?

1. Autograft  
   An example of autograft is found when the surgeon excises the pulmonic valve and uses it for an aortic valve replacement.
2. Allograft  
   Allograft refers to replacement using human tissue and is a synonym for homograft.
3. Homograft  
   Homograft refers to replacement using human tissue and is a synonym for allograft.
4. Xenograft                                                                                                                                            Xenograft refers to replacement of tissue from animal tissue.

Which of the following procedures most specifically describes splitting or separating fused cardiac valve leaflets?

1. Commisurotomy  
   Commisurotomy is frequently used for mitral stenosis.
2. Annuloplasty  
   Annuloplasty refers to repair of a cardiac valve’s outer ring.
3. Chordoplasty  
   Chordoplasty refers to repair of the chordae tendonae of atroventricular valve leaflets.
4. Valvuloplasty  
   Valvuloplasty is a general term that refers to repair of a stenosed or regurgitant cardiac valve by commisurotomy, annuloplasty, leaflet repair, and/or chordoplasty.

2. Which of the following mitral valve conditions generally produces no symptoms?

1. Prolapse  
   Mitral valve prolpase is a deformity that usually produces no symptoms and has been diagnosed more frequently in recent years, probably as a result of improved diagnostic methods.
2. Stenosis  
   Mitral valve stenosis usually causes progressive fatigue.
3. Regurgitation  
   Mitral valve regurgitation, in its acute stage, usually presents as severe heart failure.
4. Infection  
   Mitral valve infection, when acute, will produce symptoms typical of infective endocarditis.

3. In which type of cardiomyopathy does the heart muscle actually increase in size and mass weight, especially along the septum?

1. Hypertrophic  
   Because of the structural changes, hypertrophic cardiomyopathy had also been called idiopathic hypertrophic subaortic stenosis (IHSS) or asymmetric septal hypertrophy (ASH).
2. Dilated  
   Because of the structural changes, hypertrophic cardiomyopathy had also been called idiopathic hypertrophic subaortic stenosis (IHSS) or asymmetric septal hypertrophy (ASH).
3. Restrictive  
   Restrictive cardiomyopathy is characterized by diastolic dysfunction caused by rigid ventricular walls that impair ventricular stretch and diastolic filling
4. Arrhythmogenic right ventricular cardiomyopathy  
   Arrhythmogenic right ventricular cardiomyopathy (ARVC) occurs when the myocardium of the right ventricle is progressively infiltrated and replaced by fibrous scar and adipose tissue

4. Which of the following patient behaviors, if observed by the nurse, would indicate that the cardiac patient’s level of anxiety has decreased?

1. Answers questions regarding status with no problem.  
   Generally, when anxiety begins to increase, the patient will be less likely to want to discuss prognosis.
2. Discusses prognosis freely.  
   Open discussion generally indicates some degree of comfort with prognosis.
3. Verbalizes fears and concerns.  
   Verbalization of fears and concerns indicates some degree of comfort with prognosis.
4. Participates in support groups.  
   Participation in support groups indicates some degree of comfort with prognosis.

5. The patient with which of the follow characteristics is considered high risk for the development of infective endocarditis?

1. Complex cyanotic congenital malformations                                                                                            The patient who has complex cyanotic congenital malformations is at high risk for the development of infective endocarditis.
2. Mitral valve prolapse with valvular regurgitation  
   The patient with mitral valve prolapse with valvular regurgitation is at moderate risk for the development of infective endocarditis.
3. Hypertrophic cardiomyopathy  
   The patient with hypertrophic cardiomyopathy is at moderate risk for the development of infective endocarditis.
4. Acquired valvular dysfunction  
   The patient with acquired valvular dysfunction is at moderate risk for the development of infective endocarditis.

6. Which of the following terms indicates the amount of blood pumped out of the ventricle with each contraction of the heart?

1. Stroke volume  
   Stroke volume is the amount of blood pumped out (ejected) with each contraction of the heart (heart beat). Stroke volume times heart rate equals cardiac output.
2. Afterload  
   Afterload is the amount of resistance to ejection of blood from a ventricle.
3. Cardiac output  
   Cardiac output is the amount of blood pumped out of the heart in one minute.
4. Preload  
   Preload is the pressure created by a volume of blood within a ventricle before contraction.

7. When the balloon on the distal tip of a pulmonary artery catheter is inflated and a pressure is measured, the measurement obtained is referred to as the

1. pulmonary artery wedge pressure.  
   When the balloon is inflated, the tip of the catheter floats into smaller branches of the pulmonary arty until it can no longer be passed and the pressure is recorded, reflecting left atrial pressure and left ventricular end-diastolic pressure.
2. central venous pressure.  
   Central venous pressure is measured in the right atrium.
3. pulmonary artery pressure.  
   Pulmonary artery pressure is measured when the balloon tip is not inflated.
4. cardiac output.  
   Cardiac output is determined through thermodilution involving injection of fluid into the pulmonary artery catheter.

8. Which of the following medications is categorized as a loop diuretic?

1. Furosemide (Lasix)  
   Lasix is commonly used in the treatment of cardiac failure.
2. Chlorothiazide (Diuril)  
   Chlorothiazide is categorized as a thiazide diuretic.
3. Chlorthalidone (Hygroton)  
   Chlorothalidone is categorized as a thiazide diuretic.
4. Spironolactone (Aldactone)  
   Spironolactone is categorized as a potassium-sparing diuretic.

9. When the nurse observes that the patient always has difficulty breathing when lying flat, the nurse records that the patient is demonstrating

1. Orthopnea  
   Patients with orthopnea prefer not to lie flat and will need to maintain their beds in a semi- to high Fowler’s position
2. Dyspnea on exertion.  
   Dyspnea on exertion refers to difficulty breathing with activity.
3. Hyperpnea.  
   Hyperpnea refers to increased rate and depth of respiration.
4. Paroxysmal nocturnal dyspnea.  
   Paroxysmal nocturnal dyspnea refers to orthopnea that occurs only at night.

10. The patient with cardiac failure is taught to report which of the following symptoms to the physician or clinic immediately?

1. Persistent cough  
   Persistent cough may indicate an onset of left-heart failure.
2. Increased appetite  
   Loss of appetite should be reported immediately.
3. Weight loss  
   Weight gain should be reported immediately.
4. Ability to sleep through the night  
   Frequent urination, causing interruption of sleep, should be reported immediately.

11. A classic sign of cardiogenic shock is

1. Tissue hypoperfusion  
   Tissue hypoperfusion is manifested as cerebral hypoxia (restlessness, confusion, agitation).
2. High blood pressure  
   Low blood pressure is a classic sign of cardiogenic shock.
3. Hyperactive bowel sounds  
   Hypoactive bowel sounds are classic signs of cardiogenic shock.
4. Increased urinary output  
   Decreased urinary output is a classic sign of cardiogenic shock.

12. Vasoactive drugs which cause the arteries and veins to dilate, thereby shunting much of the intravascular volume to the periphery and causing a reduction in preload and afterload include agents such as

1. Sodium nitroprusside (Nipride)  
   Sodium nitroprusside is used in the treatment of cardiogenic shock.
2. Norepinephrine (Levophed)  
   Norepinephrine (Levophed) is a vasopressor that is used to promote perfusion to the heart and brain.
3. Dopamine (Inotropin)  
   Dopamine (Inotropin) tends to increase the workload of the heart by increasing oxygen demand; thus, it is not administered early in the treatment of cardiogenic shock.
4. Furosemide (Lasix)  
   Furosemide (Lasix) is a loop diuretic that reduces intravascular fluid volume.

13. Which of the following terms refers to a muscular, cramp-like pain in the extremities consistently reproduced with the same degree of exercise and relieved by rest?

1. Intermittent claudication  
   Intermittent claudication is a sign of peripheral arterial insufficiency.
2. Aneurysm  
   An aneurysm is a localized sac of an artery wall formed at a weak point in the vessel.
3. Bruit  
   A bruit is the sound produced by turbulent blood flow through an irregular, tortuous, stenotic, or dilated vessel.
4. Ischemia  
   Ischemia is a term used to denote deficient blood supply.

14. Which of the following observations regarding ulcer formation on the patient’s lower extremity indicate to the nurse that the ulcer is a result of venous insufficiency?

1. The border of the ulcer is irregular.  
   The border of an ulcer caused by arterial insufficiency is circular.
2. The ulcer is very painful to the patient, even though superficial.  
   Superficial venous insufficiency ulcers cause minimal pain.
3. The ulcer base is pale to black.  
   The base of a venous insufficiency ulcer shows beefy red to yellow fibrinous color.
4. The ulcer is deep, involving the joint space.  
   Venous insufficiency ulcers are usually superficial.

15. A diagnostic test that involves injection of a contrast media into the venous system through a dorsal vein in the foot is termed

1. contrast phlebography.  
   When a thrombus exists, an x-ray image will disclose an unfilled segment of a vein.
2. air plethysmography  
   Air plethysmography quantifies venous reflux and calf muscle pump ejection.
3. lymphangiography.  
   In lymphangiography, contrast media are injected into the lymph system.
4. lymphoscintigraphy.  
   In lymphoscintigraphy, a radioactive-labeled colloid is injected into the lymph system.

16. The nurse teaches the patient with peripheral vascular disease to refrain from smoking because nicotine causes

1. vasospasm.  
   Nicotine causes vasospasm and can thereby dramatically reduce circulation to the extremities.
2. slowed heart rate.  
   Nicotine has stimulant effects.
3. depression of the cough reflex.  
   Nicotine does not suppress cough. Smoking irritates the bronchial tree, causing coughing.
4. diuresis.  
   Nicotine does not cause diuresis.

17. Which of the following types of aneurysms results in bleeding into the layers of the arterial wall?

1. Dissecting  
   Dissection results from a rupture in the intimal layer, resulting in bleeding between the intimal and medial layers of the arterial wall.
2. Saccular  
   Saccular aneurysms collect blood in the weakened outpouching.
3. False  
   In a false aneurysm, the mass is actually a pulsating hematoma.
4. Anastomotic  
   An anastomotic aneurysm occurs as a result of infection at arterial suture or graft sites.

18. Which of the following terms refers to enlarged, red, and tender lymph nodes?

1. Lymphadenitis  
   Acute lymphadenitis is demonstrated by enlarged, red and tender lymph nodes.
2. Lymphangitis  
   Lymphangitis is an acute inflammation of the lymphatic channels.
3. Lymphedema  
   Lymphedema is demonstrated by swelling of tissues in the extremities because of an increased quantity of lymph that results from an obstruction of lymphatic vessels.
4. Elephantiasis  
   Elephantiasis refers to a condition in which chronic swelling of the extremity recedes only slightly with elevation.

19. Which of the following terms is given to hypertension in which the blood pressure, which is controlled with therapy, becomes uncontrolled (abnormally high) with the discontinuation of therapy?

1. Rebound  
   Rebound hypertension may precipitate a hypertensive crisis.
2. Essential  
   Essential or primary hypertension denotes high blood pressure from an unidentified source.
3. Primary  
   Essential or primary hypertension denotes high blood pressure from an unidentified source.
4. Secondary  
   Secondary hypertension denotes high blood pressure from an identified cause, such as renal disease.

20. Officially, hypertension is diagnosed when the patient demonstrates a systolic blood pressure greater than \_\_\_\_\_\_ mm Hg and a diastolic blood pressure greater than \_\_\_\_\_ mm Hg over a sustained period.

1. 140, 90  
   According to the categories of blood pressure levels established by the JNC VI, stage 1 hypertension is demonstrated by a systolic pressure of 140–159 or a diastolic pressure of 90–99.
2. 130, 80  
   Pressure of 130 systolic and 80 diastolic falls within the normal range for an adult.
3. 110, 60  
   Pressure of 110 systolic and 60 diastolic falls within the normal range for an adult.
4. 120, 70  
   Pressure of 120 systolic and 70 diastolic falls within the normal range for an adult.

21. The nurse teaches the patient which of the following guidelines regarding lifestyle modifications for hypertension?

1. Maintain adequate dietary intake of potassium  
   In general, one serving of a potassium-rich food such as banana, kale, broccoli, or orange juice will meet the daily need for potassium.
2. Reduce smoking to no more than four cigarettes per day  
   The patient should be guided to stop smoking.
3. Limit aerobic physical activity to 15 minutes, three times per week  
   The general guideline is to advise the patient to increase aerobic activity to 30 to 45 minutes most days of the week.
4. Stop alcohol intake  
   In general, alcohol intake should be limited to no more than 1 oz of ethanol per day.

22. Of the following diuretic medications, which conserves potassium?

1. Spironolactone (Aldactone)  
   Aldactone is known as a potassium-sparing diuretic.
2. Furosemide (Lasix)  
   Lasix causes loss of potassium from the body.
3. Chlorothiazide (Diuril)  
   Diuril causes mild hypokalemia.
4. Chlorthalidone (Hygroton)  
   Hygroton causes mild hypokalemia.

23. Which of the following adrenergic inhibitors acts directly on the blood vessels, producing vasodilation?

1. Prazosin hydrochloride (Minipress)  
   Minipress is a peripheral vasodilator acting directly on the blood vessel. It is not used in angina and coronary artery disease, however, because it induces tachycardia if not preceded by administration of propranolol and a diuretic.
2. Reserpine (Serpasil)  
   Serpasil impairs synthesis and reuptake of norepinephrine.
3. Propranolol (Inderal)  
   Inderal blocks the beta-adrenergic receptors of the sympathetic nervous system, especially the sympathetics to the heart, producing a slower heart reate and lowered blood pressure.
4. Clonidine hydrochloride (Catapres)  
   Catapres acts through the central nervous system, apparently through centrally mediated alpha-adrenergic stimulation in the brain, producing blood pressure reduction.

24. Which of the following terms refers to an abnormal decrease in white blood cells, red blood cells, and platelets?

1. Pancytopenia  
   Pancytopenia may be congenital or acquired.
2. Anemia  
   Anemia refers to decreased red cell mass.
3. Leukopenia  
   Leukopenia refers to a less-than-normal amount of WBCs in circulation.
4. Thrombocytopenia  
   Thrombocytopenia refers to a lower-than-normal platelet count.

25. Which of the following terms refers to a form of white blood cell involved in immune response?

1. Lymphocyte  
   Both B and T lymphocytes respond to exposure to antigens.
2. Granulocyte  
   Granulocytes include basophils, neutrophils, and eosinophils.
3. Spherocyte  
   A spherocyte is a red blood cell without central pallor, seen with hemolysis.
4. Thrombocyte  
   A thombocyte is a platelet.

26. The term that is used to refer to a primitive cell, capable of self-replication and differentiation, is

1. stem cell.  
   Stem cells may differentiate into myeloid or lymphoid stem cells.
2. band cell.  
   A band cell is a slightly immature neutrophil.
3. spherocyte.  
   A spherocyte is a red blood cell without central pallor.
4. reticulocyte.  
   A reticulocyte is a slightly immature red blood cell.

27. Of the following hemolytic anemias, which is categorized as inherited?

1. Sickle cell anemia  
   Glucose 6-phosphate dehydrogenase deficiency is an inherited abnormality resulting in hemolytic anemia.
2. Autoimmune hemolytic anemia  
   Autoimmune hemolytic anemia is an acquired anemia.
3. Cold agglutinin disease  
   Cold agglutinin disease is an acquired anemia.
4. Hypersplenism  
   Hypersplenism results in an acquired hemolytic anemia.

28. The antidote to heparin is

1. protamine sulfate.  
   Protamine sulfate, in the appropriate dosage, acts quickly to reverse the effects of heparin.
2. vitamin K.  
   Vitamin K is the antidote to warfarin (Coumadin).
3. Narcan.  
   Narcan is the drug used to reverse signs and symptoms of medication-induced narcosis.
4. Ipecac.  
   Ipecac is an emetic used to treat some poisonings.

29. Which of the following terms describes a gastric secretion that combines with vitamin B-12 so that it can be absorbed?

1. Intrinsic factor  
   Lack of intrinsic factor is a common finding in the aged patient.
2. Amylase  
   Amylase is an enzyme that aids in the digestion of starch.
3. Pepsin  
   Pepsin is a gastric enzyme important in protein digestion.
4. Trypsin  
   Trypsin is an enzyme that aids in the digestion of protein.

30. When bowel sounds are heard about every 15 seconds, the nurse would record that the bowel sounds are

1. normal.  
   Normal bowel sounds are heard every 5-20 seconds.
2. hypoactive.  
   Hypoactive bowel sounds is the description given to auscultation of one to two bowel sounds in 2 minutes.
3. sluggish.  
   Sluggish is not a term a nurse would use to accurately describe bowel sounds.
4. absent.  
   The nurse records that bowel sounds are absent when no sound is heard in 3-5 minutes.

31. When gastric analysis testing reveals excess secretion of gastric acid, which of the following diagnoses is supported?

1. Duodenal ulcer  
   Patients with duodenal ulcers usually secrete an excess amount of hydrochloric acid.
2. Chronic atrophic gastritis  
   Patients with chronic atrophic gastritis secrete little or no acid.
3. Gastric cancer  
   Patients with gastric cancer secrete little or no acid.
4. Pernicious anemia  
   Patients with pernicious anemia secrete no acid under basal conditions or after stimulation.

32. Which of the following terms is used to describe stone formation in a salivary gland, usually the submandibular gland?

1. Sialolithiasis  
   Salivary stones are formed mainly from calcium phosphate.
2. Parotitis  
   Parotitis refers to inflammation of the parotid gland.
3. Sialadenitis  
   Sialadenitis refers to inflammation of the salivary glands.
4. Stomatitis  
   Stomatitis refers to inflammation of the oral mucosa.

33. Irritation of the lips associated with scaling, crust formation, and fissures is termed

1. leukoplakia.  
   Leukoplakia is characterized by white patches, usually on the buccal mucosa.
2. lichen planus.  
   Lichen planus refers to white papules at the intersection of a network of interlacing lesions.
3. actinic cheilitis.  
   Actinic cheilitis is the result of cumulative exposure to sun.
4. chancre.  
   A chancre is demonstrated as a reddened circumscribed lesion that ulcerates and becomes crusted and is a primary lesion of syphilis.

34. Regarding oral cancer, the nurse provides health teaching to inform the patient that

1. many oral cancers produce no symptoms in the early stages.  
   As the cancer progresses, the patient may complain of tenderness or difficulty in chewing, swallowing, or speaking.
2. most oral cancers are painful at the outset.  
   The most frequent symptom of oral cancer is a painless sore that will not heal.
3. Blood testing is used to diagnose oral cancer.  
   Biopsy is used to diagnose oral cancer.
4. a typical lesion is soft and crater-like.  
   A typical lesion in oral cancer is a painless hardened ulcer with raised edges.

35. The most common symptom of esophageal disease is

1. dysphagia.  
   This symptom may vary from an uncomfortable feeling that a bolus of food is caught in the upper esophagus to acute pain on swallowing.
2. nausea.  
   Nausea is the most common symptom of gastrointestinal problems in general.
3. vomiting.  
   Vomiting is a nonspecific symptom that may have a variety of causes.
4. odynophagia.  
   Odynophagia refers specifically to acute pain on swallowing.

36. Halitosis and a sour taste in the mouth are signs and symptoms associated most directly with

1. esophageal diverticula.  
   Because the diverticula may retain decomposed food, halitosis and a sour taste in the mouth are frequent complaints.
2. achalasia.  
   Achalasia presents as difficulty in swallowing both liquids and solids.
3. gastroesophageal reflux.  
   Gastroesophageal reflux presents as burning in the esophagus, indigestion, and difficulty in or pain upon swallowing.
4. hiatal hernia.  
   Hiatal hernia presents as heartburn, regurgitation, and dysphagia in many patients while at least 50% are asymptomatic.

37. Which of the following terms refers to the symptom of gastroesophageal reflux disease (GERD) which is characterized by a burning sensation in the esophagus?

1. Pyrosis  
   Pyrosis refers to a burning sensation in the esophagus and indicates GERD.
2. Dyspepsia  
   Indigestion is termed dyspepsia.
3. Dysphagia  
   Difficulty swallowing is termed dysphagia.
4. Odynophagia  
   Pain on swallowing is termed odynophagia.

38. The nurse teaches the patient with gastroesophageal reflux disease (GERD) which of the following measures to manage his disease?

1. Avoid eating or drinking 2 hours before bedtime.  
   The patient should not recline with a full stomach.
2. Minimize intake of caffeine, beer, milk, and foods containing peppermint and spearmint.  
   The patient should be instructed to avoid the listed foods and food components.
3. Elevate the foot of the bed on 6- to 8-inch blocks  
   The patient should be instructed to elevate the head of the bed on 6- to 8-inch blocks.
4. Eat a low carbohydrate diet  
   The patient is instructed to eat a low-fat diet

39. Which of the following statements accurately describes cancer of the esophagus?

1. Chronic irritation of the esophagus is a known risk factor.  
   In the United States, cancer of the esophagus has been associated with the ingestion of alcohol and the use of tobacco.
2. It is three times more common in women in the U.S. than men.  
   In the United States, carcinoma of the esophagus occurs more than three times as often in men as in women.
3. It is seen more frequently in Caucasians than in African Americans.  
   It is seen more frequently in African Americans than in Caucasians.
4. It usually occurs in the fourth decade of life.  
   It usually occurs in the fifth decade of life.

40. Which of the following venous access devices can be used for no more than 30 days in patients requiring parenteral nutrition?

1. Non-tunneled catheter  
   The subclavian vein is the most common vessel used because the subclavian area provides a stable insertion site to which the catheter can be anchored, allows the patient freedom of movement, and provides easy access to the dressing site.
2. Peripherally-inserted central catheter (PICC)  
   PICC lines may be used for intermediate terms (3-12 months).
3. Tunneled catheters  
   Tunneled central catheters are for long-term use and may remain in place for many years.
4. Implanted ports  
   Implanted ports are devices also used for long term home IV therapy (eg, Port A Cath, Mediport, Hickman Port, P.A.S. Port).

41. To ensure patency of central venous line ports, dilute heparin flushes are used in which of the following situations?

1. Daily when not in use  
   Daily instillation of dilute heparin flush when a port is not in use will maintain the port.
2. With continuous infusions  
   Continuous infusion maintains the patency of each port. Heparin flushes are used after each intermittent infusion.
3. Before blood drawing  
   Heparin flushes are used after blood drawing in order to prevent clotting of blood within the port.
4. When the line is discontinued  
   Heparin flush of ports is not necessary if a line is to be discontinued.

42. For which of the following medications must the nurse contact the pharmacist in consultation when the patient receives all oral medications by feeding tube?

1. Enteric-coated tablets  
   Enteric-coated tablets are meant to be digested in the intestinal tract and may be destroyed by stomach acids. A change of form of medication is required by patients with tube feedings.
2. Simple compressed tablets  
   Simple compressed tablets may be crushed and dissolved in water for patient receiving oral medications by feeding tube.
3. Buccal or sublingual tablets  
   Buccal or sublingual tablets are absorbed by mucous membranes and may be given as intended to the patient undergoing tube feedings.
4. Soft gelatin capsules filled with liquid  
   The nurse may make an opening in the capsule and squeeze out contents for administration by feeding tube.

43. Medium -length nasoenteric tubes are used for:

1. Feeding  
   Placement of the tube must be verified prior to any feeding.
2. Decompression  
   A gastric sump and nasoenteric tube are used for gastrointestinal decompression.
3. Aspiration  
   Nasoenteric tubes are used for gastrointestinal aspiration.
4. Emptying  
   Gastric sump tubes are used to decompress the stomach and keep it empty.

44. Mercury is typically used in the placement of which of the following tubes?

1. Miller-Abbott  
   Most nasoenteric tubes use mercury to carry the tube by gravity to its desired location.
2. Gastric sump  
   A gastric sump is used to decompress and empty the stomach.
3. Dobbhoff  
   Dobbhoff tubes are used for enteric feeding.
4. EnterafloW  
   Enteraflow tubes are used for enteric feeding.

45. The most significant nursing problem related to continuous tube feedings is

1. potential for aspiration  
   Because the normal swallowing mechanism is bypassed, consideration of the danger of aspiration must be foremost in the mind of the nurse caring for the patient receiving continuous tube feedings.
2. interruption of GI integrity  
   Tube feedings preserve GI integrity by intraluminal delivery of nutrients.
3. disturbance in the sequence of intestinal and hepatic metabolism  
   Tube feedings preserve the normal sequence of intestinal and hepatic metabolism.
4. interruption in fat metabolism and lipoprotein synthesis  
   Tube feedings maintain fat metabolism and lipoprotein synthesis.

46. When the nurse prepares to give a bolus tube feeding to the patient and determines that the residual gastric content is 150 cc, her best action is to

1. reassess the residual gastric content in 1 hour.  
   If the gastric residual exceeds 100 cc 2 hours in a row, the physician should be notified.
2. notify the physician.  
   One observation of a residual gastric content over 100 cc does not have to be reported to the physician. If the observation occurs two times in succession, the physician should be notified.
3. give the tube feeding.  
   If the amount of gastric residual exceeds 100 cc, the tube feeding should be withheld at that time.
4. withhold the tube feeding indefinitely.  
   If the amount of gastric residual exceeds 100 cc, the tube feeding should be withheld at that time, but not indefinitely.

47. If tube feeding is continuous, the placement of the feeding tube should be checked

1. every shift.  
   Each nurse caring for the patient is responsible for verifying that the tube is located in the proper area for continuous feeding.
2. every hour.  
   Checking for placement each hour is unnecessary unless the patient is extremely restless or there is basis for rechecking the tube based on other patient activities.
3. every 24 hours.  
   Checking for placement every 24 hours does not meet the standard of care due the patient receiving continuous tube feedings.
4. when a tube feeding is continuous, it is unnecessary to check placement.  
   Even though the feedings are continuous, the placement must be assessed.

48. Decrease in absorption of which of the following vitamins in the geriatric patient results in pernicious anemia?

1. B12  
   Vitamin B12 requires the intrinsic factor secreted by the gastric mucosa for absorption.
2. C  
   Lack of vitamin C may cause development of signs and symptoms of scurvy.
3. D  
   Vitamin D deficiency results in an inability to absorb calcium.
4. B6  
   Vitamin B6 affects neuromuscular function.

49. Which of the following terms refers to tarry, black stools?

1. Melena  
   Melena indicates blood in the stool.
2. Hemarthrosis  
   Hemarthrosis is bleeding into a joint.
3. Hematemesis  
   Hematemesis is vomiting blood.
4. Pyrosis  
   Pyrosis refers to heartburn.

50. Which of the following statements accurately reflects a rule of thumb upon which the nurse may rely in assessing the patient’s fluid balance?

1. Minimal intake of 1.5 liters per day  
   If food and fluids are withheld, IV fluids (3L/day) are usually prescribed.
2. Minimal urine output of 50 milliliters per hour  
   Minimal urine output may be less than 50 mL/hr.
3. Minimal urine output of 10 milliliters per hour  
   Minimal urine output must exceed 10 mL/hr.
4. Minimal intake of 2 liters per day  
   Minimal intake, as a rule of thumb, is less than 2 liters per day.

The nurse recognizes that the patient with a duodenal ulcer will likely experience

1. pain 2-3 hours after a meal.  
   The patient with a gastric ulcer often awakens between 1-2 A.M. with pain and ingestion of food brings relief.
2. vomiting.  
   Vomiting is uncommon in the patient with duodenal ulcer.
3. hemorrhage.  
   Hemorrhage is less likely in the patient with duodenal ulcer than the patient with gastric ulcer.
4. weight loss.  
   The patient with a duodenal ulcer may experience weight gain.

2. Of the following categories of medications, which is used in combination with bismuth salts to eradicate Helicobacter pylori?

1. Antibiotics  
   Antibiotics and bismuth salts are given to eradicate H. pylori.
2. Antacids  
   Antacids are given to manage gastric acidity.
3. Proton pump inhibitors  
   Proton pump inhibitors are given to decrease acid secretion.
4. Histamine-2 receptor antagonists  
   Histamine-2 receptor antagonists are given to decrease the acid secretion in the stomach.

3. Which of the following medications represents the category proton (gastric acid) pump inhibitors?

1. Omeprazole (Prilosec)  
   Omeprazole decreases gastric acid by slowing the hydrogen-potassium-adenosine-triphosphatase pump on the surface of the parietal cells.
2. Sucralfate (Carafate)  
   Sucralfate is a cytoprotective drug.
3. Famotidine (Pepcid)  
   Famotidine is a histamine-2 receptor antagonist.
4. Metronidazole (Flagyl)  
   Metronidazole is an antibiotic, specifically an amebicide.

4. Which of the following medications used for the treatment of obesity prevents the absorption of triglycerides?

1. Orlistat (Xenical)  
   Orlistat (Xenical) prevents the absorption of triglycerides. Side effects of Xenical may include increased bowel movements, gas with oily discharge, decreased food absorption, decreased bile flow, and decreased absorption of some vitamins.
2. bupropion hydrochloride (Wellbutrin)  
   buproprion hydrochloride (Wellbutrin) is an antidepressant medication.
3. Sibutramine hydrochoride (Meridia)  
   Sibutramine hydrochloride (Meridia) inhibits the reuptake of serotonin and norepinephine. Meridia decreases appetite.
4. Fluoxetine hydrochloride (Prozac)  
   Fluoxetine hydrochloride (Prozac) has not been approved by the FDA for use in the treatment of obesity.

5. Of the following bariatric surgical procedures, which is the best procedure for long-term weight loss?

1. Roux-en-Y  
   The Roux-en-Y gastric bypass is the recommended procedure for long-term weight loss. In this procedure, a horizontal row of staples creates a stomach pouch with a 1-cm stoma that is anastomosed with a portion of distal jejunum, creating a gastroenterostomy.
2. Vertical banded gastroplasty  
   In vertical banded gastroplasty, a double row of staples is applied vertically along the lesser curvature of the stomach, beginning at the angle of His. Over time, the gastric restriction may fail.
3. Gastric ring application  
   Application of a silicone ring to the fundus of the stomach may fail.
4. Jejuno-ileal bypass  
   The first surgical procedure to treat morbid obesity was the jejuno-ileal bypass. This procedure, which resulted in significant complications, has been largely replaced by gastric restriction procedures

6. Which of the following statements regarding gastric cancer is accurate?

1. The incidence of cancer of the stomach continues to decrease in the United States.  
   While the incidence continues to decrease, gastric cancer still accounts for 12,800 deaths annually.
2. Most gastric cancer deaths occur in people younger than 40 years.  
   While gastric cancer deaths occasionally occur in younger people, most occur in people older than 40 years.
3. Females have a higher incidence of gastric cancers than males.  
   Males have a higher incidence of gastric cancers than females.
4. A diet high in smoked foods and low in fruits and vegetables may decrease the risk of gastric cancer.  
   More accurately, a diet high in smoked foods and low in fruits and vegetables may increase the risk of gastric cancer.

7. Which of the following categories of laxatives draw water into the intestines by osmosis?

1. Saline agents (milk of magnesia)  
   Saline agents use osmosis to stimulate peristalsis and act within 2 hours of consumption.
2. Bulk-forming agents (Metamucil)  
   Bulk-forming agents mix with intestinal fluids, swell, and stimulate peristalsis.
3. Stimulants (Dulcolax)  
   Stimulants irritate the colon epithelium.
4. Fecal softeners (Colace)  
   Fecal softeners hydrate the stool by surfactant action on the colonic epithelium, resulting in mixing of aqueous and fatty substances.

8. Crohn’s disease is a condition of malabsorption caused by

1. inflammation of all layers of intestinal mucosa.  
   Crohn’s disease is also known as regional enteritis and can occur anywhere along the GI tract, but most commonly at the distal ileum and in the colon.
2. infectious disease.  
   Infectious disease causes problems such as small bowel bacterial overgrowth leading to malabsorption.
3. disaccharidase deficiency.  
   Disaccharidase deficiency leads to lactose intolerance.
4. gastric resection.  
   Postoperative malabsorption occurs after gastric or intestinal resection.

9. The nurse teaches the patient whose surgery will result in a sigmoid colostomy that the feces expelled through the colostomy will be

1. solid.  
   With a sigmoid colostomy, the feces are solid.
2. semi-mushy.  
   With a descending colostomy, the feces are semi-mushy.
3. mushy.  
   With a transverse colostomy, the feces are mushy.
4. fluid.  
   With an ascending colostomy, the feces are fluid.

10. When irrigating a colostomy, the nurse lubricates the catheter and gently inserts it into the stoma no more than \_\_\_\_\_\_\_ inches

1. 3”  
   The nurse should insert the catheter no more than 3 inches.
2. 2”  
   Insertion of the catheter 2 inches is inadequate.
3. 4”  
   Insertion of the catheter 4 inches is excessive and not recommended.
4. 5”                                                                                                                                                           Insertion of the catheter 5 inches is excessive and not recommended.

11. A longitudinal tear or ulceration in the lining of the anal canal is termed a (an)

1. anal fissure.  
   Fissures are usually caused by the trauma of passing a large, firm stool or from persistent tightening of the anal canal secondary to stress or anxiety(leading to constipation).
2. anorectal abscess.  
   An anorectal abscess is an infection in the pararectal spaces.
3. anal fistula.  
   An anal fistula is a tiny, tubular, fibrous tract that extends into the anal canal from an opening located beside the anus.
4. hemorrhoid.  
   A hemorrhoid is a dilated portion of vein in the anal canal.

12. Which type of diarrhea is caused by increased production and secretion of water and electrolyes by the intestinal mucosa into the intestinal lumen?

1. Secretory diarrhea  
   Secretory diarrhea is usually high volume diarrhea and is caused by increased production and secretion of water and electrolytes by the intestinal mucosa into the intestinal lumen.
2. Osmotic diarrhea  
   Osmotic diarrhea occurs when water is pulled into the intestines by the osmotic pressure of nonabsorbed particles, slowing the reabsorption of water.
3. Mixed diarrhea  
   Mixed diarrhea is caused by increased peristalsis (usually from inflammatory bowel disease) and a combination of increased secretion or decreased absorption in the bowel.
4. Diarrheal disease  
   The most common cause of diarrheal disease is contaminated food.

13. Which of the following terms is used to refer to intestinal rumbling?

1. Borborygmus  
   Borborygmus is the term used to refer to intestinal rumbling which accompanies diarrhea.
2. Tenesmus  
   Tenesmus is the term used to refer to ineffectual straining at stool.
3. Azotorrhea  
   Azotorrhea is the term used to refer to excess of nitrogenous matter in the feces or urine.
4. Diverticulitis  
   Diverticulitis is the term used to refer to inflammation of a diverticulum from obstruction (by fecal matter) resulting in abscess formation.

14. The presence of mucus and pus in the stools suggests

1. Inflammatory colitis  
   The presence of mucus and pus in the stools suggests inflammatory colitis or enteritis.
2. Small bowel disease  
   Watery stools are characteristic of small bowel disease.
3. Disorders of the colon  
   Loose, semisolid stools are associated more often with disorders of the colon.
4. Intestinal malabsorption  
   Voluminous, greasy stools suggest intestinal malabsorption.

15. Celiac sprue is an example of which category of malabsorption?

1. Mucosal disorders causing generalized malabsorption  
   In addition to celiac sprue, regional enteritis and radiation enteritis are examples of mucosal disorders.
2. Infectious diseases causing generalized malabsorption  
   Examples of infectious diseases causing generalized malabsorption include small bowel bacterial overgrowth, tropical sprue, and Whipple’s disease.
3. Luminal problems causing malabsorption  
   Examples of luminal problems causing malabsorption include bile acid deficiency, Zollinger Ellison syndrome, and pancreatic insufficiency.
4. Postoperative malabsorption  
   Postoperative gastric or intestinal resection can result in development of malabsorption syndromes.

16. Typical signs and symptoms of appendicitis include:

1. Nausea  
   Nausea is typically associated with appendicitis with or without vomiting.
2. Left lower quadrant pain  
   Pain is generally felt in the right lower quadrant.
3. Pain when pressure is applied to the right lower quadrant of the abdomen.  
   Rebound tenderness, or pain felt with release of pressure applied to the abdomen, may be present with appendicitis.
4. High fever  
   Low-grade fever is associated with appendicitis.

17. Regional enteritis is characterized by:

1. Transmural thickening  
   Transmural thickeneing is an early pathologic change of Crohn’s disease. Later pathology results in deep, penetrating granulomas.
2. Diffuse involvement  
   Regional enteritis is characterized by regional discontinuous lesions.
3. Severe diarrhea  
   Severe diarrhea is characteristic of ulcerative colitis while diarrhea in regional enteritis is less severe.
4. Exacerbations and remissions  
   Regional enteritis is characterized by a prolonged and variable course while ulcerative colitis is characterized by exacerbations and remissions.

18. What is the most common cause of small bowel obstruction?

1. Adhesions  
   Adhesions are scar tissue that forms as a result of inflammation and infection.
2. Hernias  
   Hernias are one of the second most common causes of small bowel obstruction.
3. Neoplasms  
   Neoplasms are one the second most common causes of small bowel obstruction.
4. Volvulus  
   Volvulus (twisting of the bowel) is a less common cause of small bowel obstruction.

19. Which of the follow statements provides accurate information regarding cancer of the colon and rectum?

1. Cancer of the colon and rectum is the second most common type of internal cancer in the United States.  
   Cancer of the colon and rectum is the second most common type of internal cancer in the United States.
2. Rectal cancer affects more than twice as many people as colon cancer.  
   Colon cancer affects more than twice as many people as does rectal cancer (94,700 for colon, 34,700 for rectum).
3. The incidence of colon and rectal cancer decreases with age.  
   The incidence increases with age (the incidence is highest in people older than 85).
4. There is no hereditary component to colon cancer.  
   Colon cancer occurrence is higher in people with a family history of colon cancer.

20. Which of the following characteristics are risk factors for colorectal cancer?

1. Familial polyposis  
   Family history of colon cancer or familial polyposis is a risk factor for colorectal cancer.
2. Age younger than 40  
   Being older than age 40 is a risk factor for colorectal cancer.
3. Low fat, low protein, high fiber diet  
   A high-fat, high-protein, low-fiber diet is a risk factor for colorectal cancer.
4. History of skin cancer                                                                                                                            History of skin cancer is not a recognized risk factor for colorectal cancer.

21. Which type of jaundice in adults is the result of increased destruction of red blood cells?

1. Hemolytic  
   Hemolytic jaundice results because, although the liver is functioning normally, it cannot excrete the bilirubin as quickly as it is formed.
2. Hepatocellular  
   Hepatocellular jaundice is the result of liver disease.
3. Obstructive  
   Obstructive jaundice is the result of liver disease.
4. Non-obstructive  
   Non-obstructive jaundice occurs with hepatitis.

22. The nurse places the patient after liver biopsy in which of the following positions?

1. On the right side  
   In this position, the liver capsule at the site of penetration is compressed against the chest wall, and the escape of blood or bile through the perforation made for the biopsy is impeded.
2. On the left side  
   Positioning the patient on his left side is not indicated.
3. Trendelenburg  
   Positioning the patient in the Trendelenburg position may be indicated if the patient is in shock, but is not the position designed for the patient after liver biopsy.
4. High Fowler’s  
   High Fowler’s position is not indicated for the patient after liver biopsy.

23. Which of the following terms is used to describe a chronic liver disease in which scar tissue surrounds the portal areas?

1. Alcoholic cirrhosis  
   This type of cirrhosis is due to chronic alcoholism and is the most common type of cirrhosis.
2. Postnecrotic cirrhosis  
   In postnecrotic cirrhosis, there are broad bands of scar tissue, which are a late result of a previous acute viral hepatitis.
3. Biliary cirrhosis  
   In biliary cirrhosis, scarring occurs in the liver around the bile ducts.
4. Compensated cirrhosis  
   Compensated cirrhosis is a general term given to the state of liver disease in which the liver continues to be able to function effectively.

24. Which of the following terms describes the passage of a hollow instrument into a cavity for the withdrawal of fluid?

1. Paracentesis  
   Paracentesis may be used to withdraw ascitic fluid if the fluid accumulation is causing cardiorespiratory compromise.
2. Astrerixis  
   Asterixis refers to involuntary flapping movements of the hands associated with metabolic liver dysfunction.
3. Ascites  
   Ascites refers to accumulation of serous fluid within the peritoneal cavity.
4. Dialysis  
   Dialysis refers to a form of filtration to separate crystalloid from colloid substances.

25. Which of the following terms most precisely refers to the incision of the common bile duct for removal of stones?

1. Choledocholithotomy  
   Choledocholithotomy refers to incision of the common bile duct for the removal of stones (liths).
2. Cholecystostomy  
   Cholecystostomy refers to opening and drainage of the gallbladder.
3. Choledochotomy  
   Choledochotomy refers to opening into the common duct.
4. Choledochoduodenostomy  
   Choledochoduodenostomy refers to anastomosis of the common duct to the duodenum.

26. Which of the following clinical characteristics is associated with Type 1 diabetes (previously referred to as insulin-dependent diabetes mellitus [IDDM])?

1. Presence of islet cell antibodies  
   Individuals with Type 1 diabetes often have islet cell antibodies.
2. Obesity  
   Individuals with Type 1 diabetes are usually thin or demonstrate recent weight loss at the time of diagnosis
3. Rare ketosis  
   Individuals with Type 1 diabetes are ketosis-prone when insulin is absent.
4. Requirement for oral hypoglycemic agents  
   Individuals with Type 1 diabetes need insulin to preserve life.

27. Which of the following clinical characteristics is associated with Type 2 diabetes (previously referred to as non-insulin-dependent diabetes mellitus [NIDDM])?

1. Can control blood glucose through diet and exercise  
   Oral hypoglycemic agents may improve blood glucose levels if dietary modification and exercise are unsuccessful.
2. Usually thin at diagnosis  
   Individuals with Type 2 diabetes are usually obese at diagnosis.
3. Ketosis-prone  
   Individuals with Type 2 diabetes rarely demonstrate ketosis, except in stress or infection.
4. Demonstrate islet cell antibodies  
   Individuals with Type 2 diabetes do not demonstrate islet cell antibodies.

28. Of the following types of insulin, which is the most rapid acting?

1. Humalog  
   The onset of action of rapid-acting Humalog is within 10-15 minutes.
2. Regular  
   The onset of action of short-acting regular insulin is 30 minutes-1 hour.
3. NPH  
   The onset of action of intermediate acting NPH is 3-4 hours.
4. Ultralente  
   The onset of action of long-acting Ultralente is 6-8 hours.

29. Of the following categories of oral antidiabetic agents, which exert their primary action by directly stimulating the pancreas to secrete insulin?

1. Sulfonylureas  
   Therefore, a functioning pancreas is necessary for sulfonylureas to be effective.
2. Thiazolidinediones  
   Thiazolidinediones enhance insulin action at the receptor site without increasing insulin secretion from the beta cells of the pancreas
3. Biguanides  
   Biguanides facilitate insulin’s action on peripheral receptor sites.
4. Alpha glucosidase inhibitors  
   Alpha glucosidase inhibitors delay the absorption of glucose in the intestinal system, resulting in a lower postprandial blood glucose level.

30. The nurse teaches the patient about diabetes including which of the following statements?

1. Elevated blood glucose levels contribute to complications of diabetes, such as diminished vision.  When blood glucose levels are well controlled, the potential for complications of diabetes is reduced.
2. Sugar is found only in dessert foods.  
   Several types of foods contain sugar, including cereals, sauces, salad dressing, fruit, and fruit juices.
3. The only diet change needed in the treatment of diabetes is to stop eating sugar.  
   It is not feasible, nor is it advisable, to remove all sources of sugar from the diet.
4. Once insulin injections are started in the treatment of Type 2 diabetes, they can never be discontinued.  If the diabetes had been well controlled without insulin prior to the period of acute stress causing the need for insulin, the patient may be able to resume previous methods for control of diabetes when the stress is resolved.

31. The nurse teaches the patient about glargine (Lantus), a “peakless” basal insulin including which of the following statements?

1. Do not mix the drug with other insulins  
   Because glargine is in a suspension with a pH of 4, it cannot be mixed with other insulins because this would cause precipitation. When administering glargine (Lantus) insulin it is very important to read the label carefully and to avoid mistaking Lantus insulin for Lente insulin and vice versa.
2. Administer the total daily dosage in two doses.  
   Glargine is absorbed very slowly over a 24-hour period and can be given once a day.
3. Draw up the drug first, then add regular insulin.  
   Because glargine is in a suspension with a pH of 4, it cannot be mixed with other insulins because this would cause precipitation.
4. The drug is rapidly absorbed and has a fast onset of action  
   Glargine is a “peakless” basal insulin that is absorbed very slowly over a 24-hour period.

32. Which of the following disorders is characterized by a group of symptoms produced by an excess of free circulating cortisol from the adrenal cortex?

1. Cushing’s syndrome  
   The patient with Cushing’s syndrome demonstrates truncal obesity, moon face, acne, abdominal striae, and hypertension.
2. Addison’s disease  
   In Addison’s disease, the patient experiences chronic adrenocortical insufficiency.
3. Graves’ disease  
   In Graves’ disease, the patient experiences hyperthyroidism.
4. Hashimoto’s disease  
   The individual with Hashimoto’s disease demonstrates inflammation of the thyroid gland, resulting in hypothyroidism.

33. Of the following disorders, which results from excessive secretion of somatotropin?

1. Acromegaly  
   The patient with acromegaly demonstrates progressive enlargement of peripheral body parts, most commonly the face, head, hands, and feet.
2. Cretinism  
   Cretinism occurs as a result of congenital hypothyroidism.
3. Dwarfism  
   Dwarfism is caused by insufficient secretion of growth hormone during childhood.
4. Adrenogenital syndrome  
   Adrenogenital syndrome is the result of abnormal secretion of adrenocortical hormones, especially androgen.

34. Which of the following hormones is secreted by the posterior pituitary?

1. Vasopressin  
   Vasopressin causes contraction of smooth muscle, particularly blood vessels.
2. Calcitonin  
   Calcitonin is secreted by the parafollicular cells of the thyroid gland.
3. Corticosteroids  
   Corticosteroids are secreted by the adrenal cortex.
4. Somatostatin  
   Somatostatin is released by the anterior lobe of the pituitary.

35. Trousseau’s sign is positive when

1. carpopedal spasm is induced by occluding the blood flow to the arm for 3 minutes with the use of a blood pressure cuff.  
   A positive Trousseau’s sign is suggestive of latent tetany.
2. a sharp tapping over the facial nerve just in front of the parotid gland and anterior to the ear causes spasm or twitching of the mouth, nose, and eye.  
   A positive Chvostek’s sign is demonstrated when a sharp tapping over the facial nerve just in front of the parotid gland and anterior to the ear causes spasm or twitching of the mouth, nose, and eye.
3. after making a clenched fist, the palm remains blanched when pressure is placed over the radial artery.  
   A positive Allen’s test is demonstrated by the palm remaining blanched with the radial artery occluded. The radial artery should not be used for an arterial puncture.
4. The patient complains of pain in the calf when his foot is dorsiflexed.  
   A positive Homans’ sign is demonstrated when the patient complains of pain in the calf when his foot is dorsiflexed.

36. The digestion of carbohydrates is aided by

1. amylase.  
   Amylase is secreted by the exocrine pancreas.
2. lipase.  
   Lipase aids in the digestion of fats.
3. trypsin.  
   Trypsin aids in the digestion of proteins.
4. secretin.  
   Secretin is the major stimulus for increased bicarbonate secretion from the pancreas.

37. The term used to describe total urine output of less than 400 mL in 24 hours is

1. oliguria.  
   Oliguria is associated with acute and chronic renal failure.
2. anuria.  
   Anuria is used to describe total urine output of less than 50 mL in 24 hours.
3. nocturia.  
   Nocturia refers to awakening at night to urinate.
4. dysuria.  
   Dysuria refers to painful or difficult urination.

38. When fluid intake is normal, the specific gravity of urine should be

1. 1.010-1.025.  
   Urine specific gravity is a measurement of the kidney’s ability to concentrate urine.
2. 1.000.  
   The specific gravity of water is 1.000.
3. less than 1.010.  
   A urine specific gravity of less than 1.010 may indicate inadequate fluid intake.
4. greater than 1.025.  
   A urine specific gravity greater than 1.025 may indicate overhydration.

39. Of the following terms, which refers to casts in the urine?

1. Cylindruria  
   Casts may be identified through microscopic examination of the urine sediment after centrifuging.
2. Crystalluria  
   Crystalluria is the term used to refer to crystals in the urine.
3. Pyuria  
   Pyuria is the term used to refer to pus in the urine.
4. Bacteriuria  
   Bacteriuria refers to a bacterial count higher than 100,000 colonies/mL in the urine.

40. When the nurse observes the patient’s urine to be orange, she further assesses the patient for

1. intake of medication such as phenytoin (Dilantin).  
   Urine that is orange may be caused by intake of Dilantin or other medications. Orange to amber colored urine may also indicate concentrated urine due to dehydration or fever.
2. bleeding.  
   Urine that is pink to red may indicate lower urinary tract bleeding.
3. intake of multiple vitamin preparations.  
   Urine that is bright yellow is an anticipated abnormal finding in the patient taking a multiple vitamin preparation.
4. infection.                                                                                                                                                    Yellow to milky white urine may indicate infection, pyruria, or in the female patient, the use of vaginal creams.

41. To assess circulating oxygen levels the 2001 Kidney Disease Outcomes Quality Initiative: Management of Anemia Guidelines recommends the use of which of the following diagnostic tests?

1. Hemoglobin  
   Although hematocrit has always been the blood test of choice to assess for anemia, the 2001 Kidney Disease Outcomes Quality Initiative: Management of Anemia Guidelines, recommend that anemia be quantified using hemoglobin rather than hematocrit measurements, as it is more accurate in assessment of circulating oxygen.
2. Hematocrit  
   Hemoglobin is recommended as it is more accurate in the assessment of circulating oxygen than hematocrit.
3. Serum iron levels  
   Serum iron levels measure iron storage in the body.
4. Arterial blood gases  
   Arterial blood gases assess the adequacy of oxygenation, ventilation, and acid-base status.

42. Which of the following types of incontinence refers to involuntary loss of urine through an intact urethra as a result of a sudden increase in intra-abdominal pressure?

1. Stress  
   Stress incontinence may occur with sneezing and coughing.
2. Overflow  
   Overflow incontinence refers to the involuntary loss of urine associated with overdistention of the bladder.
3. Urge  
   Urge incontinence refers to involuntary loss of urine associated with urgency.
4. Reflex  
   Reflex incontinence refers to the involuntary loss of urine due to involuntary urethral relaxation in the absence of normal sensations.

43. To facilitate entry of a catheter into the male urethra, the penis should be positioned at which of the following degree angles (in relation to the body)?

1. 90 degrees  
   A right angle straightens the urethra and makes it easier to insert the catheter.
2. 45 degrees  
   A 45-degree angle will not straighten the urethra.
3. 180 degrees  
   A 180-degree angle will result in the penis being parallel to the body and inappropriately positioned for catheterization.
4. 270 degrees  
   A 270-degree angle is a physical impossibility.

44. In assessing the appropriateness of removing a suprapubic catheter, the nurse recognizes that the patient’s residual urine must be less than which of the following amounts on two separate occasions (morning and evening)?

1. 100 cc  
   If the patient complains of discomfort or pain, however, the suprapubic catheter is usually left in place until the patient can void successfully.
2. 30 cc  
   Residual urine may be greater than 30 cc and still allow discontinuance of a suprapubic catheter.
3. 50 cc  
   Residual urine may be greater than 50 cc and still allow discontinuance of a suprapubic catheter.
4. 400 cc  
   Residual urine that is greater than 100 cc indicates that the suprapubic catheter cannot be discontinued.

45. When providing care to the patient with bilateral nephrostomy tubes, the nurse never does which of the following?

1. Clamps each nephrostomy tube when the patient is moved  
   The nurse must never clamp a nephrostomy tube because it could cause obstruction and resultant pyelonephritis.
2. Reports a dislodged nephrostomy tube immediately  
   A dislodged nephrostomy tube must be reported immediately to allow the surgeon to replace the tube immediately to prevent the opening from contracting.
3. Measures urine output from each tube separately  
   The output from each tube is assessed, indicating the functioning of the tube.
4. Irrigates each nephrostomy tube with 30 cc of normal saline q8h as ordered  
   The nurse may irrigate a nephrostomy tube with specific orders to do so.

46. Which type of medication may be used in the treatment of a patient with incontinence to inhibit contraction of the bladder?

1. Anticholinergic agent  
   Anticholinergic agents are considered first-line medications for urge incontinence.
2. Estrogen hormone  
   Estrogen decreases obstruction to urine flow by restoring the mucosal, vascular, and muscular integrity of the urethra.
3. Tricyclic antidepressants  
   Tricyclic antidepressants decrease bladder contractions as well as increase bladder neck resistance.
4. Over-the-counter decongestant  
   Stress incontinence may be treated using pseudoephedrine and phenylpropanolamine, ingredients found in over-the-counter decongestants.

47. Which of the following is a reversible cause of urinary incontinence in the older adult?

1. Constipation.  
   Constipation is a reversible cause of urinary incontinence in the older adult. Other reversible causes include acute urinary tract infection, infection elsewhere in the body, decreased fluid intake, a change in a chronic disease pattern, and decreased estrogen levels in the menopausal women.
2. Increased fluid intake  
   A decreased fluid intake, rather than increased fluid intake, is a reversible cause of urinary incontinence in the older adult.
3. Age  
   Age is a risk factor for urinary incontinence, not a reversible cause.
4. Decreased progesterone level in the menopausal woman.  
   A decreased estrogen, not progresterone, level in the menopausal woman is a reversible cause of urinary incontinence in the older woman.

48. Bladder retraining following removal of an indwelling catheter begins with instructing the patient to follow a 2-3 hour timed voiding schedule.

1. Immediately after the removal of the indwelling catheter, the patient is placed on a timed voiding schedule, usually two to three hours.                                                                                                           At the given time interval, the patient is instructed to void.
2. encouraging the patient to void immediately.  
   Immediate voiding is not usually encouraged. The patient is commonly placed on a timed voiding schedule, usually within two to three hours.
3. advising the patient to avoid urinating for at least 6 hours.  
   Immediately after the removal of the indwelling catheter, the patient is placed on a timed voiding schedule, usually two to three hours, not six.
4. performing straight catherization after 4 hours.  
   If bladder ultrasound scanning shows 100 mL or more of urine remaining in the bladder after voiding, straight catheterization may be performed for complete bladder emptying.

49. Which of the following terms is used to refer to inflammation of the renal pelvis?

1. Pyelonephritis  
   Pyelonephritis is an upper urinary tract inflammation, which may be acute or chronic.
2. Cystitis  
   Cystitis is inflammation of the urinary bladder.
3. Urethritis  
   Urethritis is inflammation of the urethra.
4. Interstitial nephritis  
   Interstitial nephritis is inflammation of the kidney.

50. If an indwelling catheter is necessary, nursing interventions that should be implemented to prevent infection include

1. performing meticulous perineal care daily with soap and water.  
   Cleanliness of the area will reduce potential for infection.
2. using clean technique during insertion.  
   Strict aseptic technique must be used during insertion of a urinary bladder catheter.
3. using sterile technique to disconnect the catheter from tubing to obtain urine specimens.  
   The nurse must maintain a closed system and use the catheter’s port to obtain specimens.
4. placing the catheter bag on the patient’s abdomen when moving the patient.                The catheter bag must never be placed on the patient’s abdomen unless it is clamped because it may cause backflow of urine from the tubing into the bladder.

The nurse who provides teaching to the female patient regarding prevention of recurrent urinary tract infections includes which of the following statements?

1. Void immediately after sexual intercourse.  
   Voiding will serve to flush the urethra, expelling contaminants.
2. Take tub baths instead of showers.  
   Showers are encouraged rather than tub baths because bacteria in the bath water may enter the urethra.
3. Increase intake of coffee, tea, and colas.  
   Coffee, tea, colas, alcohol, and other fluids that are urinary tract irritants should be avoided.
4. Void every 5 hours during the day.  
   The patient should be encouraged to void every 2-3 hours during the day and completely empty the bladder.

2. A history of infection specifically caused by group A beta-hemolytic streptococci is associated with which of the following disorders?

1. Acute glomerulonephritis  
   Acute glomerulonephritis is also associated with varicella zoster virus, hepatitis B, and Epstein-Barr virus.
2. Acute renal failure  
   Acute renal failure is associated with hypoperfusion to the kidney, parenchymal damage to the glomeruli or tubules, and obstruction at a point distal to the kidney.
3. Chronic renal failure  
   Chronic renal failure may be caused by systemic disease, hereditary lesions, medications, toxic agents, infections, and medications.
4. Nephrotic syndrome  
   Nephrotic syndrome is caused by disorders such as chronic glomerulonephritis, systemic lupus erythematosus, multiple myeloma, and renal vein thrombosis.

3. Rejection of a transplanted kidney within 24 hours after transplant is termed

1. hyperacute rejection.  
   Hyperacute rejection may require removal of the transplanted kidney.
2. acute rejection.  
   Acute rejection occurs within 3-14 days of transplantation.
3. chronic rejection.  
   Chronic rejection occurs after many years.
4. simple rejection.  
   The term simple is not used in the categorization of types of rejection of kidney transplants.

4. When caring for a patient with an uncomplicated, mild urinary tract infection (UTI), the nurse knows that recent studies have shown which of the following drugs to be a good choice for short-course (e.g. 3-day) therapy?

1. Levofloxacin (Levaquin)  
   Levofloxacin, a floroquinolone, is a good choice for short-course therapy of uncomplicated, mild to moderate UTI. Clinical trial data show high patient compliance with the 3-day regimen (95.6%) and a high eradication rate for all pathogens (96.4%).
2. Trimethoprim sulfamethoxazole (TMP-SMZ, Bactrim, Septra)  
   Trimethoprim sulfamethoxazole is a commonly used medication for treatment of a complicated UTI, such as pyelonephritis.
3. Nitrofurantoin (Macrodantin, Furadantin)  
   Nitrofurantoin is a commonly used medication for treatment of a complicated UTI, such as pyelonephritis.
4. Ciprofloxacin (Cipro)  
   Ciprofloxacin is a good choice for treatment of a complicated UTI. Recent studies have found ciprofloxacin to be significantly more effective than TMP-SMX in community-based patients and in nursing home residents.

5. Which of the following terms refers to difficult or painful sexual intercourse?

1. Dyspareunia  
   Dyspareunia is a common problem of the aged female.
2. Amenorrhea  
   Amenorrhea refers to absence of menstrual flow.
3. Dysmenorrhea  
   Dysmenorrhea refers to painful menstruation.
4. Endometriosis  
   Endometriosis is a condition in which endometrial tissue seeds in other areas of the pelvis.

6. The opening into the vagina on the perineum is termed the

1. introitus.  
   The introitus is the vaginal orifice.
2. adnexa.  
   Adnexa is a term used to describe the fallopian tubes and ovaries together.
3. cervix.  
   The cervix is the bottom (interior) part of the uterus that is located in the vagina.  
   hymen.
4. The hymen is a tissue that may cover the vaginal opening partially or completely before vaginal penetration.

7. Which of the following hormones is primarily responsible for stimulating the production of progesterone?

1. Luteinizing hormone  
   Luteinizing hormone is released by the pituitary gland.
2. Follicle-stimulating hormone  
   Follicle-stimulating hormone is responsible for stimulating the ovaries to secrete estrogen.
3. Estrogen  
   Estrogens are responsible for developing and maintaining the female reproductive tract.
4. Androgen  
   Androgens, secreted in small amounts by the ovaries, are involved in early development of the follicle and also affect the female libido.

8. When the results of a Pap smear are reported as class 5, the nurse recognizes that the common interpretation is

1. malignant.  
   A class 5 Pap smear, according to the Bethesda Classification, indicates squamous cell carcinoma.
2. normal.  
   A class 1 Pap smear is interpreted as normal.
3. probably normal.  
   A class 2 Pap smear is interpreted as probably normal.
4. suspicious.  
   A class 3 Pap smear is interpreted as suspicious.

9. For women aged 19-39 years, recommended health screening diagnostic testing includes which of the following?

1. Pap smear  
   A Pap smear is recommended for women aged 19-39 years, as well as for women aged 40 and older.
2. Mammography  
   Mammography is recommended for health screening for women aged 40 years and older.
3. Cholesterol and lipid profile  
   Cholesterol and lipid profile is recommended for women aged 40 years and older.
4. Bone mineral density testing  
   Bone mineral density testing is recommended for women aged 40 years and older.

10. Which of the following statements reflects nursing care of the woman with mild to moderate ovarian hyperstimulation syndrome (OHSS)?

1. Advise the patient to decrease her activity, monitor her urine output and to return for frequent office visits.  
   Management in mild and moderate cases of OHSS consists of decreased activity, monitoring of urine output and frequent office visits as designated by the reproductive endocrinologist.
2. Advise the patient to measure her weight and abdominal circumference daily.  
   Treatment of severe, not mild to moderate, OHSS includes daily measurements of weight and abdominal circumference.
3. Advise the patient to monitor her heart rate and to report if her pulse falls below 60 beats per minute.  
   Symptoms of OHSS include abdominal discomfort, distention, weight gain and ovarian enlargement.
4. Prepare the patient for immediate hospitalization.                                                                 The patient with severe OHSS is hospitalized for monitoring and treatment.

11. Which of the following terms is used to describe a procedure in which cervical tissue is removed as result of detection of abnormal cells?

1. Conization  
   The procedure is also called a cone biopsy.
2. Colporrhaphy  
   Colporrhaphy refers to repair of the vagina.
3. Cryotherapy  
   Cryotherapy refers to destruction of tissue by freezing.
4. Perineorrhaphy  
   Perineorrhaphy refers to sutural repair of perineal lacerations.

12. Of the following terms, which is used to refer to a type of gestational trophoblastic neoplasm?

1. Hydatidiform mole  
   Hydatidiform mole occurs in 1 in 1000 pregnancies.
2. Dermoid cyst  
   A dermoid cyst is an ovarian tumor of undefined origin that consists of undifferentiated embryonal cells.
3. Doderlein’s bacilli  
   Doderlein’s bacilli is one component of normal vaginal flora.
4. Bartholin’s cyst  
   Bartholin’s cyst is a cyst in a paired vestibular gland in the vulva.

13. When the female client reports a frothy yellow-brown vaginal discharge, the nurse suspects the client has a vaginal infection caused by

1. trichomonas vaginalis.  
   Trichomonas vaginalis causes a frothy yellow-white or yellow-brown vaginal discharge.
2. candida albicans.  
   Candidiasis causes a white, cheeselike discharge clinging to the vaginal epithelium.
3. gardnerella vaginalis.  
   Gardnerella vaginalis causes a gray-white to yellow-white discharge clinging to the external vulva and vaginal walls.
4. chlamydia.  
   Chlamydia causes a profuse purulent discharge.

14. The nurse providing education regarding sexually transmitted diseases includes which of the following statements regarding herpes virus 2(herpes genitalis)?

1. In pregnant women with active herpes virus, babies delivered vaginally may become infected with the virus.  
   Therefore, a cesarean delivery may be performed if the virus recurs near the time of delivery.
2. Transmission of the virus requires sexual contact.  
   Asexual transmission by contact with wet surfaces or self-transmission (i.e., touching a cold sore and then touching the genital area) can occur.
3. Transmission occurs only when the carrier has symptoms.  
   Transmission is possible even when the carrier does not have symptoms.
4. The virus is very difficult to kill.  
   Usually, the virus is killed at room temperature by drying.

15. An opening between the bladder and the vagina is called a

1. vesicovaginal fistula.  
   A vesicovaginal fistula may occur because of tissue injury sustained during surgery, vaginal delivery, or a disease process.
2. cystocele.  
   A cystocele is a downward displacement of the bladder toward the vaginal orifice.
3. rectocele.  
   A rectocele is a bulging of the rectum into the vagina.
4. rectovaginal fistula.  
   A rectovaginal fistula is an opening between the rectum and the vagina.

16. Which of the following statements defines laparoscopic myomectomy—an alternative to hysterectomy for the treatment of excessive bleeding due to fibroids?

1. Removal of fibroids through a laparoscope inserted through a small abdominal incision.  
   Laparoscopic myomectomy is the removal of fibroids through a laparoscope inserted through a small abdominal incision.
2. Cauterization and shrinking of fibroids using a laser or electrical needles.  
   Laparoscopic myolysis is the procedure in which a laser or electrial needles are used to cauterize and shrink the fibroid.
3. Coagulation of the fibroids using electrical current.  
   Laparoscopic cryomyolysis is the procedure in which electric current is used to coagulate the fibroids.
4. Resection of the fibroids using a laser through a hyserscope passed through the cervix.  
   Hysteroscopic resection of myomas is the procedure in which a laser is used through a hyserscope passed through the cervix; no incision or overnight stay is needed.

17. Stage 3 of breast development, according to Tanner, occurs when

1. the areola (a darker tissue ring around the nipple) develops.  
   Stage 3 also involves further enlargement of breast tissue.
2. breast budding begins.  
   Breast budding is the first sign of puberty in a female.
3. the areola and nipple form a secondary mound on top of breast tissue.  
   In stage 4, the nipple and areola form a secondary mound on top of breast tissue.
4. the breast develops into a single contour  
   In stage 5, the female demonstrates continued development of a larger breast with a single contour.

18. When the female patient demonstrates thickening, scaling, and erosion of the nipple and areola, the nurse recognizes that the patient is exhibiting signs of

1. Paget’s disease.  
   Paget’s disease is a malignancy of mammary ducts with early signs of erythema of nipple and areola.
2. acute mastitis.  
   Acute mastitis is demonstrated by nipple cracks or abrasions along with reddened and warm breast skin and tenderness.
3. fibroadenoma.  
   Fibroadenoma is characterized as the occurrence of a single, nontender mass that is firm, mobile, and not fixed to breast tissue or chest wall.
4. peau d’orange (edema).  
   Peau d’orange is associated with the breast and demonstrates an orange peel apearance of breast skin with enlargement of skin pores.

19. The nurse teaches the female patient who is premenopausal to perform breast self-examination (BSE)

1. on day 5 to day 7, counting the first day of menses as day 1.  
   BSE is best performed after menses, when less fluid is retained.
2. with the onset of menstruation  
   Because most women notice increased tenderness, lumpiness, and fluid retention before their menstrual period, BSE is not recommended with the onset of menses.
3. on day 2 to day 4, counting the first day of menses as day 1.  
   Because the tenderness, lumpiness, and fluid retention problems noticed by women in relation to onset of menses generally continue through menses, BSE is not recommended during that time.
4. any time during the month.  
   Because most women notice increased tenderness, lumpiness, and fluid retention before their menstrual period, BSE is best performed when the time for menses is taken into account.

20. Which type of biopsy is used for nonpalpable lesions found on mammography?

1. Stereotactic  
   Stereotactic biopsy utilizes computer location of the suspicious area found on biopsy, followed by core needle insertion and sampling of tissue for pathologic examination.
2. Excisional  
   Excisional biopsy is the usual procedure for any palpable breast mass.
3. Incisional  
   Incisional biopsy is performed on a palpable mass when tissue sampling alone is required.
4. Tru-Cut core                                                                                                                                 Tru-Cut core biopsy is used when a tumor is relatively large and close to the skin surface.

21. The nurse recognizes which of the following statements as accurately reflecting a risk factor for breast cancer?

1. Mother affected by cancer before 60 years of age  
   Risk for breast cancer increases twofold if first-degree female relatives (sister, mother, or daughter) had breast cancer.
2. Onset of menses before 14 years of age  
   Increased risk is associated with early menarche (i.e., menses beginning before 12 years of age).
3. Multiparity  
   Nulliparity and later maternal age for first birth are associated with increased risk for breast cancer.
4. No alcohol consumption  
   Alcohol use remains controversial; however, a slightly increased risk is found in women who consume even one drink daily and doubles among women drinking three drinks daily.

22. Which of the following terms is used to describe removal of the breast tissue and an axillary lymph node dissection leaving muscular structure intact as surgical treatment of breast cancer?

1. Modified radical mastectomy  
   A modified radical mastectomy leaves the pectoralis major and minor muscles intact.
2. Segmental mastectomy  
   In a segmental mastectomy, varying amounts of breast tissue are removed, including the malignant tissue and some surrounding tissue to ensure clear margins.
3. Total mastectomy  
   In a total mastectomy, breast tissue only is removed.
4. Radical mastectomy  
   Radical mastectomy includes removal of the pectoralis major and minor muscles in addition to breast tissue and axillary lymph node dissection.

23. Ductal lavage is used for

1. women at higher risk for benign proliferative breast disease.  
   Performed in the doctor’s office, a microcatheter is inserted through the nipple while instilling saline and retrieving the fluid for analysis. It has been shown to identify atypical cells in this population and has been found to be adept at detecting cellular changes within the breast tissue.
2. women at low risk for breast cancer.  
   Ductal lavage is used for women at higher risk, not low risk, for benign proliferative breast disease.
3. screening women over age 65.  
   Ductal lavage is used for women at higher risk for benign proliferative breast disease; it is not used as a screening tool.
4. women with breast implants.  
   Ductal lavage is used for women at higher risk for benign proliferative breast disease; it is not specific for women with breast implants.

24. The 2000 NIH Consensus Development Conference Statement states that what percentage of women with invasive breast cancer should consider the option of systemic chemotherapy, not just women whose tumors are greater than 1cm in size?

1. 100% (all)  
   The 2000 Consensus Development Conference Statement states that all women with invasive breast cancer should consider the option of systemic chemotherapy, not just women whose tumors are greater than 1 cm in size.
2. 75%  
   All women (100%) with invasive breast cancer should consider the option of systemic chemotherapy, not just women whose tumors are greater than 1 cm in size.
3. 50%  
   All women (100%) with invasive breast cancer should consider the option of systemic chemotherapy, not just women whose tumors are greater than 1 cm in size.
4. 25%  
   All women (100%) with invasive breast cancer should consider the option of systemic chemotherapy, not just women whose tumors are greater than 1 cm in size.

25. Which of the following terms refers to surgical removal of one of the testes?

1. Orchiectomy  
   Orchiectomy is required when the testicle has been damaged.
2. Circumcision  
   Circumcision is excision of the foreskin, or prepuce, of the glans penis.
3. Vasectomy  
   Vasectomy is the ligation and transection of part of the vas deferens to prevent the passage of the sperm from the testes.
4. Hydrocelectomy  
   Hydrocelectomy describes the surgical repair of a hydrocele, a collection of fluid in the tunica vaginalis.

26. The term or disease associated with buildup of fibrous plaques in the sheath of the corpus cavernosum causing curvature of the penis when it is erect is known as

1. Peyronie’s disease.  
   Peyronie’s disease may require surgical removal of the plaques when the disease makes sexual intercourse painful, difficult, or impossible.
2. Bowen’s disease  
   Bowen’s disease refers to a form of squamous cell carcinoma in situ of the penile shaft.
3. phimosis.  
   Phimosis refers to the condition in which the foreskin is constricted so that it cannot be retracted over the glans.
4. priapism.  
   Priapism refers to an uncontrolled, persistent erection of the penis occurring from either neural or vascular causes.

27. Which of the following terms is used to describe the opening of the urethra on the dorsum of the penis?

1. Epispadias  
   Epispadias is a congenital anomaly in which the urethral opening is on the dorsum of the penis and is usually repaired through plastic surgery when the boy is very young.
2. Hypospadias  
   Hypospadias is a congenital anomaly in which the urethral opening is on the underside of the penis and is usually repaired through plastic surgery when the boy is very young.
3. Urethral stricture  
   Urethral stricture is a condition in which a section of urethra is narrowed.
4. Urethritis  
   Urethritis refers to inflammation of the urethra and is commonly associated with sexually transmitted disease.

28. The nurse teaches the patient who has been prescribed Viagra which of the following guidelines?

1. Do not take more than one tablet per day of your prescribed dose.  
   Taking Viagra more than once a day will not improve its effects and the patient may experience back and leg aches as well as nausea and vomiting.
2. Viagra should be taken immediately before intercourse.  
   Viagra should be taken one hour before intercourse.
3. Viagra will result in erection formation.  
   Viagra will not create the erection; the erection must be created by sexual stimulation.
4. Viagra will restore sex drive.  
   Viagra will not restore desire or sex drive.

29. The obstructive and irritative symptom complex caused by benign prostatic hypertrophy is termed

1. prostatism.  
   Symptoms of prostatism include increased frequency of urination, nocturia, urgency, dribbling, and a sensation that the bladder has not completely emptied.
2. prostatitis.  
   Prostatitis is an inflammation of the prostate gland.
3. prostaglandin.  
   Prostaglandins are physiologically active substances present in tissues with vasodilator properties.
4. prostatectomy.  
   Prostatectomy refers to the surgical removal of the prostate gland.

30. Proteins formed when cells are exposed to viral or foreign agents that are capable of activating other components of the immune system are referred to as

1. interferons.  
   Interferons are biologic response modifiers with nonspecific viricidal proteins.
2. antibodies.  
   Antibodies are protein substances developed by the body in response to and interacting with a specific foreign substance.
3. antigens.  
   Antigens are substances that induce formation of antibodies.
4. complements.                                                                                                                                Complement refers to a series of enzymatic proteins in the serum that, when activated, destroy bacteria and other cells.

31. Cytotoxic T cells

1. lyse cells infected with virus.  
   Cytotoxic T cells play a role in graft rejection.
2. are important in producing circulating antibodies.  
   B cells are lymphocytes important in producing circulating antibodies.
3. attack foreign invaders (antigens) directly.  
   Helper T cells are lymphocytes that attack antigens directly.
4. decrease B cell activity to a level at which the immune system is compatible with life.  
   Suppressor T cells are lymphocytes that decrease B-cell activity to a level at which the immune system is compatible with life.

32. During which stage of the immune response does the circulating lymphocyte containing the antigenic message return to the nearest lymph node?

1. Proliferation  
   Once in the node, the sensitized lymphocyte stimulates some of the resident dormant T and B lymphocytes to enlarge, divide, and proliferate.
2. Recognition  
   In the recognition stage, the immune system distinguishes an invader as foreign, or non-self.
3. Response  
   In the response stage, the changed lymphocytes function either in a humoral or cellular fashion.
4. Effector  
   In the effector stage, either the antibody of the humoral response or the cytotoxic T cell of the cellular response reaches and couples with the antigen on the surface of the foreign invader.

33. Which of the following responses identifies a role of T lymphocytes?

1. Transplant rejection  
   Transplant rejection and graft-versus-host disease are cellular response roles of T cells.
2. Anaphylaxis  
   Anaphylaxis is a humoral response role of B-lymphocytes.
3. Allergic hay fever and asthma  
   Allergic hay fever and asthma are humoral response roles of B-lymphocytes.
4. Bacterial phagocytosis and lysis  
   Bacterial phagocytosis and lysis are humoral response roles of B-lymphocytes.

34. Of the following classifications of medications, which is known to inhibit prostaglandin synthesis or release?

1. Nonsteroidal anti-inflammatory drugs (NSAIDs) in large doses  
   NSAIDs include aspirin and ibuprofen.
2. Antibiotics (in large doses)  
   Antibiotics in large doses are known to cause bone marrow suppression.
3. Adrenal corticosteroids  
   Adrenal corticosteroids are known to cause immunosuppression.
4. Antineoplastic agents  
   Antineoplastic agents are known to cause immunosuppression.

35. Which of the following statements reflect current stem cell research?

1. The stem cell is known as a precursor cell that continually replenishes the body’s entire supply of both red and white cells.  
   The stem cell is known as a precursor cell that continually replenishes the body’s entire supply of both red and white cells. Stem cells comprise only a small portion of all types of bone marrow cells.
2. Stem cell transplantation can restore immune system functioning.  
   Research conducted with mouse models has demonstrated that once the immune system has been destroyed experimentally, it can be completely restored with the implantation of just a few purified stem cells.
3. Stem cell transplantion has been performed in the laboratory only.  
   Stem cell transplantation has been carried out in human subjects with certain types of immune dysfunction such as severe combined immunodeficiency (SCID).
4. Clinical trials are underway in patients with acquired immune deficiencies only.  
   Clinical trails are underway in patients with a variety of disorders with an autoimmune component including systemic lupus erythematosus,rheumatoid arthritis, scleroderma, and multiple sclerosis.

36. The nurse’s base knowledge of primary immunodeficiencies includes which of the following statements? Primary immunodeficiencies

1. develop early in life after protection from maternal antibodies decreases.  
   These disorders may involve one or more components of the immune system.
2. occur most commonly in the aged population.  
   Primary immunodeficiencies are seen primarily in infants and young children.
3. develop as a result of treatment with antineoplastic agents.  
   Primary immunodeficiencies are rare disorders with genetic origins.
4. disappear with age.  
   Without treatment, infants and children with these disorders seldom survive to adulthood.

37. Agammaglobulinemia is also known as

1. Bruton’s disease.  
   Bruton’s disease is a sex-linked disease that results in infants born with the disorder suffering severe infections soon after birth
2. Nezelof syndrome.  
   Nezelof syndrome is a disorder involving lack of a thymus gland.
3. Wiskott-Aldrich syndrome.  
   Wiskott-Aldrich syndrome involves the absence of T cells and B cells and the presence of thrombocytopenia.
4. Common variable immunodeficiency (CVID)  
   CVID is another term for hypogammaglobulinemia.

38. When the nurse administers intravenous gamma-globulin infusion, she recognizes that which of the following complaints, if reported by the patient, may indicate an adverse effect of the infusion?

1. Tightness in the chest  
   Flank pain, tightness in the chest, or hypotension indicates adverse effects of gamma-globulin infusion.
2. Nasal stuffiness  
   Nasal stuffiness is not recognized as an adverse effect of gamma-globulin infusion.
3. Increased thirst  
   Increased thirst is not recognized as an adverse effect of gamma-globulin infusion.
4. Burning urination  
   Burning urination is a sign of urinary tract infection, not an adverse effect of gamma-globulin infusion.

39. Ataxia is the term that refers to

1. uncoordinated muscle movement.  
   Ataxia-telangiectasia is an autosomal recessive disorder affecting both T-cell and B-cell immunity.
2. vascular lesions caused by dilated blood vessels.  
   Telangiectasia is the term that refers to vascular lesions caused by dilated blood vessels.
3. inability to understand the spoken word.  
   Receptive aphasia is an inability to understand the spoken word.
4. difficulty swallowing.  
   Dysphagia refers to difficulty swallowing.

40. Which of the following microorganisms is known to cause retinitis in people with HIV/AIDS?

1. Cytomegalovirus  
   Cytomegalovirus is a species-specific herpes virus.
2. Cryptococcus neoformans  
   Cryptococcus neoformans is a fungus that causes an opportunistic infection in patients with HIV/AIDS.
3. Mycobacterium avium  
   Mycobacterium avium is an acid-fast bacillus that commonly causes a respiratory illness.
4. Pneumocystic carinii                                                                                                                   Pneumocystic carinii is an organism that is thought to be protozoan but believed to be a fungus based on its structure.

41. Of the following blood tests, which confirms the presence of antibodies to HIV?

1. Enzyme-linked immunoabsorbant assay (ELISA)  
   ELISA, as well as Western blot assay, identifies and confirms the presence of antibodies to HIV.
2. Erythrocyte sedimentation rate (ESR)  
   The ESR is an indicator of the presence of inflammation in the body.
3. p24 antigen  
   The p24 antigen is a blood test that measures viral core protein.
4. Reverse transcriptase  
   Reverse transcriptase is not a blood test. Rather, it is an enzyme that transforms single-stranded RNA into a double-stranded DNA.

42. When assisting the patient to interpret a negative HIV test result, the nurse informs the patient that the results mean

1. his body has not produced antibodies to the AIDS virus.  
   A negative test result indicates that antibodies to the AIDS virus are not present in the blood at the time the blood sample for the test is drawn.
2. he has not been infected with HIV.  
   A negative test result should be interpreted as demonstrating that if infected, the body has not produced antibodies (which take from 3 weeks to 6 months or longer). Therefore, subsequent testing of an at-risk patient must be encouraged.
3. he is immune to the AIDS virus.  
   The test result does not mean that the patient is immune to the virus, nor does it mean that the patient is not infected. It just means that the body may not have produced antibodies yet.
4. antibodies to the AIDS virus are in his blood.  
   When antibodies to the AIDS virus are detected in the blood, the test is interpreted as positive.

43. Which of the following substances may be used to lubricate a condom?

1. K-Y jelly  
   K-Y jelly is water-based and will provide lubrication while not damaging the condom.
2. Skin lotion  
   The oil in skin lotion will cause the condom to break.
3. Baby oil  
   Baby oil will cause the condom to break.
4. Petroleum jelly  
   The oil in petroleum jelly will cause the condom to break.

44. More than 500 CD4+ T lymphocytes/mm3 indicates which stage of HIV infection?

1. CDC category A – HIV asymptomatic  
   More than 500 CD4+ T lymphocytes/mm3 indicates CDC category A – HIV asymptomatic.
2. Primary infection (acute HIV infection or acute HIV syndrome)  
   The period from infection with HIV to the development of antibodies to HIV is know as primary infection.
3. CDC category B – HIV symptomatic  
   200-499 CD4+ T lymphocytes/mm3 indicates CDC category B – HIV symptomatic.
4. CDC category C – AIDS  
   Less than 200 CD4+ T lymphocytes/mm3 indicates CDC category C – AIDS.

45. The term used to define the balance between the amount of HIV in the body and the immune response is

1. viral set point  
   The viral set point is the balance between the amount of HIV in the body and the immune response.
2. window period  
   During the primary infection period, the window period occurs since a person is infected with HIV but negative on the HIV antibody blood test.
3. primary infection stage  
   The period from infection with HIV to the development of antibodies to HIV is known as the primary infection stage.
4. viral clearance rate  
   The amount of virus in circulation and the number of infected cells equals the rate of viral clearance.

46. Which of the following statements reflect the treatment of HIV infection?

1. Treatment of HIV infection for an individual patient is based on the clinical condition of the patient, CD4 T cell count level, and HIV RNA (viral load).  
   Although specific therapies vary, treatment of HIV infection for an individual patient is based on three factors: the clinical condition of the patient, CD4 T cell count level, and HIV RNA (viral load).
2. Treatment should be offered to all patients once they reach CDC category B – HIV symptomatic.  
   Treatment should be offered to all patients with the primary infection (acute HIV syndrome).
3. Treatment should be offered to only selected patients once they reach CDC category B – HIV symptomatic.  
   Treatment should be offered to all patients with the primary infection (acute HIV syndrome).
4. Treatment should be offered to individuals with plasma HIV RNA levels less than 55,000 copies/mL (RT-PCR assay.)  
   In general, treatment should be offered to individuals with fewer than 350 CD4+ T cells/mm3 or plasma HIV RNA levels exceeding 55,000 copies/mL (RT-PCR assay).

47. Which of the following body substances causes increased gastric secretion, dilation of capillaries, and constriction of the bronchial smooth muscle?

1. Histamine  
   When cells are damaged, histamine is released.
2. Bradykinin  
   Bradykinin is a polypeptide that stimulates nerve fibers and causes pain.
3. Serotonin  
   Serotonin is a chemical mediator that acts as a potent vasoconstrictor and bronchoconstrictor.
4. Prostaglandin  
   Prostaglandins are unsaturated fatty acids that have a wide assortment of biologic activity.

48. Which type of hypersensitivity reaction involves immune complexes formed when antigens bind to antibodies?

1. Type III  
   Type III hypersensitivity is associated with systemic lupus erythematosus, rheumatoid arthritis, serum sickness, certain types of nephritis, and some types of bacterial endocarditis.
2. Type I  
   Type I or anaphylactic hypersensitivity is an immediate reaction, beginning within minutes of exposure to an antigen.
3. Type II  
   Type II, or cytotoxic, hypersensitivity occurs when the system mistakenly identifies a normal constituent of the body as foreign.
4. Type IV  
   Type IV, or delayed-type, hypersensitivity occurs 24-72 hours after exposure to an allergen.

49. When the patient’s eosinophil count is 50-90% of blood leukocytes, the nurse interprets the result as

1. indicative of idiopathic hypereosinophilic syndrome.  
   When eosinophils make up 50-90% of white cell count, the patient is demonstrating severe eosinophilia.
2. indicating an allergic disorder.  
   Moderate eosinophilia, 15-40% of white cell count consisting of eosinophils, are found in patients with allergic disorders.
3. suggesting an allergic reaction.  
   A level between 5 and 15% eosinophils is nonspecific but does suggest allergic reaction.
4. normal.  
   Eosinophils normally make up 1-3% of the total number of white blood cells.

50. Which of the following interventions is the single most important aspect for the patient at risk for anaphylaxis?

1. Prevention  
   People who have experienced food, medication, idiopathic, or exercise-induced anaphylactic reactions should always carry an emergency kit containing epinephrine for injection to prevent the onset of the reaction upon exposure.
2. Use of antihistamines  
   While helpful, the patient may require epinephrine to treat a potential reaction.
3. Desensitization  
   While helpful, there must be no lapses in desensitization therapy because this may lead to the reappearance of an allergic reaction when the medication is re-instituted.
4. Wearing of medical alert bracelet                                                                                                              The medical alert bracelet will assist those rendering aid to the patient who has experienced an anaphylactic reaction

When the nurse observes diffuse swelling involving the deeper skin layers in the patient who has experienced an allergic reaction, the nurse records the finding as

1. angioneurotic edema.  
   The area of skin demonstrating angioneurotic edema may appear normal but often has a reddish hue and does not pit.
2. urticaria.  
   Urticaria (hives) is characterized as edematous skin elevations that vary in size and shape, itch, and cause local discomfort.
3. contact dermatitis.  
   Contact dermatitis refers to inflammation of the skin caused by contact with an allergenic substance, such as poison ivy.
4. pitting edema.  
   Pitting edema is the result of increased interstitial fluid and associated with disorders such as congestive heart failure.

2. Atopic allergic disorders are characterized by

1. a hereditary predisposition.  
   Atopic allergic disorders are characterized by a hereditary predisposition and production of a local reaction to IgE antibodies produced in response to common environmental allergens.
2. an IgA-mediated reaction.  
   Atopic and nonatopic allergic disorders are IgE-mediated allergic reactions.
3. production of a systemic reaction.  
   Atopic allergic disorders are characterized by a hereditary predisposition and production of a local reaction to IgE antibodies produced in response to common environmental allergens.
4. a response to physiologic allergens.  
   Atopic allergic disorders are characterized by a hereditary predisposition and production of a local reaction to IgE antibodies produced in response to common environmental allergens.

3. The nurse teaches the patient with allergies about anaphylaxis including which of the following statements?

1. The most common cause of anaphylaxis is penicillin.  
   The most common cause of anaphylaxis, accounting for about 75% of fatal anaphylactic reactions in the U.S., is penicillin.
2. Anaphylactoid (anaphylaxis-like) reactions are commonly fatal.  
   Although possibly severe, anaphylactoid reactions are rarely fatal.
3. The most common food item causing anaphylaxis is chocolate.  
   Food items that are common causes of anaphylaxis include peanuts, tree nuts, shellfish, fish, milk, eggs, soy and wheat.
4. Systemic reactions include urticaria and angioedema  
   Local reactions usually involve urticaria and angioedema at the site of the antigen exposure. Systemic reactions occur within about 30 minutes of exposure involving cardiovascular, respiratory, gastrointestinal, and integumentary organ systems.

4. Which of the following statements describes the clinical manifestations of a delayed hypersensitivity (type IV) allergic reaction to latex?

1. Signs and symptoms are localized to the area of exposure, usually the back of the hands.  
   Clinical manifestations of a delayed hypersensitivity reaction are localized to the area of exposure.
2. Signs and symptoms can be eliminated by changing glove brands or using powder-free gloves.  
   Clinical manifestations of an irritant contact dermatitis can be eliminated by changing glove brands or using powder-free gloves.
3. Signs and symptoms may worsen when hand lotion is applied before donning latex gloves.  
   With an irritant contact dermatitis, avoid use of hand lotion before donning gloves as this may worsen symptoms as lotions may leach latex proteins from the gloves.
4. Signs and symptoms occur within minutes after exposure to latex.  
   Described as a latex allergy, when clinical manifestations occur within minutes after exposure to latex, an immediate hypersensitivity (type I) allergic reaction has occurred.

5. Which of the following terms refers to fixation or immobility of a joint?

1. Ankylosis  
   Ankylosis may result from disease or scarring due to trauma.
2. Hemarthrosis  
   Hemarthrosis refers to bleeding into the joint.
3. Diarthrodial  
   Diarthrodial refers to a joint with two freely moveable parts.
4. Arthroplasty  
   Arthroplasty refers to replacement of a joint.

6. Accumulation of crystalline depositions in articular surfaces, bones, soft tissue, and cartilage is referred to as

1. tophi.  
   Tophi, when problematic, are surgically excised.
2. subchondral bone.  
   Subchondral bone refers to a bony plate that supports the articular cartilage.
3. pannus.  
   Pannus refers to newly formed synovial tissue infiltrated with inflammatory cells.
4. joint effusion.  
   Joint effusion refers to the escape of fluid from the blood vessels or lymphatics into the joint cavity.

7. Passive range-of-motion exercises are indicated during which stage of rheumatic disease?

1. Acute  
   Passive range of motion is indicated because the patient is unable to perform exercises alone during an acute stage of rheumatic disease.
2. Subacute  
   Active assistive or active range of motion is recommended during the subacute stage of rheumatic diseases.
3. Inactive  
   Active range of motion and isometrics are recommended during the inactive stage of rheumatic diseases.
4. Remission  
   Active range of motion and isometrics are recommended during the remission stage of rheumatic diseases.

8. Which of the following connective tissue disorders is characterized by insoluble collagen being formed and accumulating excessively in the tissues?

1. Scleroderma  
   Scleroderma occurs initially in the skin but also occurs in blood vessels, major organs, and body systems, potentially resulting in death.
2. Rheumatoid arthritis  
   Rheumatoid arthritis results from an autoimmune response in the synovial tissue with damage taking place in body joints.
3. Systemic lupus erythematosus  
   SLE is an immunoregulatory disturbance that results in increased autoantibody production.
4. Polymyalgia rheumatic  
   In polymyalgia rheumatic, immunoglobulin is deposited in the walls of inflamed temporal arteries.

9. Osteoarthritis is known as a disease that

1. is the most common and frequently disabling of joint disorders.  
   The functional impact of osteoarthritis on quality of life, especially for elderly patients, is often ignored.
2. affects young males.  
   Reiter’s syndrome is a spondyloarthropathy that affects young adult males and is characterized primarily by urethritis, arthritis, and conjunctivitis.
3. requires early treatment because most of the damage appears to occur early in the course of the disease.  
   Psoriatic arthritis, characterized by synovitis, polyarthritis, and spondylitis requires early treatment because of early damage caused by disease.
4. affects the cartilaginous joints of the spine and surrounding tissues.  
   Ankylosing spondylitis causes the described problem and is usually diagnosed in the second or third decade of life.

10. Which of the following newer pharmacological therapies used for the treatment of osteoarthritis is thought to improve cartilage function and retard degradation as well as have some anti-inflammatory effects?

1. Viscosupplementation  
   Viscosupplementation, the intraarticular injection of hyaluronic acid, is thought to improve cartilage function and retard degradation. It may also have some anti-inflammatory effects.
2. Glucosamine  
   Glucosamine and chondroitin are thought to improve tissue function and retard breakdown of cartilage.
3. Chondroitin  
   Chondroitin and glucosamine are thought to improve tissue function and retard breakdown of cartilage.
4. Capsaicin                                                                                                                                              Capsaicin is a topical analgesic.

11. Which of the following statements reflect nursing interventions in the care of the patient with osteoarthritis?

1. Encourage weight loss and an increase in aerobic activity.  
   Weight loss and an increase in aerobic activity such as walking, with special attention to quadriceps strengthening are important approaches to pain management.
2. Provide an analgesic after exercise.  
   Patients should be assisted to plan their daily exercise at a time when the pain is least severe, or plan to use an analgesic, if appropriate, prior to their exercise session.
3. Assess for the gastrointestinal complications associated with COX-2 inhibitors.  
   Gastrointestinal complications, especially GI bleeding, are associated with the use of nonsteroidal anti-inflammatory drugs (NSAIDs).
4. Avoid the use of topical analgesics.  
   Topical analgesics such as capsaicin and methylsalicylate may be used for pain management.

12. Fibromyalgia is a common condition that

1. involves chronic fatigue, generalized muscle aching and stiffness.  
   Fibromyalgia, is a common condition that involves chronic fatigue, generalized muscle aching, and stiffness.
2. is caused by a virus.  
   The cause is unknown and no pathological characteristics have been identified that are specific for the condition
3. is treated by diet, exercise, and physical therapy.  
   Treatment consists of attention to the specific symptoms reported by the patient. NSAIDs may be used to treat the diffuse muscle aching and stiffness. Tricyclic antidepressants are used to improve or restore normal sleep patterns and individualized programs of exercise are used to decrease muscle weakness and discomfort and to improve the general de-conditioning that occurs in these individuals
4. usually lasts for less than two weeks,  
   Fibromyalgia, is a common condition that involves chronic fatigue, generalized muscle aching, and stiffness. It is very typical for patients to have endured their symptoms for a long period of time.

13. Which of the following terms refers to a condition characterized by destruction of the melanocytes in circumscribed areas of the skin?

1. Vitiligo  
   Vitiligo results in the development of white patches that may be localized or widespread.
2. Hirsutism  
   Hirsutism is the condition of having excessive hair growth.
3. Lichenification  
   Lichenification refers to a leathery thickening of the skin.
4. Telangiectases  
   Telangiectases refers to red marks on the skin caused by stretching of the superficial blood vessels.

14. Of the following types of cells, which are believed to play a significant role in cutaneous immune system reactions?

1. Langerhans’ cells  
   Langerhans’ cells are common to the epidermis and are accessory cells of the afferent immune system process.
2. Merkel’s cells  
   Merkel’s cells are the receptor cells in the epidermis that transmit stimuli to the axon via a chemical response.
3. Melanocytes  
   Melanocytes are special cells of the epidermis that are primarily involved in producing melanin, which colors the hair and skin.
4. Phagocytes  
   Phagocytes are white blood cells that engulf and destroy foreign materials.

15. When the nurse assesses the patient and observes blue-red and dark brown plaques and nodules, she recognizes that these manifestations are associated with

1. Kaposi’s sarcoma.  
   Kaposi’s sarcoma is a frequent comorbidity of the patient with AIDS.
2. platelet disorders.  
   With platelet disorders, the nurse observes ecchymoses (bruising) and purpura (bleeding into the skin).
3. allergic reactions.  
   Urticaria (wheals or hives) is the manifestation of allergic reactions.
4. syphilis.  
   A painless chancre or ulcerated lesion is a typical finding in the patient with syphilis.

16. The nurse reading the physician’s report of an elderly patient’s physical examination knows a notation that the patient demonstrates xanthelasma refers to

1. yellowish waxy deposits on upper eyelids.  
   The change is a common, benign manifestation of aging skin or it can sometimes signal hyperlipidemia.
2. liver spots.  
   Solar lentigo is the term that refers to liver spots.
3. dark discoloration of the skin.  
   Melasma is the term that refers to dark discoloration of the skin.
4. bright red moles.  
   Cherry angioma is the term that is used to describe a bright red mole.

17. The nurse notes that the patient demonstrates generalized pallor and recognizes that this finding may be indicative of

1. anemia.  
   In the light-skinned individual, generalized pallor is a manifestation of anemia. In brown- and black-skinned individuals, anemia is demonstrated as a dull skin appearance.
2. albinism.  
   Albinism is a condition of total absence of pigment in which the skin appears whitish pink.
3. vitiligo.  
   Vitiligo is a condition characterized by the destruction of the melanocytes in circumscribed areas of skin, resulting in patchy, milky white spots.
4. local arterial insufficiency.  
   Local arterial insufficiency is characterized by marked localized pallor.

18. Which of the following terms refers most precisely to a localized skin infection of a single hair follicle?

1. Furuncle  
   Furuncles occur anywhere on the body, but are most prevalent in areas subjected to irritation, pressure friction, and excessive perspiration, such as the back of the neck, the axillae, or the buttocks.
2. Carbuncle  
   A carbuncle is a localized skin infection involving several hair follicles.
3. Chelitis.  
   Chelitis refers to dry cracking at the corners of the mouth.
4. Comedone.  
   Comedones are the primary lesions of acne, caused by sebum blockage in the hair follicle.

19. The nurse recommends which of the following types of therapeutic baths for its antipruritic action?

1. Colloidal (Aveeno, oatmeal)  
   Aveeno or oatmeal baths are recommended to decrease itching associated with a dermatologic disorder.
2. Sodium bicarbonate (baking soda)  
   Baking soda baths are cooling but dangerous. The tub gets very slippery and a bath mat must be used in the tub.
3. Water  
   Water baths have the same effect as wet dressings, not known to counteract itching.
4. Saline  
   Saline baths have the same effects as saline dressings, not known to counteract itching.

20. Which of the following materials consists of a powder in water?

1. Suspension  
   A suspension requires shaking before application, exemplified by calamine lotion.
2. Hygroscopic agent  
   A hygroscopic agent is a powder that acts to absorb and retain moisture from the air and to reduce friction between surfaces.
3. Paste  
   A paste is a mixture of powder and ointment.
4. Linament                                                                                                                                             A linament is a lotion with oil added to prevent crusting.

21. Which of the following skin conditions is caused by staphylococci, streptococci, or multiple bacteria?

1. Impetigo  
   Impetigo is seen at all ages, but is particularly common among children living under poor hygienic conditions.
2. Scabies  
   Scabies is caused by the itch mite.
3. Pediculosis capitis  
   Pediculosis capitis is caused by head lice.
4. Poison ivy  
   Poison ivy is a contact dermatitis caused by the oleoresin given off by a particular form of ivy.

22. The nurse teaches the patient who demonstrates herpes zoster (shingles) that

1. the infection results from reactivation of the chickenpox virus.  
   It is assumed that herpes zoster represents a reactivation of latent varicella (chickenpox) virus and reflects lowered immunity.
2. once a patient has had shingles, they will not have it a second time.  
   It is believed that the varicella zoster virus lies dormant inside nerve cells near the brain and spinal cord and is reactivated with weakened immune systems and cancers.
3. a person who has had chickenpox can contract it again upon exposure to a person with shingles.  
   A person who has had chickenpox is immune and, therefore, not at risk of infection after exposure to patients with herpes zoster.
4. There are no known medications that affect the course of shingles.  
   There is some evidence that infection is arrested if oral antiviral agents are administered within 24 hours of the initial eruption.

23. Development of malignant melanoma is associated with which of the following risk factors?

1. Individuals with a history of severe sunburn  
   Ultraviolet rays are strongly suspected as the etiology of malignant melanoma.
2. African-American heritage  
   Fair-skinned, blue-eyed, light-haired people of Celtic or Scandinavian origin are at higher risk for development of malignant melanoma.
3. People who tan easily  
   People who burn and do not tan are at risk for development of malignant melanoma.
4. Elderly individuals residing in the Northeast  
   Elderly individuals who retire to the southwestern United States appear to have a higher incidence of development of malignant melanoma.

24. When caring for a patient receiving autolytic debridement therapy, the nurse

1. advises the patient about the foul odor that will occur during therapy.  
   During autolytic debridement therapy a foul odor will be produced by the breakdown of cellular debris. This odor does not indicate that the wound is infected.
2. ensures that the dressing is kept dry at all times.  
   During autolytic debridement therapy the wound is kept moist.
3. ensures that the wound is kept open to the air for at least six hours per day.  
   During autolytic debridement therapy the wound is covered with an occlusive dressing.
4. Uses an enzymatic debriding agent such as Pancrease.  
   Commercially available enzymatic debriding agents include Accuzyme, Clooagenase, Granulex, and Zymase.

25. Which of the following reflect the pathophysiology of cutaneous signs of HIV disease?

1. Immune function deterioration  
   Cutaneous signs may be the first manifestations of HIV, appearing in more than 90 per cent of HIV infected patients as the immune function deteriorates. Common complaints include pruritis, folliculitis, and chronic actinic dermatitis.
2. High CD4 count  
   Cutaneous signs of HIV disease correlate to low CD4 counts.
3. Genetic predisposition  
   Cutaneous signs of HIV disease appear as immune function deteriorates.
4. Decrease in normal skin flora  
   Cutaneous signs of HIV disease appear as immune function deteriorates.

26. Most skin conditions related to HIV disease may be helped primarily by

1. highly active antiretroviral therapy (HAART).  
   The goals of all HIV-related conditions include improvement of CD4 count and lowering of viral load. Initiation of HAART (highly active antiretroviral therapy) will help improve most skin conditions related to HIV disease. Symptomatic relief will be required until the skin condition improves.
2. symptomatic therapies.  
   Initiation of HAART (highly active antiretroviral therapy) will help improve most skin conditions related to HIV disease. Symptomatic relief will be required until the skin condition improves.
3. low potency topical corticosteroid therapy.  
   High-potency, not low-potency, topical corticosteroid therapy may be helpful for some skin conditions.
4. improvement of the patient’s nutritional status.  
   Improvement of the patient’s nutritional status is beneficial for the overall treatment of HIV disease; it is not specific for treatment of skin conditions.

27. Which of the following terms refers to a graft derived from one part of a patient’s body and used on another part of that same patient’s body?

1. Autograft  
   Autografts of full-thickness and pedicle flaps are commonly used for reconstructive surgery, months or years after the initial injury.
2. Allograft  
   An allograft is a graft transferred from one human (living or cadaveric) to another human.
3. Homograft  
   A homograft is a graft transferred from one human (living or cadaveric) to another human.
4. Heterograft  
   A heterograft is a graft obtained from an animal of a species other than that of the recipient.

28. When the emergency nurse learns that the patient suffered injury from a flash flame, the nurse anticipates which depth of burn?

1. Deep partial thickness  
   A deep partial thickness burn is similar to a second-degree burn and is associated with scalds and flash flames.
2. Superficial partial thickness  
   Superficial partial thickness burns are similar to first-degree burns and are associated with sunburns.
3. Full thickness  
   Full thickness burns are similar to third-degree burns and are associated with direct flame, electric current, and chemical contact.
4. Superficial  
   Injury from a flash flame is not associated with a burn that is limited to the epidermis.

29. Regarding emergency procedures at the burn scene, the nurse teaches which of the following guidelines?

1. Never wrap burn victims in ice.  
   Such procedure may worsen the tissue damage and lead to hypothermia in patients with large burns.
2. Apply ice directly to a burn area.  
   Ice must never be applied directly to a burn because it may worsen the tissue damage.
3. Never apply water to a chemical burn.  
   Chemical burns resulting from contact with a corrosive material are irrigated immediately.
4. Maintain cold dressings on a burn site at all times.  
   Such procedures may worsen the tissue damage and lead to hypothermia in patients with large burns.

30. The first dressing change for an autografted area is performed

1. as soon as foul odor or purulent drainage is noted, or 3-5 days after surgery.  
   A foul odor or purulent infection may indicate infection and should be reported to the surgeon immediately.
2. within 12 hours after surgery.  
   The first dressing change usually occurs 3-5 days after surgery.
3. within 24 hours after surgery.  
   The first dressing change usually occurs 3-5 days after surgery.
4. as soon as sanguineous drainage is noted.                                                                                 Sanguineous drainage on a dressing covering an autograft is an anticipated abnormal observation postoperatively.

31. Which of the following observations in the patient who has undergone allograft for treatment of burn site must be reported to the physician immediately?

1. Crackles in the lungs  
   Crackles in the lungs may indicate a fluid buildup indicative of congestive heart failure and pulmonary edema.
2. Pain at the allograft donor site  
   Pain at the allograft donor site is anticipated, since the nerve endings have been stimulated.
3. Sanguineous drainage at the allograft donor site  
   Sanguineous drainage at the allograft donor site is anticipated, since upper layers of tissue have been removed.
4. Decreased pain at the allograft recipient site  
   Decreased pain at the recipient site is anticipated since the wound has been protected by the graft.

32. Which of the following factors are associated with increased fluid requirements in the management of patients with burn injury?

1. Inhalation injuries  
   Factors associated with increased fluid requirements include inhalation injuries, delayed resuscitation, scald burn injuries, high-voltage electrical injuries, hyperglycemia, alcohol intoxification and chronic diuretic therapy.
2. Chemical burn injuries  
   Chemical burn injuries are not associated with increased fluid requirements.
3. Low-voltage electrical injuries  
   Low-voltage electrical injuries are not associated with increased fluid requirements.
4. Hypoglycemia  
   Hypoglycemia is not associated with increased fluid requirements.

33. Antimicrobial barrier?Acticoat dressings used in the treatment of burn wounds can be left in place for five days. Antimicrobial barrier dressings can be left in place for?

1. Acticoat up to five days  
   thus helping to decrease discomfort to the patient, decrease costs of dressing supplies, and decrease nursing time involved in burn dressing changes.
2. seven to ten days.  
   antimicrobial barrier dressings?Acticoat can be left in place for up to five days.
3. three days.  
   Acticoat antimicrobial barrier dressings can be left in place for up to five days.
4. two days.  
   antimicrobial barrier dressings can be left in?Acticoat place for up to five days.

34. A new biosynthetic dressing used , is used to treat?in the treatment of burns, TransCyte

1. burns of indeterminate depth  
   is used to treat burns in which the depth is?TransCyte indeterminate or between superficial and deep partial thickness in depth.
2. partial-thickness burns.  
   is a temporary biosynthetic?BCG Matrix wound covering intended for use with partial-thickness burns and donor sites
3. superficial burns.  
   is used to treat burns in which?TransCyte the depth is indeterminate or between superficial and deep partial thickness in depth.
4. donor sites.  
   is a temporary biosynthetic wound?BCG Matrix covering intended for use with partial-thickness burns and donor sites

35. Which of the following statements reflect current research regarding the utilization of non-pharmacological measures in the management of burn pain?

1. Music therapy may provide reality orientation, distraction, and sensory stimulation.  
   Researchers have found that music affects both the physiologic and psychological aspects of the pain experience. Music diverts the patient’s attention away from the painful stimulus. Music may also provide reality orientation, distraction, and sensory stimulation. It also allows for patient self-expression.
2. Music therapy diverts the patient’s attention toward painful stimulus.  
   Music diverts the patient’s attention away from, not toward, the painful stimulus.
3. Humor therapy has not proven effective in the management of burn pain.  
   Humor therapy has proven effective in the management of burn pain.
4. Pet therapy has proven effective in the management of burn pain.  
   Pet therapy has not proven effective in the management of burn pain.

36. The most important intervention in the nutritional support of a patient with a burn injury is to provide adequate nutrition and calories to:

1. decrease catabolism.  
   The most important intervention in the nutritional support of a patient with a burn injury is to provide adequate nutrition and calories to decrease catabolism. Nutritional support with optimized protein intake can decrease the protein losses by approximately 50%.
2. increase metabolic rate.  
   A marked increase in metabolic rate is seen after a burn injury; interventions are instituted to decrease metabolic rate and catabolism.
3. increase glucose demands.  
   A marked increase in glucose demands are seen after a burn injury; interventions are instituted to decrease glucose demands and catabolism.
4. increase skeletal muscle breakdown.  
   Rapid skeletal muscle breakdown with amino acids serving as the energy source is seen after a burn injury; interventions are instituted to decrease catabolism.

37. Which of the following terms refers to the absence of the natural lens?

1. Aphakia  
   When a cataract is extracted, and an intraocular lens implant is not used, the patient demonstrates aphakia.
2. Scotoma  
   Scotoma refers to a blind or partially blind area in the visual field.
3. Keratoconus  
   Keratoconus refers to a cone-shaped deformity of the cornea.
4. Hyphema  
   Hyphema refers to blood in the anterior chamber of the eye.

38. Edema of the conjunctiva is termed

1. chemosis.  
   Chemosis is a common manifestation of pink-eye.
2. papilledema.  
   Papilledema refers to swelling of the optic disk due to increased intracranial pressure.
3. proptosis.  
   Proptosis is the downward displacement of the eyeball.
4. strabismus.  
   Strabismus is a condition in which there is a deviation from perfect ocular alignment.

39. When the patient tells the nurse that his vision is 20/200, and asks what that means, the nurse informs the patient that a person with 20/200 vision

1. sees an object from 20 feet away that a person with normal vision sees from 200 feet away.  
   The fraction 20/20 is considered the standard of normal vision.
2. sees an object from 200 feet away that a person with normal vision sees from 20 feet away.  
   Most people, positioned 20 feet from the eye chart, can see the letters designated as 20/20 from a distance of 20 feet.
3. sees an object from 20 feet away that a person with normal vision sees from 20 feet away.  
   The standard of normal vision, 20/20 means that the patient can read the 20/20 line from a distance of 20 feet.
4. sees an object from 200 feet away that a person with normal vision sees from 200 feet away.  
   In order to read the 20/20 line, the person of normal vision will be standing at a distance of 20 feet from the chart.

40. Which type of glaucoma presents an ocular emergency?

1. Acute angle-closure glaucoma  
   Acute angle-closure glaucoma results in rapid progressive visual impairment.
2. Normal tension glaucoma  
   Normal tension glaucoma is treated with topical medication.
3. Ocular hypertension  
   Ocular hypertension is treated with topical medication.
4. Chronic open-angle glaucoma                                                                                                              Chronic open-angle glaucoma is treated initially with topical medications, with oral medications added at a later time.

41. Which of the following categories of medications increases aqueous fluid outflow in the patient with glaucoma?

1. Cholinergics  
   Cholinergics increase aqueous fluid outflow by contracting the ciliary muscle, causing miosis, and opening the trabecular meshwork.
2. Beta-blockers  
   Beta-blockers decrease aqueous humor production.
3. Alpha-adrenergic agonists  
   Alpha-adrenergic agonists decrease aqueous humor production.
4. Carbonic anhydrase inhibitors  
   Carbonic anhydrase inhibitors decrease aqueous humor production.

42. Which of the following statements describe refractive surgery?

1. Refractive surgery is an elective, cosmetic surgery performed to reshape the cornea.  
   Refractive surgery is an elective procedure and is considered a cosmetic procedure (to achieve clear vision without the aid of prosthetic devices). It is performed to reshape the cornea for the purpose of correction of all refractive errors.
2. Refractive surgery will alter the normal aging of the eye.  
   Refractive surgery will not alter the normal aging process of the eye.
3. Refractive surgery may be performed on all patients, even if they have underlying health conditions.  
   Patients with conditions that are likely to adversely affect corneal wound healing (corticosteroid use, immunosuppression, elevated IOP) are not good candidates for the procedure.
4. Refractive surgery may be performed on patients with an abnormal corneal structure as long as they have a stable refractive error.  
   The corneal structure must be normal and refractive error stable.

43. The nurse knows that a postoperative vision-threatening complication of LASIK refractive surgery, diffuse lamellar keratitis (DLK) occurs

1. in the first week after surgery.  
   DLK is a peculiar, non-infectious, inflammatory reaction in the lamellar interface after LASIK. It is characterized by a white granular, diffuse culture-negative lamellar keratitis occurring in the first week after surgery. Studies suggest that since no single agent appears to be solely the cause of DLK, a multifactorial etiology is likely.
2. 1 month after surgery.  
   DLK occurs in the first week after surgery.
3. 2-3 months after surgery.  
   DLK occurs in the first week after surgery.
4. 6 months after surgery.  
   DLK occurs in the first week after surgery.

44. The nurse advises the patient undergoing photodynamic therapy (PDT) for macular degeneration to avoid exposure to direct sunlight or bright lights for

1. the first five days after the procedure.  
   Photodynamic therapy includes the use of verteporfin, a light-activated dye. The dye within the blood vessels near the surface of the skin could become activated with exposure to strong light, such as sunlight or bright lights. Ordinary indoor light is not a problem. The patient should be counseled to wear protective clothing, such as long-sleeved shirts, sunglasses, and wide-brimmed hats, if the patient has to go outdoors during daylight hours in the first five days post-treatment. Inadvertent sunlight exposure can lead to severe blistering of the skin and sunburn.
2. the first 24 hours after the procedure.  
   The patient should avoid exposure to direct sunlight or bright lights for the first five days post-treatment.
3. two weeks after the procedure.  
   The patient should avoid exposure to direct sunlight or bright lights for the first five days post-treatment.
4. the first month after the procedure.  
   The patient should avoid exposure to direct sunlight or bright lights for the first five days post-treatment.

45. Retinoblastoma is the most common eye tumor of childhood; it is hereditary in

1. 30-40% of cases.  
   Retinoblastoma can be hereditary or nonhereditary. It is hereditary in 30-40% of cases. All bilateral cases are hereditary.
2. 10-20% of cases.  
   Retinoblastoma is hereditary in 30-40% of cases.
3. 25-50% of cases.  
   Retinoblastoma is hereditary in 30-40% of cases.
4. 50-75% of cases.  
   Retinoblastoma is hereditary in 30-40% of cases.

46. Which of the following terms refers to altered sensation of orientation in space?

1. Dizziness  
   Dizziness may be associated with inner ear disturbances.
2. Vertigo  
   Vertigo is the illusion of movement where the individual or the surroundings are sensed as moving.
3. Tinnitus  
   Tinnitus refers to a subjective perception of sound with internal origin.
4. Nystagmus  
   Nystagmus refers to involuntary rhythmic eye movement.

47. Of the following terms, which describes a condition characterized by abnormal spongy bone formation around the stapes?

1. Otosclerosis  
   Otosclerosis is more common in females than males and is frequently hereditary.
2. Middle ear effusion  
   A middle ear effusion is denoted by fluid in the middle ear without evidence of infection.
3. Chronic otitis media  
   Chronic otitis media is defined as repeated episodes of acute otitis media causing irreversible tissue damage and persistent tympanic membrane perforation.
4. Otitis externa  
   Otitis externa refers to inflammation of the external auditory canal.

48. Ossiculoplasty is defined as

1. surgical reconstruction of the middle ear bones.  
   Ossiculoplasty is performed to restore hearing.
2. surgical repair of the eardrum.  
   Surgical repair of the eardrum is termed tympanoplasty.
3. incision into the tympanic membrane.  
   Tympanotomy or myringotomy is the term used to refer to incision into the tympanic membrane.
4. incision into the eardrum.  
   Tympanotomy or myringotomy is the term used to refer to incision into the tympanic membrane.

49. Which of the following terms refers to surgical repair of the tympanic membrane?

1. Tympanoplasty  
   Tympanoplasty may be necessary to repair a scarred eardrum.
2. Tympanotomy  
   A tympanotomy is an incision into the tympanic membrane.
3. Myringotomy  
   A myringotomy is an incision into the tympanic membrane.
4. Ossiculoplasty  
   An ossiculoplasty is a surgical reconstruction of the middle ear bones to restore hearing.

50. Of the following tests, which uses a tuning fork between two positions to assess hearing?

1. Rinne’s  
   In the Rinne’s test, the examiner shifts the stem of a vibrating tuning fork between two positions to test air conduction of sound and bone conduction of sound.
2. Whisper  
   The whisper test involves covering the untested ear and, whispering from a distance of 1 or 2 feet from the unoccluded ear, and the ability of the patient to repeat what was whispered.
3. Watch tick  
   The watch tick test relies on the ability of the patient to perceive the high-pitched sound made by a watch held at the patient’s auricle.
4. Weber’s                                                                                                                                                          The Weber’s test uses bone conduction to test lateralization of sound.

Which of the following conditions of the inner ear is associated with normal hearing?

1. Vestibular neuronitis  
   Vestibular neuronitis is a disorder of the vestibular nerve characterized by severe vertigo with normal hearing.
2. Meniere’s disease  
   Meniere’s disease is associated with progressive sensorineural hearing loss.
3. Labyrinthitis  
   Labyrinthitis is associated with varying degrees of hearing loss.
4. Endolymphatic hydrops  
   Endolymphatic hydrops refers to dilation in the endolymmphatic space associated with Meniere’s disease.

2. Of the following terms, which refers to the progressive hearing loss associated with aging?

1. Presbycusis  
   Both middle and inner ear age-related changes result in hearing loss.
2. Exostoses  
   Exostoses refers to small, hard, bony protrusions in the lower posterior bony portion of the ear canal.
3. Otalgia  
   Otalgia refers to a sensation of fullness or pain in the ear.
4. Sensorineural hearing loss  
   Sensorineural hearing loss is loss of hearing related to damage of the end organ for hearing and/or cranial nerve VIII.

3. Which of the following statements describes benign paroxysmal positional vertigo (BPPV)?

1. The vertigo is usually accompanied by nausea and vomiting; however hearing impairment does not generally occur.  
   BPPV is a brief period of incapacitating vertigo that occurs when the position of the patient’s head is changed with respect to gravity. The vertigo is usually accompanied by nausea and vomiting; however hearing impairment does not generally occur.
2. The onset of BPPV is gradual.  
   The onset of BPPV is sudden and followed by a predisposition for positional vertigo, usually for hours to weeks but occasionally for months or years.
3. BPPV is caused by tympanic membrane infection.  
   BPPV is speculated to be caused by the disruption of debris within the semi circular canal. This debris is formed from small crystals of calcium carbonate from the inner ear structure, the utricle.
4. BPPV is stimulated by the use of certain medication such as acetaminophen.  
   BPPV is frequently stimulated by head trauma, infection, or other events.

4. Nursing management of the patient with acute symptoms of benign paroxysmal positional vertigo includes which of the following?

1. Bed rest  
   Bed rest is recommended for patients with acute symptoms. Canalith repositioning procedures (CRP) may be used to provide resolution of vertigo, and patients with acute vertigo may be medicated with meclizine for 1-2 weeks.
2. The Epley repositioning procedure  
   The Epley procedure is not recommended for patients with acute vertigo.
3. Meclizine for 2-4 weeks  
   Patients with acute vertigo may be medicated with meclizine for 1-2 weeks.
4. The Dix-Hallpike procedure.  
   The Dix-Hallpike test is an assessment test used to evaluate for BPPV.

5. Which of the following terms refers to the inability to recognize objects through a particular sensory system?

1. Agnosia  
   Agnosia may be visual, auditory, or tactile.
2. Dementia  
   Dementia refers to organic loss of intellectual function.
3. Ataxia  
   Ataxia refers to the inability to coordinate muscle movements.
4. Aphasia  
   Aphasia refers to loss of the ability to express oneself or to understand language.

6. Which of the following terms refers to weakness of both legs and the lower part of the trunk?

1. Paraparesis  
   Paraparesis is a frequent manifestation of degenerative neurologic disorders.
2. Hemiplegia  
   Hemiplegia refers to paralysis of one side of the body or a part of it due to an injury to the motor areas of the brain.
3. Quadriparesis  
   Quadriparesis refers to weakness that involves all four extremities.
4. Paraplegia  
   Paraplegia refers to paralysis of both legs and the lower trunk.

7. Of the following neurotransmitters, which demonstrates inhibitory action, helps control mood and sleep, and inhibits pain pathways?

1. Serotonin  
   The sources of serotonin are the brain stem, hypothalamus, and dorsal horn of the spinal cord.
2. Enkephalin  
   Enkephalin is excitatory and associated with pleasurable sensations.
3. Norepinephrine  
   Norepinephrine is usually excitatory and affects mood and overall activity.
4. Acetylcholine  
   Acetylcholine is usually excitatory, but the parasympathetic effects are sometimes inhibitory.

8. The lobe of the brain that contains the auditory receptive areas is the \_\_\_\_\_\_\_\_\_\_\_\_ lobe.

1. temporal  
   The temporal lobe plays the most dominant role of any area of the cortex in cerebration.
2. frontal  
   The frontal lobe, the largest lobe, controls concentration, abstract thought, information storage or memory, and motor function.
3. parietal  
   The parietal lobe contains the primary sensory cortex, which analyzes sensory information and relays interpretation to the thalamus and other cortical areas.
4. occipital  
   The occipital lobe is responsible for visual interpretation.

9. The lobe of the brain that is the largest and controls abstract thought is the \_\_\_\_\_\_\_\_\_\_\_\_ lobe.

1. frontal  
   The frontal lobe also controls information storage or memory and motor function.
2. temporal  
   The temporal lobe contains the auditory receptive area.
3. parietal  
   The parietal lobe contains the primary sensory cortex, which analyzes sensory information and relays interpretation to the thalamus and other cortical areas.
4. occipital  
   The occipital lobe is responsible for visual interpretation.

10. Which of the following terms is used to describe the fibrous connective tissue that covers the brain and spinal cord?

1. Meninges  
   The meninges have three layers, the dura mater, arachnoid mater, and pia mater.
2. Dura mater  
   The dura mater is the outmost layer of the protective covering of the brain and spinal cord.
3. Arachnoid mater  
   The arachnoid is the middle membrane of the protective covering of the brain and spinal cord.
4. Pia mater                                                                                                                                        The pia mater is the innermost membrane of the protective covering of the brain and spinal cord.

11. The cranial nerve that is responsible for salivation, tearing, taste, and sensation in the ear is the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ nerve.

1. vestibulocochlear  
   The vestibulocochlear (VII) cranial nerve is responsible for hearing and equilibrium.
2. oculomotor  
   The oculomotor (III) cranial nerve is responsible for the muscles that move the eye and lid, pupillary constriction, and lens accommodation.
3. trigeminal  
   The trigeminal (V) cranial nerve is responsible for facial sensation, corneal reflex, and mastication.
4. facial  
   The facial (VII) nerve controls facial expression and muscle movement.

12. The cranial nerve that is responsible for muscles that move the eye and lid is the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ nerve.

1. oculomotor  
   The oculomotor (III) cranial nerve is also responsible for pupillary constriction and lens accommodation.
2. trigeminal  
   The trigeminal (V) cranial nerve is responsible for facial sensation, corneal reflex, and mastication.
3. vestibulocochlear  
   The vestibulocochlear (VII) cranial nerve is responsible for hearing and equilibrium.
4. facial  
   The facial (VII) nerve is responsible for salivation, tearing, taste, and sensation in the ear.

13. The cranial nerve that is responsible for facial sensation and corneal reflex is the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ nerve.

1. trigeminal  
   The trigeminal (V) cranial nerve is also responsible for mastication.
2. oculomotor  
   The oculomotor (III) cranial nerve is responsible for the muscles that move the eye and lid, pupillary constriction, and lens accommodation.
3. vestibulocochlear  
   The vestibulocochlear (VII) cranial nerve is responsible for hearing and equilibrium.
4. facial  
   The facial nerve is responsible for salivation, tearing, taste, and sensation in the ear.

14. Upper motor neuron lesions cause

1. no muscle atrophy.  
   Upper motor neuron lesions do not cause muscle atrophy but do cause loss of voluntary control.
2. decreased muscle tone.  
   Lower motor neuron lesions cause decreased muscle tone.
3. flaccid paralysis.  
   Lower motor neuron lesions cause flaccid paralysis.
4. absent or decreased reflexes.  
   Lower motor neuron lesions cause absent or decreased reflexes.

15. Lower motor neuron lesions cause

1. flaccid muscle paralysis.  
   Lower motor neuron lesions cause flaccid muscle paralysis, muscle atrophy, decreased muscle tone, and loss of voluntary control.
2. increased muscle tone.  
   Upper motor neuron lesions cause increased muscle tone.
3. no muscle atrophy.  
   Upper motor neuron lesions cause no muscle atrophy.
4. hyperactive and abnormal reflexes.  
   Upper motor neuron lesions cause hyperactive and abnormal reflexes.

16. The percentage of patients over the age of 70 admitted to the hospital with delirium is about

1. 25%.  
   About 25% of patients over the age of 70 admitted to the hospital have delirium. The cause is often reversible and treatable (as in drug toxicity, vitamin B12 deficiency or thyroid disease) or chronic and irreversible. Depression may produce impairment of attention and memory.
2. 10%.  
   About 25% of patients over the age of 70 admitted to the hospital have delirium.
3. 40%.  
   About 25% of patients over the age of 70 admitted to the hospital have delirium.
4. 50%.  
   About 25% of patients over the age of 70 admitted to the hospital have delirium.

17. Structural and motor changes related to aging that may be assessed in geriatric patients during an examination of neurologic function include which of the following?

1. Decreased or absent deep tendon reflexes  
   Structural and motor changes related to aging that may be assessed in geriatric patients include decreased or absent deep tendon reflexes.
2. Increased pupillary responses  
   Pupillary responses are reduced or may not appear at all in the presence of cataracts
3. Increased autonomic nervous system responses.  
   There is an overall slowing of autonomic nervous system responses
4. Enhanced reaction and movement times  
   Strength and agility are diminished and reaction and movement times are decreased.

18. What safety actions does the nurse need to take for a patient on oxygen therapy who is undergoing magnetic resonance imaging (MRI)?

1. Ensure that no patient care equipment containing metal enters the room where the MRI is located.  
   For patient safety the nurse must make sure no patient care equipment (e.g., portable oxygen tanks) that contains metal or metal parts enters the room where the MRI is located. The magnetic field generated by the unit is so strong that any metal-containing items will be strongly attracted and can literally be pulled away with such great force that they can fly like projectiles towards the magnet.
2. Securely fasten the patient’s portable oxygen tank to the bottom of the MRI table after the patient has been positioned on the top of the MRI table.  
   For patient safety the nurse must make sure no patient care equipment (e.g., portable oxygen tanks) that contains metal or metal parts enters the room where the MRI is located.
3. Check the patient’s oxygen saturation level using a pulse oximeter after the patient has been placed on the MRI table.  
   For patient safety the nurse must make sure no patient care equipment (e.g., portable oxygen tanks) that contains metal or metal parts enters the room where the MRI is located.
4. No special safety actions need to be taken.  
   For patient safety the nurse must make sure no patient care equipment (e.g., portable oxygen tanks) that contains metal or metal parts enters the room where the MRI is located.

19. Which of the following terms refer to a method of recording, in graphic form, the electrical activity of the muscle?

1. Electromyogram  
   Electromyogram is a method of recording, in graphic form, the electrical activity of the muscle.
2. Electroencephalogram  
   Electroencephalogram is a method of recording, in graphic form, the electrical activity of the brain.
3. Electrocardiography  
   Electrocardiography is performed to assess the electrical activity of the heart.
4. Electrogastrography  
   Electrogastrography is an electrophysiologic study performed to assess gastric motility disturbances.

20. Which of the following are sympathetic effects of the nervous system?

1. Dilated pupils  
   Dilated pupils are a sympathetic effect of the nervous system. Constricted pupils are a parasympathetic effect.
2. Decreased blood pressure  
   Decreased blood pressure is a parasympathetic effect. Increased blood pressure is a sympathetic effect.
3. Increased peristalsis  
   Increased peristalsis is a parasympathetic effect. Decreased peristalsis is a sympathetic effect.
4. Decreased respiratory rate                                                                                                              Decreased respiratory rate is a parasympathetic effect. Increased respiratory rate is a sympathetic effect.

21. Lesions in the temporal lobe may result in which of the following types of agnosia?

1. Auditory  
   Lesions in the temporal lobe (lateral and superior portions) may result in auditory agnosia.
2. Visual  
   Lesions in the occipital lobe may result in visual agnosia.
3. Tactile  
   Lesions in the parietal lobe may result in tactile agnosia.
4. Relationship  
   Lesions in the parietal lobe (posteroinferior regions) may result in relationship and body part agnosia.

22. When the nurse observes that the patient has extension and external rotation of the arms and wrists and extension, plantar flexion, and internal rotation of the feet, she records the patient’s posturing as

1. decerebrate.  
   Decerebrate posturing is the result of lesions at the midbrain and is more ominous than decorticate posturing.
2. normal.  
   The described posturing results from cerebral trauma and is not normal.
3. flaccid.  
   The patient has no motor function, is limp, and lacks motor tone with flaccid posturing.
4. decorticate.  
   In decorticate posturing, the patient has flexion and internal rotation of the arms and wrists and extension, internal rotation, and plantar flexion of the feet.

23. Monro-Kellie hypothesis refers to

1. the dynamic equilibrium of cranial contents.  
   The hypothesis states that because of the limited space for expansion within the skull, an increase in any one of the cranial contents (brain tissue, blood, or cerebrospinal fluid) causes a change in the volume of the others.
2. unresponsiveness to the environment.  
   Akinetic mutism is the phrase used to refer to unresponsiveness to the environment.
3. the brain’s attempt to restore blood flow by increasing arterial pressure to overcome the increased intracranial pressure.  
   Cushing’s response is the phrase used to refer to the brain’s attempt to restore blood flow by increasing arterial pressure to overcome the increased intracranial pressure.
4. a condition in which the patient is wakeful but devoid of conscious content, without cognitive or affective mental function.  
   Persistent vegetative state is the phrase used to describe a condition in which the patient is wakeful but devoid of conscious content, without cognitive or affective mental function.

24. A patient who demonstrates an obtunded level of consciousness

1. sleeps almost constantly but can be aroused and can follow simple commands.  
   An obtunded patient stays awake only with persistent stimulation.
2. has difficulty following commands, and may be agitated or irritable.  
   A confused patient has difficulty following commands, and may be agitated or irritable.
3. sleeps often and shows slowed speech and thought processes.  
   A patient who sleeps often and shows slowed speech and thought processes is described as lethargic.
4. does not respond to environmental stimuli.  
   A comatose patient does not respond to environmental stimuli.

25. An osmotic diuretic, such as Mannitol, is given to the patient with increased intracranial pressure (IICP) in order to

1. dehydrate the brain and reduce cerebral edema.  
   Osmotic diuretics draw water across intact membranes, thereby reducing the volume of brain and extracellular fluid.
2. control fever.  
   Antipyretics and a cooling blanket are used to control fever in the patient with IICP.
3. control shivering.  
   Chloropromazine (Thorazine) may be prescribed to control shivering in the patient with IICP.
4. reduce cellular metabolic demands.  
   Medications such as barbiturates are given to the patient with IICP to reduce cellular metabolic demands.

26. Which of the following positions are employed to help reduce intracranial pressure (ICP)?

1. Avoiding flexion of the neck with use of a cervical collar  
   Use of a cervical collar promotes venous drainage and prevents jugular vein distortion that will increase ICP.
2. Keeping the head flat with use of no pillow  
   Slight elevation of the head is maintained to aid in venous drainage unless otherwise prescribed.
3. Rotating the neck to the far right with neck support  
   Extreme rotation of the neck is avoided because compression or distortion of the jugular veins increases ICP.
4. Extreme hip flexion supported by pillows  
   Extreme hip flexion is avoided because this position causes an increase in intra-abdominal pressure and intrathoracic pressure, which can produce a rise in ICP.

27. Which of the following insults or abnormalities most commonly causes ischemic stroke?

1. Cocaine use  
   Cocaine is a potent vasoconstrictor and may result in a life-threatening reaction, even with the individual’s first unprescribed use of the drug.
2. Arteriovenous malformation  
   Arteriovenous malformations are associated with hemorrhagic strokes.
3. Trauma  
   Trauma is associated with hemorrhagic strokes.
4. Intracerebral aneurysm rupture  
   Intracerebral aneurysm rupture is associated with hemorrhagic strokes.

28. When the patient is diagnosed as having global aphasia, the nurse recognizes that the patient will

1. be unable to form words that are understandable or comprehend the spoken word.  
   Global aphasia is a combination of expressive and receptive aphasia and presents tremendous challenge to the nurse to effectively communicate with the patient.
2. be unable to comprehend the spoken word.  
   In receptive aphasia, the patient is unable to form words that are understandable.
3. be unable to form words that are understandable.  
   In expressive aphasia, the patient is unable to form words that are understandable.
4. be unable to speak at all.  
   The patient who is unable to speak at all is referred to as mute.

29. Which of the following terms related to aphasia refers to the inability to perform previously learned purposeful motor acts on a voluntary basis?

1. Apraxia  
   Verbal apraxia refers to difficulty in forming and organizing intelligible words although the musculature is intact.
2. Agnosia  
   Agnosia is failure to recognize familiar objects perceived by the senses.
3. Agraphia  
   Agraphia refers to disturbances in writing intelligible words.
4. Perseveration  
   Perseveration is the continued and automatic repetition of an activity or word or phrase that is no longer appropriate.

30. Which of the following terms related to aphasia refers to the failure to recognize familiar objects perceived by the senses?

1. Agnosia  
   Auditory agnosia is failure to recognize significance of sounds.
2. Agraphia  
   Agraphia refers to disturbances in writing intelligible words.
3. Apraxia  
   Apraxia refers to inability to perform previously learned purposeful motor acts on a voluntary basis.
4. Perseveration                                                                                                                              Perseveration is the continued and automatic repetition of an activity, word, or phrase that is no longer appropriate.

31. Which of the following terms related to aphasia refers to difficulty reading?

1. Alexia  
   Alexia or dyslexia may occur in the absence of aphasia.
2. Agnosia  
   Agnosia is failure to recognize familiar objects perceived by the senses.
3. Agraphia  
   Agraphia refers to disturbances in writing intelligible words.
4. Perseveration  
   Perseveration is the continued and automatic repetition of an activity, word, or phrase that is no longer appropriate.

32. Which of the following terms related to aphasia refers to difficulty in selecting appropriate words, particularly nouns?

1. Anomia  
   Anomia is also termed dysnomia.
2. Acalculia  
   Acalculia refers to difficulty in dealing with mathematical processes or numerical symbols in general.
3. Dysarthria  
   Dysarthria refers to defects of articulation due to neurologic causes.
4. Paraphasia  
   Paraphasia refers to using wrong words, word substitutions, and faults in word usage in both oral and written language.

33. A patient has had neurologic deficits lasting for more than 24 hours, and now the symptoms are resolving. The nurse concludes that the patient has had which type of stroke?

1. Reversible ischemic neurologic deficit  
   With a reversible ischemic neurologic deficit, the patient has more pronounced signs and symptoms that last more than 24 hours; symptoms resolve in a matter of days without any permanent neurologic deficit.
2. Transient ischemic attack (TIA)  
   With a TIA, the patient has a temporary episode of neurologic dysfunction that may last a few seconds or minutes but not longer than 24 hours.
3. Stroke in evolution  
   With a stroke in evolution the patient experiences a worsening of neurological signs and symptoms over several minutes or hours; it is a progressing stroke.
4. Completed stroke  
   With a completed stroke, the patient’s neurological signs and symptoms have stabilized with no indication of further progression of the hypoxic insult to the brain.

34. Which of the following is a modifiable risk factor for transient ischemic attacks and ischemic strokes?

1. History of smoking.  
   Modifiable risk factors for TIAs and ischemic stroke include hypertension, Type 1 diabetes, cardiac disease, history of smoking, and chronic alcoholism.
2. Thyroid disease  
   Hypertension, Type 1 diabetes, and cardiac disease are modifiable risk factors for TIAs and ischemic stroke.
3. Social drinking  
   Chronic alcoholism is a modifiable risk factor for TIAs and ischemic stroke.
4. Advanced age  
   Advanced age, gender, and race are non-modifiable risk factors for stroke.

35. A patient who has had a previous stroke and is taking warfarin tells the nurse that he started taking garlic to help reduce his blood pressure. The nurse knows that garlic when taken together with warfarin

1. can greatly increase the international normalization ratio (INR) and therefore increase the risk of bleeding.  
   Garlic and warfarin taken together can greatly increase the INR, increasing the risk of bleeding.
2. have no drug-drug interactions and therefore may be taken together.  
   Garlic and warfarin taken together can greatly increase the INR, increasing the risk of bleeding.
3. can cause platelet aggregation and therefore increase the risk of blood clotting.  
   Garlic and warfarin taken together can greatly increase the INR, increasing the risk of bleeding.
4. may increase cerebral blood flow causing migraine headaches.  
   Garlic and warfarin taken together can greatly increase the INR, increasing the risk of bleeding.

36. Later signs of increased intracranial pressure (ICP) later include which of the following?

1. Projectile vomiting  
   Projectile vomiting may occur with increased pressure on the reflex center in the medulla.
2. Increased pulse rate  
   As ICP increases, the pulse rate decreases.
3. Decreased blood pressure  
   As ICP increases, the blood pressure increases.
4. Narrowed pulse pressure  
   As ICP increases, the pulse pressure (the difference between the systolic and the diastolic pressure) widens.

37. Bleeding between the dura mater and arachnoid membrane is termed

1. subdural hematoma.  
   A subdural hematoma is bleeding between the dura mater and arachnoid membrane.
2. intracerebral hemorrhage.  
   Intracerebral hemorrhage is bleeding in the brain or the cerebral tissue with displacement of surrounding structures.
3. epidural hematoma.  
   An epidural hematoma is bleeding between the inner skull and the dura, compressing the brain underneath.
4. extradural hematoma.  
   An extradural hematoma is another name for an epidural hematoma.

38. Which of the following statements reflect nursing management of the patient with expressive aphasia?

1. Encourage the patient to repeat sounds of the alphabet.  
   Nursing management of the patient with expressive aphasia includes encouraging the patient to repeat sounds of the alphabet.
2. Speak clearly and in simple sentences; use gestures or pictures when able.  
   Nursing management of the patient with global aphasia includes speaking clearly and in simple sentences and using gestures or pictures when able.
3. Speak slowly and clearly to assist the patient in forming the sounds.  
   Nursing management of the patient with receptive aphasia includes speaking slowing and clearly to assist the patient in forming the sounds.
4. Frequently reorient the patient to time, place, and situation.  
   Nursing management of the patient with cognitive deficits, such as memory loss, includes frequently reorienting the patient to time, place, and situation.

39. Health promotion efforts to decrease the risk for ischemic stroke involve encouraging a healthy lifestyle including

1. a low fat, low cholesterol diet, and increasing exercise.  
   Health promotion efforts to decrease the risk for ischemic stroke involve encouraging a healthy lifestyle including a low fat, low cholesterol diet, and increasing exercise.
2. eating fish no more than once a month.  
   Recent evidence suggests that eating fish two or more times per week reduces the risk of thrombotic stroke for women
3. a high protein diet and increasing weight-bearing exercise.  
   Health promotion efforts to decrease the risk for ischemic stroke involve encouraging a healthy lifestyle including a low fat, low cholesterol diet, and increasing exercise.
4. a low cholesterol, low protein diet, and decreasing aerobic exercise.  
   Health promotion efforts to decrease the risk for ischemic stroke involve encouraging a healthy lifestyle including a low fat, low cholesterol diet, and increasing exercise.

40. Before the patient diagnosed with a concussion is released from the Emergency Department, the nurse teaches the family or friends who will be tending to the patient to contact the physician or return to the ED if the patient

1. vomits.  
   Vomiting is a sign of increasing intracranial pressure and should be reported immediately.
2. complains of headache.  
   In general, the finding of headache in the patient with a concussion is an expected abnormal observation. However, severe headache should be reported or treated immediately.
3. complains of generalized weakness.  
   Weakness of one side of the body should be reported or treated immediately.
4. sleeps for short periods of time.                                                                                                        Difficulty in waking the patient should be reported or treated immediately.

41. When the nurse reviews the physician’s progress notes for the patient who has sustained a head injury and sees that the physician observed Battle’s sign when the patient was in the Emergency Department, the nurse knows that the physician observed

1. an area of bruising over the mastoid bone.  
   Battle‘s sign may indicate skull fracture.
2. a bloodstain surrounded by a yellowish stain on the head dressing.  
   A bloodstain surrounded by a yellowish stain on the head dressing is referred to as a halo sign and is highly suggestive of a cerebrospinal fluid leak.
3. escape of cerebrospinal fluid (CSF) from the patient’s ear.  
   Escape of CSF from the patient’s ear is termed otorrhea.
4. escape of cerebrospinal fluid (CSF) from the patient’s nose.  
   Escape of CSF from the patient’s nose is termed rhinorrhea.

42. Which of the following findings in the patient who has sustained a head injury indicate increasing intracranial pressure (ICP)?

1. Widened pulse pressure  
   Additional signs of increasing ICP include increasing systolic blood pressure, bradycardia, rapid respirations, and rapid rise in body temperature.
2. Increased pulse  
   Bradycardia, slowing of the pulse, is an indication of increasing ICP in the head-injured patient.
3. Decreased respirations  
   Rapid respiration is an indication of increasing ICP in the head-injured patient.
4. Decreased body temperature  
   A rapid rise in body temperature is regarded as unfavorable because hyperthermia may indicate brain stem damage, a poor prognostic sign.

43. Which of the following nursing interventions is appropriate when caring for the awake and oriented head injury patient?

1. Supply oxygen therapy to keep blood gas values within normal range.  
   The goal is to keep blood gas values within normal range to ensure adequate cerebral circulation.
2. Do not elevate the head of the bed.  
   In general, the head of the bed is elevated about 30 degrees to decrease intracranial venous pressure.
3. Encourage the patient to cough every 2 hours.  
   Coughing should not be encouraged because it increases intracranial pressure.
4. Use restraints if the patient becomes agitated.  
   Restraints should be avoided because straining against them can increase intracranial pressure. Use of padded side rails and application of mitts are the appropriate interventions in the agitated head-injured patient.

44. Of the following stimuli, which is known to trigger an episode of autonomic hyperreflexia in the patient who has suffered a spinal cord injury?

1. Applying a blanket over the patient  
   An object on the skin or skin pressure may precipitate an autonomic hyperreflexic episode.
2. Diarrhea  
   In general, constipation or fecal impaction triggers autonomic hyperreflexia.
3. Placing the patient in a sitting position  
   When the patient is observed to be demonstrating signs of autonomic hyperreflexia, he is placed in a sitting position immediately to lower blood pressure.
4. Voiding  
   The most common cause of autonomic hyperreflexia is a distended bladder.

45. Risk factors that increase the likelihood of post-traumatic seizures following a head injury include which of the following?

1. Age over 65 years  
   Risk factors that increase the likelihood of post-traumatic seizures following a head injury include brain contusion with subdural hematoma, skull fracture, loss of consciousness or amnesia of 1 day or more, and age over 65 years.
2. Loss of consciousness for less than 1 day  
   Loss of consciousness or amnesia of 1 day or more is a risk factor that increases the likelihood of post-traumatic seizures following a head injury
3. Glasgow Coma Scale (GCS) score less than 10  
   The GCS assesses level of consciousness; a score of 10 or less indicates the need for emergency attention. It is not a risk factor for post-traumatic seizures.
4. Epidural hematoma  
   Brain contusion with subdural hematoma is a risk factor that increases the likelihood of post-traumatic seizures following a head injury

46. A post-traumatic seizure classified as early occurs

1. within 1-7 days of injury.  
   Posttraumatic seizures are classified as immediate (occurring within 24 hours of injury), early, (occurring within 1-7 days of injury) or late, occurring more than 7 days following injury.
2. within 4 hours of injury.  
   Posttraumatic seizures are classified as immediate (occurring within 24 hours of injury), early, (occurring within 1-7 days of injury) or late, occurring more than 7 days following injury.
3. within 24 hours of injury.  
   Posttraumatic seizures occurring within 24 hours of injury are classified as immediate seizures.
4. more than 7 days following surgery.  
   Posttraumatic seizures occurring more than 7 days following surgery are classified as late seizures.

47. The nurse assesses the dressing of a patient with a basal skull fracture and sees the halo sign – a blood stain surrounded by a yellowish stain. The nurse knows that this sign

1. is highly suggestive of a cerebrospinal fluid (CSF) leak.  
   The halo sign – a blood stain surrounded by a yellowish stain is highly suggestive of a cerebrospinal fluid (CSF) leak.
2. may indicate a subdural hematoma..  
   The halo sign is highly suggestive of a cerebrospinal fluid (CSF) leak.
3. is highly suggestive of a cerebral contusion.  
   The halo sign is highly suggestive of a cerebrospinal fluid (CSF) leak.
4. normally occurs within 24 hours following a basal skull fracture.  
   The halo sign is highly suggestive of a cerebrospinal fluid (CSF) leak.

48. A Glasgow Coma Scale (GCS) score of 7 or less is generally interpreted as

1. coma.  
   The Glasgow Coma Scale (GCS) is a tool for assessing a patient’s response to stimuli. A score of 7 or less is generally interpreted as coma.
2. a need for emergency attention.  
   A GCS score of 10 or less indicates a need for emergency attention.
3. least responsive.  
   A GCS score of 3 is interpreted as least responsive.
4. most responsive.  
   A GCS score of 15 is interpreted as most responsive.

49. Which of the following terms refers to muscular hypertonicity with increased resistance to stretch?

1. Spasticity  
   Spasticity is often associated with weakness, increased deep tendon reflexes, and diminished superficial reflexes.
2. Akathesia  
   Akathesia refers to a restless, urgent need to move around and agitation.
3. Ataxia  
   Ataxia refers to impaired ability to coordinate movement.
4. Myclonus  
   Myoclonus refers to spasm of a single muscle or group of muscles.

50. Of the following terms, which refers to blindness in the right or left halves of the visual fields of both eyes?

1. Homonymous hemianopsia  
   Homonymous hemianopsia occurs with occipital lobe tumors.
2. Scotoma  
   Scotoma refers to a defect in vision in a specific area in one or both eyes.
3. Diplopia  
   Diplopia refers to double vision or the awareness of two images of the same object occurring in one or both eyes.
4. Nystagmus                                                                                                                                       Nystagmus refers to rhythmic, involuntary movements or oscillations of the eyes.

Which of the following terms is used to describe rapid, jerky, involuntary, purposeless movements of the extremities?

1. Chorea  
   Choreiform movements, such as grimacing, may also be observed in the face.
2. Bradykinesia  
   Bradykinesia refers to very slow voluntary movements and speech.
3. Dyskinesia  
   Dyskinesia refers to impaired ability to execute voluntary movements.
4. Spondylosis  
   Spondylosis refers to degenerative arthritis of the cervical or lumbar vertebrae.

2. Which of the phases of a migraine headache usually lasts less than an hour?

1. Aura  
   The aura phase occurs in about 20% of patients who have migraines and may be characterized by focal neurological symptoms.
2. Prodrome  
   The prodrome phase occurs hours to days before a migraine headache.
3. Headache  
   The headache phase lasts from 4 to 72 hours.
4. Recovery  
   During the post-headache phase, patients may sleep for extended periods.

3. The most common type of brain neoplasm is the

1. glioma.  
   Gliomas are the most common brain neoplasms, accounting for about 45% of all brain tumors.
2. angioma.  
   Angiomas account for approximately 4% of brain tumors.
3. meningioma.  
   Meningiomas account for 15-20% of all brain tumors.
4. neuroma.  
   Neuromas account for 7% of all brain tumors.

4. Which of the following diseases is a chronic, degenerative, progressive disease of the central nervous system characterized by the occurrence of small patches of demyelination in the brain and spinal cord?

1. Multiple sclerosis  
   The cause of MS is not known and the disease affects twice as many women as men.
2. Parkinson’s disease  
   Parkinson’s disease is associated with decreased levels of dopamine caused by destruction of pigmented neuronal cells in the substantia nigra in the basal ganglia of the brain.
3. Huntington’s disease  
   Huntington’s disease is a chronic, progressive, hereditary disease of the nervous system that results in progressive involuntary dance-like movement and dementia.
4. Creutzfeldt-Jakob’s disease  
   Creutzfeldt-Jakob’s disease is a rare, transmissible, progressive fatal disease of the central nervous system characterized by spongiform degeneration of the gray matter of the brain.

5. Which of the following diseases is associated with decreased levels of dopamine due to destruction of pigmented neuronal cells in the substantia nigra in the basal ganglia of the brain?

1. Parkinson’s disease  
   In some patients, Parkinson’s disease can be controlled; however, it cannot be cured.
2. Multiple sclerosis  
   Multiple sclerosis is a chronic, degenerative, progressive disease of the CNS characterized by the occurrence of small patches of demyelination in the brain and spinal cord.
3. Huntington’s disease  
   Huntington’s disease is a chronic, progressive, hereditary disease of the nervous system that results in progressive involuntary dance-like movement and dementia.
4. Creutzfeldt-Jakob’s disease  
   Creutzfeldt-Jakob’s disease is a rare, transmissible, progressive fatal disease of the central nervous system characterized by spongiform degeneration of the gray matter of the brain.

6. Which of the following diseases is a chronic, progressive, hereditary disease of the nervous system that results in progressive involuntary dance-like movement and dementia?

1. Huntington’s disease  
   Because it is transmitted as an autosomal dominant genetic disorder, each child of a parent with HD has a 50% risk of inheriting the illness.
2. Multiple sclerosis  
   Multiple sclerosis is a chronic, degenerative, progressive disease of the CNS characterized by the occurrence of small patches of demyelination in the brain and spinal cord.
3. Parkinson’s disease  
   Parkinson’s disease is associated with decreased levels of dopamine due to destruction of pigmented neuronal cells in the substantia nigra in the basal ganglia of the brain.
4. Creutzfeldt-Jakob’s disease  
   Creutzfeldt-Jakob’s disease is a rare, transmissible, progressive fatal disease of the central nervous system characterized by spongiform degeneration of the gray matter of the brain.

7. Which of the following diseases is a rare, transmissible, progressive fatal disease of the central nervous system characterized by spongiform degeneration of the gray matter of the brain?

1. Creutzfeldt-Jakob’s disease  
   The disease causes severe dementia and myoclonus.
2. Multiple sclerosis  
   Multiple sclerosis is a chronic, degenerative, progressive disease of the CNS characterized by the occurrence of small patches of demyelination in the brain and spinal cord.
3. Parkinson’s disease  
   Parkinson’s disease is associated with decreased levels of dopamine due to destruction of pigmented neuronal cells in the substantia nigra in the basal ganglia of the brain.
4. Huntington’s disease  
   Huntington’s disease is a chronic, progressive, hereditary disease of the nervous system that results in progressive involuntary dance-like movement and dementia.

8. Bell’s palsy is a disorder of which cranial nerve?

1. Facial (VII)  
   Bell’s palsy is characterized by facial dysfunction, weakness, and paralysis
2. Trigeminal (V)  
   Trigeminal neuralgia is a disorder of the trigeminal nerve and causes facial pain.
3. Vestibulocochlear (VIII)  
   Meniere’s syndrome is a disorder of the vestibulocochlear nerve.
4. Vagus (X)  
   Guillain-Barre syndrome is a disorder of the vagus nerve.

9. The most common cause of acute encephalitis in the United States is

1. Herpes Simplex Virus (HSV).  
   Viral infection is the most common cause of encephalitis. HSV is the most common cause of acute encephalitis in the U.S.
2. Cryptococcus neoformans.  
   C. neoformans is one of several fungi that may cause fungal encephalitis. Fungal infections of the central nervous system occur rarely in healthy people.
3. Western equine bacteria.  
   The Western equine encephalitis virus is one of four types of arboviral encephalitis that occur in North America.
4. Candida albicans.  
   C. albicans is one of several fungi that may cause fungal encephalitis. Fungal infections of the central nervous system occur rarely in healthy people.

10. Which of the following reflects basic nursing measures in the care of the patient with viral encephalitis?

1. Providing comfort measures  
   Providing comfort measures directed at the headache, include dimmed lights, limited noise, and analgesics are the basic nursing measures in the care of the patient with a viral encephalitis.
2. Administering narcotic analgesics  
   Narcotic analgesics may mask neurologic symptoms; therefore, they are used cautiously.
3. Administering amphotericin B.  
   With viral encephalitis, acyclovir therapy is commonly prescribed; Amphotericin B is used in the treatment of fungal encephalitis.
4. Monitoring cardiac output  
   Nursing management of the patient with viral encephalitis includes monitoring of blood chemistry test results and urinary output to alert the nurse to the presence of renal complications related to acyclovir therapy.

11. Nursing management of the patient with new variant Creutzfeldt-Jakob Disease (nvCJD) includes

1. providing supportive care.  
   The nvCJD is a progressive fatal disease with no treatment available. Due to the fatal outcome of nvCJD, nursing care is primarily supportive.
2. initiating isolation procedures.  
   Prevention of disease transmission is an important part of providing nursing care. Although patient isolation is not necessary, use of standard precautions is important. Institutional protocols are followed for blood and body fluid exposure and decontamination of equipment.
3. preparing for organ donation.  
   Organ donation is not an option because of the risk for disease transmission.
4. administering amphotericin B.  
   Amphotericin B is used in the treatment of fungal encephalitis; no treatment is available for nvCJD.

12.Three medications referred to as the ‘ABC drugs’ are currently the main pharmacological therapy for multiple sclerosis. Which of the following statements reflects information to be included in patient teaching?

1. Flu-like symptoms can be controlled with nonsteroidal anti-inflammatory drugs (NSAIDs) and usually resolve after a few months of therapy.  
   Seventy-five percent of patients taking one of the interferons experience flu-like symptoms that can be controlled with NSAIDS and usually resolve after a few months of therapy.
2. Take interferon beta-la (Avonex) with food or milk.  
   Interferon beta-la is given by intramuscular injection once a week.
3. Take interferon beta-1b (Betaseron) at night before bedtime for best effects.  
   Interferon beta-1b is administered subcutaneously once a week.
4. Take glatiramer acetate (Copaxone) on an empty stomach.  
   Glatiramer acetate is administed by intramuscular injection once a week.

13. Korsakoff’s syndrome is characterized by

1. psychosis, disorientation, delirium, insomnia, and hallucinations.  
   Korsakoff’s syndrome is a personality disorder characterized by psychosis, disorientation, delirium, insomnia, and hallucinations.
2. severe dementia and myocLonus.  
   Creutzefeldt-Jacob disease results in severe dementia and myoclonus.
3. tremor, rigidity, and bradykinesia.  
   The three cardinal signs of Parkinson’s disease are tremor, rigidity, and bradykinesia.
4. choreiform movement and dementia.  
   Huntington’s disease results in progressive involuntary choreiform (dancelike) movement and dementia.

14. The primary North American vector transmitting arthropod-borne virus encephalitis is the

1. mosquito  
   Arthropod vectors transmit several types of viruses that cause encephalitis. The primary vector in North America is the mosquito.
2. tick.  
   The primary vector in North America is the mosquito.
3. horse.  
   The primary vector in North America is the mosquito.
4. flea.  
   The primary vector in North America is the mosquito.

15. The initial symptoms of new variant Creutzfeldt-Jakob Disease (nvCJD) are

1. anxiety, depression, and behavioral changes.  
   Anxiety, depression, and behavioral changes are the initial symptoms of nvCJD
2. memory and cognitive impairment.  
   Memory and cognitive impairment occur late in the course of nvCJD
3. diplopia and bradykinesia.  
   Anxiety, depression and behavioral changes are the initial symptoms of nvCJD
4. akathisia and dysphagia.  
   Anxiety, depression and behavioral changes are the initial symptoms of nvCJD

16. A patient with fungal encephalitis receiving amphotericin B complaints of fever, chills, and body aches. The nurse knows that these symptoms

1. may be controlled by the administration of diphenhydramine (Benedryl) and acetaminophen (Tylenol) approximately 30 minutes prior to administration of the amphotericin.  
   Administration of amphotericin B may cause fever, chills and body aches. The administration of diphenhydramine (Benedryl) and acetaminophen (Tylenol) approximately 30 minutes prior to the administration of amphotericin B may prevent these side effects.
2. indicate renal toxicity and a worsening of the patient’s condition.  
   Renal toxicity due to amphotericin B is dose limiting. Monitoring the serum creatinine and blood urea nitrogen levels may alert the nurse to thedevelopment of renal insufficiency and the need to address the patients’ renal status.
3. are primarily associated with infection with Coccidioides immitis and Aspergillus.  
   Vascular changes are associated with C. immitis and Aspergillus Manifestations of vascular change may include arteritis or cerebral infarction.
4. indicate the need for immediate blood and cerebral spinal fluid (CSF) cultures.  
   Blood and CSF cultures help diagnosis fungal encephalitis.

17. The patient with Herpes Simplex Virus (HSV) encephalitis is receiving acyclovir (Zovirax). The nurse monitors blood chemistry test results and urinary output for

1. renal complications related to acyclovir therapy.  
   Monitoring of blood chemistry test results and urinary output will alert the nurse to the presence of renal complications related to acyclovir therapy.
2. signs and symptoms of cardiac insufficiency.  
   Monitoring of blood chemistry test results and urinary output will alert the nurse to the presence of renal complications related to acyclovir therapy.
3. signs of relapse.  
   Monitoring of blood chemistry test results and urinary output will alert the nurse to the presence of renal complications related to acyclovir therapy. To prevent relapse treatment with acyclovir should continue for up to 3 weeks.
4. signs of improvement in the patient’s condition.  
   Monitoring of blood chemistry test results and urinary output will alert the nurse to the presence of renal complications related to acyclovir therapy.

18. Medical management of arthropod-borne virus (arboviral) encephalitis is aimed at

1. controlling seizures and increased intracranical pressure.  
   There is no specific medication for arboviral encephalitis. Medical management is aimed at controlling seizures and increased intracranial pressure.
2. preventing renal insufficiency.  
   Medical management is aimed at controlling seizures and increased intracranial pressure.
3. maintaining hemodynamic stability and adequate cardiac output.  
   Medical management is aimed at controlling seizures and increased intracranial pressure.
4. preventing muscular atrophy.  
   Medical management is aimed at controlling seizures and increased intracranial pressure.

19. The patient receiving mitoxantrone (Novantrone) for treatment of secondary progressive multiple sclerosis (MS) is closely monitored for

1. leukopenia and cardiac toxicity.  
   Mitoxantrone is an antineoplastic agent used primarily to treat leukemia and lyphoma but is also used to treat secondary progressive MS. Patients need to have laboratory tests ordered and the results closely monitored due to the potential for leukopenia and cardiac toxicity.
2. mood changes and fluid and electrolyte alterations.  
   Patients receiving corticosteroids are monitored for side effects related to corticosteroids such as mood changes and fluid and electrolyte alterations.
3. renal insufficiency.  
   Patients receiving mitoxantrone are closely monitored for leukopenia and cardiac toxicity.
4. hypoxia.  
   Patients receiving mitoxantrone are closely monitored for leukopenia and cardiac toxicity.

20. What percentage of patients who survived the polio epidemic of the 1950s are now estimated to have developed post-polio syndrome?

1. 60-80%  
   Patients who survived the polio epidemic of the 1950s, many now elderly, are developing new symptoms of weakness, fatigue and musculoskeletalpain. It is estimated that between 60% and 80% of the 640,000 polio survivors are experiencing the phenomenon known as post-polio syndrome.
2. 50%  
   It is estimated that between 60 and 80% of patients who survived the polio epidemic of the 1950s are now experiencing post-polio syndrome.
3. 25-30%  
   It is estimated that between 60 and 80% of patients who survived the polio epidemic of the 1950s are now experiencing post-polio syndrome.
4. 10%                                                                                                                                                                    It is estimated that between 60 and 80% of patients who survived the polio epidemic of the 1950s are now experiencing post-polio syndrome.

21. Which of the following statements describe the pathophysiology of post-polio syndrome?

1. The exact cause is unknown, but aging or muscle overuse is suspected.  
   The exact cause of post-polio syndrome is not known but researchers suspect that with aging or muscle overuse the neurons not destroyed originally by the poliovirus are unable to continue generating axon sprouts.
2. The exact cause is unknown, but latent poliovirus is suspected.  
   The exact cause of post-polio syndrome is not known.
3. Post-polio syndrome is caused by an autoimmune response.  
   The exact cause of post-polio syndrome is not known.
4. Post-polio syndrome is caused by long-term intake of a low-protein, high-fat diet in polio survivors.  
   The exact cause of post-polio syndrome is not known.

22. Which of the following statements reflect nursing interventions of a patient with post-polio syndrome?

1. Providing care aimed at slowing the loss of strength and maintaining the physical, psychological and social well being of the patient.  
   No specific medical or surgical treatment is available for this syndrome and therefore nursing plays a pivotal role in the team approach to assisting patients and families in dealing with the symptoms of progressive loss of muscle strength and significant fatigue. Nursing interventions are aimed at slowing the loss of strength and maintaining the physical, psychological and social well being of the patient.
2. Administering antiretroviral agents.  
   No specific medical or surgical treatment is available for this syndrome.
3. Planning activities for evening hours rather then morning hours.  
   Patients need to plan and coordinate activities to conserve energy and reduce fatigue. Important activities should be planned for the morning as fatigue often increases in the afternoon and evening.
4. Avoiding the use of heat applications in the treatment of muscle and joint pain.  
   Pain in muscles and joints may be a problem. Nonpharmacologic techniques such as the application of heat and cold are most appropriate because these patients tend to have strong reactions to medications.

23. Which of the following terms is used to describe edema of the optic nerve?

1. Papilledema  
   Papilledema is edema of the optic nerve.
2. Scotoma  
   Scotoma is a defect in vision in a specific area in one or both eyes.
3. Lymphedema  
   Lymphedema is the chronic swelling of an extremity due to interrupted lymphatic ciruclation, typically from an axillary dissection.
4. Angioneurotic edema  
   Angioneurotic edema is a condition characterized by urticaria and diffuse swelling of the deeper layers of the skin.

24. Degenerative neurologic disorders include which of the following?

1. Huntington’s disease  
   Huntington’s disease is a chronic, progressive, degenerative neurologic hereditary disease of the nervous system that results in progressive involuntary choreiform movement and dementia.
2. Paget’s disease  
   Paget’s disease is a musculoskeletal disorder, characterized by localized rapid bone turnover, most commonly affecting the skull, femur, tibia, pelvic bones, and vertebrae.
3. Osteomyelitis  
   Osteomyelitis is an infection of the bone.
4. Glioma  
   Malignant glioma is the most common type of brain tumor.

25. Bone density testing in patients with post-polio syndrome has demonstrated

1. low bone mass and osteoporosis.  
   Bone density testing in patients with post-polio syndrome has demonstrated low bone mass and osteoporosis. Thus, the importance of identifying risks, preventing falls, and treating osteoporosis must be discussed with patients and their families.
2. osteoarthritis.  
   Bone density testing in patients with post-polio syndrome has demonstrated low bone mass and osteoporosis.
3. calcification of long bones.  
   Bone density testing in patients with post-polio syndrome has demonstrated low bone mass and osteoporosis.
4. no significant findings.  
   Bone density testing in patients with post-polio syndrome has demonstrated low bone mass and osteoporosis.

26. Which of the following terms refers to mature compact bone structures that form concentric rings of bone matrix?

1. Lamellae  
   Lamellae are mineralized bone matrix.
2. Endosteum  
   Endosteum refers to the marrow cavity lining of hollow bone.
3. Trabecula  
   Trabecula refers to lattice-like bone structure.
4. Cancellous bone  
   Cancellous bone refers to spongy, lattice-like bone structure.

27. An osteon is defined as a

1. microscopic functional bone unit.  
   The center of an osteon contains a capillary.
2. bone-forming cell.  
   An osteoblast is a bone-forming cell.
3. bone resorption cell.  
   An osteoclast is a bone resorption cell.
4. mature bone cell.  
   An osteocyte is a mature bone cell.

28. Which of the following terms refers to the shaft of the long bone?

1. Diaphysis  
   The diaphysis is primarily cortical bone.
2. Epiphysis  
   An epiphysis is an end of a long bone.
3. Lordosis  
   Lordosis refers to an increase in lumbar curvature of spine.
4. Scoliosis  
   Scoliosis refers to lateral curving of the spine.

29. Paresthesia is the term used to refer to

1. abnormal sensations.  
   Abnormal sensations, such as burning, tingling, and numbness, are referred to as paresthesias.
2. absence of muscle movement suggesting nerve damage.  
   The absence of muscle tone suggesting nerve damage is referred to as paralysis.
3. involuntary twitch of muscle fibers.  
   Involuntary twitch of muscle fibers is referred to as fasciculation.
4. absence of muscle tone.  
   A muscle which holds no tone is termed flaccid.

30. Which of the following terms refers to a grating or crackling sound or sensation?

1. Crepitus  
   Crepitus may occur with movement of ends of a broken bone or irregular joint surface.
2. Callus  
   Callus is fibrous tissue that forms at the fracture site.
3. Clonus  
   Clonus refers to rhythmic contraction of muscle.
4. Fasciculation  
   Fasciculation refers to involuntary twitch of muscle fibers.

31. Which of the following terms refers to muscle tension being unchanged with muscle shortening and joint motion?

1. Isotonic contraction  
   Exercises such as swimming and bicycling are isotonic.
2. Isometric contraction  
   Isometric contraction is characterized by increased muscle tension, unchanged muscle length, and no joint motion.
3. Contracture  
   Contracture refers to abnormal shortening of muscle, joint, or both.
4. Fasciculation  
   Fasciculation refers to involuntary twitch of muscle fibers.

32. During which stage or phase of bone healing after fracture does callus formation occur?

1. Reparative  
   Callus formation occurs during the reparative stage but is disrupted by excessive motion at the fracture site
2. Remodeling  
   Remodeling is the final stage of fracture repair during which the new bone is reorganized into the bone’s former structural arrangement.
3. Inflammation  
   During inflammation, macrophages invade and debride the fracture area.
4. Revascularization  
   Revascularization occurs within about 5 days after the fracture.

33. During which stage or phase of bone healing after fracture is devitalized tissue removed and new bone reorganized into its former structural arrangement?

1. Remodeling  
   Remodeling is the final stage of fracture repair.
2. Inflammation  
   During inflammation, macrophages invade and debride the fracture area.
3. Revascularization  
   Revascularization occurs within about 5 days after the fracture.
4. Reparative  
   Callus formation occurs during the reparative stage but is disrupted by excessive motion at the fracture site.

34. Which nerve is assessed when the nurse asks the patient to spread all fingers?

1. Ulnar  
   Asking the patient to spread all fingers allows the nurse to assess motor function affected by ulnar innervation while pricking the fat pad at the top of the small finger allows assessment of the sensory function affected by the ulnar nerve.
2. Peroneal  
   The peroneal nerve is assessed by asking the patient to dorsiflex the ankle and extend the toes.
3. Radial  
   The radial nerve is assessed by asking the patient to stretch out the thumb, then the wrist, and then the fingers at the metacarpal joints.
4. Median  
   The median nerve is assessed by asking the patient to touch the thumb to the little finger.

35. Which nerve is assessed when the nurse asks the patient to dorsiflex the ankle and extend the toes?

1. Peroneal  
   The motor function of the peroneal nerve is assessed by asking the patient to dorsiflex the ankle and extend the toes while the sensory function is assessed by pricking the skin between the great and center toes.
2. Radial  
   The radial nerve is assessed by asking the patient to stretch out the thumb, then the wrist, and then the fingers at the metacarpal joints.
3. Median  
   The median nerve is assessed by asking the patient to touch the thumb to the little finger.
4. Ulnar  
   Asking the patient to spread all fingers allows the nurse to assess motor function affected by ulnar innervation.

36. Which of the following statements reflect the progress of bone healing?

1. Serial x-rays are used to monitor the progress of bone healing.  
   Serial x-rays are used to monitor the progress of bone healing.
2. All fracture healing takes place at the same rate no matter the type of bone fractured.  
   The type of bone fractured, the adequacy of blood supply, the surface contact of the fragments, and the general health of the person influence the rate of fracture healing.
3. The age of the patient influences the rate of fracture healing.  
   The type of bone fractured, the adequacy of blood supply, the surface contact of the fragments, and the general health of the person influence the rate of fracture healing.
4. Adequate immobilization is essential until there is ultrasound evidence of bone formation with ossification.  
   Adequate immobilization is essential until there is x-ray evidence of bone formation with ossification.

37. Diminished range of motion, loss of flexibility, stiffness, and loss of height are history and physical findings associated with age-related changes of the

1. joints.  
   History and physical findings associated with age-related changes of the joints include diminished range of motion, loss of flexibility, stiffness, and loss of height.
2. bones.  
   History and physical findings associated with age-related changes of bones include loss of height, posture changes, kyphosis, flexion of hips and knees, back pain, osteoporosis, and fracture.
3. muscles.  
   History and physical findings associated with age-related changes of muscles include loss of strength, diminished agility, decreased endurance, prolonged response time (diminished reaction time), diminished tone, a broad base of support, and a history of falls.
4. ligaments.  
   History and physical findings associated with age-related changes of ligaments include joint pain on motion that resolves with rest, crepitus, joint swelling/enlargement, and degenerative joint disease (osteoarthritis).

38. Fracture healing occurs in four areas, including the

1. external soft tissue.  
   Fracture healing occurs in four areas, including the bone marrow, bone cortex, periosteum, and the external soft tissue, where a bridging callus (fibrous tissue) stabilizes the fracture.
2. cartilage.  
   Fracture healing occurs in four areas, including the bone marrow, bone cortex, periosteum, and the external soft tissue. Cartilage is special tissue at the ends of bone.
3. bursae.  
   Fracture healing occurs in four areas, including the bone marrow, bone cortex, periosteum, and the external soft tissue. The bursae is a fluid-filled sac found in connective tissue, usually in the area of joints.
4. fascia.  
   Fracture healing occurs in four areas, including the bone marrow, bone cortex, periosteum, and the external soft tissue. Fascia is fibrous tissue that covers, supports, and separates muscles.

39. Which of the following is an indicator of neurovascular compromise?

1. Capillary refill more than 3 seconds  
   Capillary refill more than 3 seconds is an indicator of neurovascular compromise. Other indicators include cool skin temperature, pale or cyanotic color, weakness, paralysis, paresthesia, unrelenting pain, pain on passive stretch, and absence of feeling.
2. Warm skin temperature  
   Cool skin temperature is an indicator of neurovascular compromise.
3. Diminished pain  
   Unrelenting pain is an indicator of neurovascular compromise.
4. Pain on active stretch.  
   Pain on passive stretch is an indicator of neurovascular compromise.

40. Which of the following terms refers to moving away from midline?

1. Abduction  
   Abduction is moving away from midline.
2. Adduction  
   Adduction is moving toward midline.
3. Inversion  
   Inversion is turning inward.
4. Eversion  
   Eversion is turning outward.

41. Surgical fusion of a joint is termed

1. arthrodesis.  
   Arthrodesis of a joint is created surgically to treat chronic pain.
2. open reduction with internal fixation (ORIF).  
   ORIF refers to surgery to repair and stabilize a fracture.
3. heterotrophic ossification.  
   Heterotrophic ossification refers to formation of bone in the periprosthetic space.
4. arthroplasty.  
   Arthroplasty refers to surgical repair of a joint or joint replacement.

42. Which of the following devices is designed specifically to support and immobilize a body part in a desired position?

1. Splint  
   A splint may be applied to a fractured extremity initially until swelling subsides.
2. Brace  
   A brace is an externally applied device to support a body part, control movement, and prevent injury.
3. Continuous passive motion (CPM) device  
   A CPM device is an instrument that moves a body part to promote healing and circulation.
4. Trapeze  
   A trapeze is an overhead patient-helping device to promote patient mobility in bed.

43. When caring for the patient in traction, the nurse is guided by which of the following principles?

1. Skeletal traction is never interrupted.  
   Skeletal traction is applied directly to the bone and is never interrupted.
2. Weights should rest on the bed.  
   In order to be effective, weights must hang freely and not rest on the bed or floor.
3. Knots in the ropes should touch the pulley.  
   Knots in the rope or the footplate must not touch the pulley or the foot of the bed.
4. Weights are removed routinely.  
   Traction must be continuous to be effective in reducing and immobilizing fractures.

44. Meniscectomy refers to the

1. replacement of one of the articular surfaces of a joint.  
   The most common site for meniscectomy is the knee.
2. incision and diversion of the muscle fascia.  
   Fasciotomy refers to the incision and diversion of the muscle fascia to relieve muscle constriction.
3. excision of damaged joint fibrocartilage.  
   Hemiarthroplsty refers to the replacement of one of the articular surfaces of a joint.
4. removal of a body part.  
   Amputation refers to the removal of a body part.

45. In order to avoid hip dislocation after replacement surgery, the nurse teaches the patient which of the following guidelines?

1. Never cross the affected leg when seated.  
   Crossing the affected leg may result in dislocation of the hip joint after total hip replacement.
2. Keep the knees together at all times.  
   The patient should be taught to keep the knees apart at all times.
3. Avoid placing a pillow between the legs when sleeping.  
   The patient should be taught to put a pillow between the legs when sleeping.
4. Bend forward only when seated in a chair.  
   The patient should be taught to avoid bending forward when seated in a chair.

46. Injury to the \_\_\_\_\_\_ nerve as a result of pressure is a cause of footdrop.

1. Peroneal  
   Injury to the peroneal nerve as a result of pressure is a cause of footdrop.
2. Sciatic  
   Injury to the peroneal nerve as a result of pressure is a cause of footdrop.
3. Femoral  
   Injury to the peroneal nerve as a result of pressure is a cause of footdrop.
4. Achilles  
   Injury to the peroneal nerve as a result of pressure is a cause of footdrop.

47. The nurse teaching the patient with a cast about home care includes which of the following instructions?

1. Dry a wet fiberglass cast thoroughly using a hair dryer on a cool setting to avoid skin problems.  
   Instruct the patient to keep the cast dry and to dry a wet fiberglass cast thoroughly using a hair dryer on a cool setting to avoid skin problems; do not cover it with plastic or rubber.
2. Cover the cast with plastic or rubber.  
   A cast should be kept dry; do not cover it with plastic or rubber because this causes condensation, which dampens the cast and skin.
3. Keep the cast below heart level.  
   A casted extremitiy should be elevated frequently to heart level to prevent swelling.
4. Fix a broken cast by applying tape.  
   A broken cast should be reported to the physician; the patient should not attempt to fix it.

48. A continuous passive motion (CPM) device applied after knee surgery

1. promotes healing by increasing circulation and movement of the knee joint.  
   A CPM device applied after knee surgery promotes healing by increasing circulation and movement of the knee joint.
2. provides active range of motion.  
   A CPM device provides passive range of motion.
3. promotes healing by immobilizing the knee joint.  
   A CPM device applied after knee surgery promotes healing by increasing circulation and movement of the knee joint.
4. prevents infection and controls edema and bleeding.  
   A CPM device applied after knee surgery promotes healing by increasing circulation and movement of the knee joint.

49. Which of the following terms refers to disease of a nerve root?

1. Radiculopathy  
   When the patient reports radiating pain down the leg, he is describing radiculopathy.
2. Involucrum  
   Involucrum refers to new bone growth around the sequestrum.
3. Sequestrum  
   Sequestrum refers to dead bone in an abscess cavity.
4. Contracture  
   Contracture refers to abnormal shortening of muscle or fibrosis of joint structures.

50. Of the following common problems of the upper extremities, which results from entrapment of the median nerve at the wrist?

1. Carpal tunnel syndrome  
   Carpal tunnel syndrome is commonly due to repetitive hand activities.
2. Ganglion  
   A ganglion, a collection of gelatinous material near the tendon sheaths and joints, appears as a round, firm, cystic swelling, usually on the dorsum of the wrist.
3. Dupuytren’s contracture  
   Dupuytren’s contracture is a slowly progressive contracture of the palmar fascia.
4. Impingement syndrome  
   Impingement syndrome is associated with the shoulder and may progress to a rotator cuff tear.

When you feel like quitting, think about why you started[Tweet](https://twitter.com/intent/tweet?text=%22When%20you%20feel%20like%20quitting,%20think%20about%20why%20you%20started%22%20http://www.rnpedia.com/practice-exams/medical-and-surgical-nursing-exams/medical-surgical-nursing-exam-19/)

When the nurse notes that the patient’s left great toe deviates laterally, she recognizes that the patient has a

1. hallux valgus.  
   Hallux valgus is commonly referred to as a bunion.
2. hammertoe.  
   Hammertoes are usually pulled upward.
3. pes cavus.  
   Pes cavus refers to a foot with an abnormally high arch and a fixed equinus deformity of the forefoot.
4. flatfoot.  
   In flatfoot, the patient demonstrates a diminished longitudinal arch of the foot.

2. Localized rapid bone turnover, most commonly affecting the skull, femur, tibia, pelvic bones, and vertebrae, characterizes which of the following bone disorders?

1. Osteitis deformans  
   Osteitis deformans (Paget’s disease) results in bone that is highly vascularized and structurally weak, predisposing to pathologic fractures.
2. Osteomalacia  
   Osteomalacia is a metabolic bone disease characterized by inadequate mineralization of bone.
3. Osteoporosis  
   Osteoporosis is characterized by reduction of total bone mass and a change in bone structure which increases susceptibility to fracture.
4. Osteomyelitis  
   Osteomyelitis is an infection of bone that comes from extension of soft tissue infection, direct bone contamination, or hematogenous spread.

3. Most cases of osteomyelitis are caused by which of the following microorganisms?

1. Staphylococcus  
   Staphylococcus aureus causes 70-80% of bone infections.
2. Proteus species  
   While Proteus species are frequently found in osteomyelitis, they do not cause the majority of bone infections.
3. Pseudomonas species  
   While Pseudomonas species are frequently found in osteomyelitis, they do not cause the majority of bone infections.
4. Escherichia coli  
   While E. coli is frequently found in osteomyelitis, it does not cause the majority of bone infections

4. Which of the following statements reflects information to be included when teaching the patient about plantar fasciitis?

1. Management of plantar fasciitis includes stretching exercises.  
   Management also includes wearing shoes with support and cushioning to relieve pain, orthotic devices (e.g., heel cups, arch supports), and the use of non-steroidal anti-inflammatory drugs (NSAIDs).
2. Plantar fasciitis presents as an acute onset of pain localized to the ball of the foot that occurs when pressure is placed upon it and diminishes when pressure is released.  
   Plantar fasciitis, an inflammation of the foot-supporting fascia, presents as an acute onset of heel pain experienced with the first steps in the morning. The pain is localized to the anterior medial aspect of the heel and diminishes with gentle stretching of the foot and Achilles tendon.
3. The pain of plantar fasciitis diminishes with warm water soaks.  
   Plantar fasciitis, an inflammation of the foot-supporting fascia, presents as an acute onset of heel pain experienced with the first steps in the morning. The pain is localized to the anterior medial aspect of the heel and diminishes with gentle stretching of the foot and Achilles tendon.
4. Complications of plantar fasciitis include neuromuscular damage and decreased ankle range of motion.  
   Unresolved plantar fasciitis may progress to fascial tears at the heel and eventual development of heel spurs.

5. Lifestyle risk factors for osteoporosis include

1. lack of exposure to sunshine.  
   Lifestyle risk factors for osteoporosis include lack of exposure to sunshine, low calcium and vitamin D diet, cigarette smoking, use of alcohol and/or caffeine, and lack of weight-bearing exercise.
2. lack of aerobic exercise.  
   Lack of weight-bearing exercise, not aerobic exercise, is a lifestyle risk factor for osteoporosis.
3. a low protein, high fat diet.  
   A low calcium and vitamin D diet, not a low protein, high fat diet, is a lifestyle risk factor for osteoporosis.
4. an estrogen deficiency or menopause.  
   An estrogen deficiency or menopause is an individual, not lifestyle risk factor for osteoporosis. Other individual risk factors include female gender, white non-Hispanic or Asian race, increased age, low weight and body mass index, family history of osteoporosis, low initial bone mass, and contributing co-existing medical conditions and medications.

6. The nurse teaches the patient with a high risk for osteoporosis about risk-lowering strategies including which of the following statements?

1. Walk or perform weight-bearing exercises out of doors.  
   Risk-lowering strategies for osteoporosis include walking or exercising out of doors, performing a regular weight-bearing exercise regimen, increasing dietary calcium and vitamin D intake, smoking cessation, and consuming alcohol and caffeine consumption in moderation.
2. Increase fiber in the diet.  
   Risk-lowering strategies for osteoporosis include increasing dietary calcium and vitamin D intake,  
   walking or exercising out of doors, smoking cessation, consuming alcohol and caffeine consumption in moderation, and performing a regular weight-bearing exercise regimen.
3. Reduce stress.  
   Risk-lowering strategies for osteoporosis include walking or exercising out of doors, increasing dietary calcium and vitamin D intake, smoking cessation, consuming alcohol and caffeine consumption in moderation, and performing a regular weight-bearing exercise regimen.
4. Decrease the intake of vitamin A and D.  
   Risk-lowering strategies for osteoporosis include increasing dietary calcium and vitamin D intake,  
   walking or exercising out of doors, smoking cessation, consuming alcohol and caffeine consumption in moderation, and performing a regular weight-bearing exercise regimen.

7. Instructions for the patient with low back pain include which of the following?

1. When lifting, avoid overreaching.  
   Instructions for the patient with low back pain should include that when lifting, the patient should avoid overreaching. The patient should also keep the load close to the body, bend the knees and tighten the abdominal muscles, use a wide base of support, and use a back brace to protect the back.
2. When lifting, place the load away from the body.  
   When lifting, the patient with low back pain should keep the load close to the body.
3. When lifting, use a narrow base of support.  
   When lifting, the patient with low back pain should use a wide base of support.
4. When lifting, bend the knees and loosen the abdominal muscles.  
   When lifting, the patient with low back pain should bend the knees and tighten the abdominal muscles.

8. Dupuytren’s contracture causes flexion of the

1. fourth and fifth fingers.  
   Dupuytren’s contracture causes flexion of the fourth and fifth fingers, and frequently the middle finger.
2. thumb.  
   Dupuytren’s contracture causes flexion of the fourth and fifth fingers, and frequently the middle finger.
3. index and middle fingers.  
   Dupuytren’s contracture causes flexion of the fourth and fifth fingers, and frequently the middle finger.
4. ring finger.  
   Dupuytren’s contracture causes flexion of the fourth and fifth fingers, and frequently the middle finger.

9. A metabolic bone disease characterized by inadequate mineralization of bone is

1. osteomalacia  
   Osteomalacia is a metabolic bone disease characterized by inadequate mineralization of bone.
2. osteoporosis  
   Osteoporosis is characterized by reduction of total bone mass and a change in bone structure which increases susceptibility to fracture.
3. osteomyelitis  
   Osteomyelitis is an infection of bone that comes from extension of soft tissue infection, direct bone contamination, or hematogenous spread.
4. osteoarthritis  
   Osteoarthritis (OA), also known as degenerative joint disease, is the most common and frequently disabling of the joint disorders. OA affects the articular cartilage, subchondral bone, and synovium.

10. Which of the following terms refers to an injury to ligaments and other soft tissues of a joint?

1. Sprain  
   A sprain is caused by a wrenching or twisting motion.
2. Dislocation  
   Dislocation refers to the separation of joint surfaces.
3. Subluxation  
   Subluxation refers to partial separation or dislocation of joint surfaces.
4. Strain                                                                                                                                                          Strain refers to a muscle pull or tear.

11. Which of the following terms refers to failure of fragments of a fractured bone to heal together?

1. Nonunion  
   When nonunion occurs, the patient complains of persistent discomfort and movement at the fracture site.
2. Dislocation  
   Dislocation refers to the separation of joint surfaces.
3. Subluxation  
   Subluxation refers to partial separation or dislocation of joint surfaces.
4. Malunion  
   Malunion refers to growth of the fragments of a fractured bone in a faulty position, forming an imperfect union.

12. The Emergency Department nurse teaches patients with sports injuries to remember the acronym RICE, which stands for which of the following combinations of treatment?

1. Rest, ice, compression, elevation  
   RICE is used for the treatment of contusions, sprains, and strains.
2. Rest, ice, circulation, and examination  
   While circulation problems must be examined, the RICE treatment does not refer to circulation and examination.
3. Rotation, immersion, compression and elevation  
   Rotation of a joint is contraindicated when injury is suspected, and immersion of the area may be anatomically difficult.
4. Rotation, ice, compression, and examination  
   Rotation of a joint is contraindicated when injury is suspected, and examination, while indicated, does not provide treatment.

13. The nurse anticipates that the physician will perform joint aspiration and wrapping with compression elastic dressing for which of the following musculoskeletal problems?

1. Joint effusion  
   The described treatments are used with joint effusions and hemarthrosis.
2. Strain  
   A strain is treated by RICE.
3. Sprain  
   A sprain is treated by RICE.
4. Avascular necrosis  
   Avascular necrosis describes death of tissue due to insufficient blood supply and may be associated with steroid use.

14. When x-ray demonstrates a fracture in which bone has splintered into several pieces, that fracture is described as

1. comminuted.  
   A comminuted fracture may require open reduction and internal fixation.
2. compound.  
   A compound fracture is one in which damage also involves the skin or mucous membranes.
3. depressed.  
   A depressed fracture is one in which fragments are driven inward.
4. impacted.  
   An impacted fracture is one in which a bone fragment is driven into another bone fragment.

15. When x-ray demonstrates a fracture in which the fragments of bone are driven inward, the fracture is described as

1. depressed.  
   Depressed skull fractures occur as a result of blunt trauma.
2. compound.  
   A compound fracture is one in which damage also involves the skin or mucous membranes.
3. comminuted.  
   A comminuted fracture is one in which the bone has splintered into several pieces.
4. impacted.  
   An impacted fracture is one in which a bone fragment is driven into another bone fragment.

16. A fracture is termed pathologic when the fracture

1. occurs through an area of diseased bone.  
   Pathologic fractures can occur without the trauma of a fall.
2. results in a pulling away of a fragment of bone by a ligament or tendon and its attachment.  
   An avulsion fracture results in a pulling away of a fragment of bone by a ligament or tendon and its attachment.
3. presents as one side of the bone being broken and the other side being bent.  
   A greenstick fracture presents as one side of the bone being broken and the other side being bent.
4. involves damage to the skin or mucous membranes.  
   A compound fracture involves damage to the skin or mucous membranes.

17. The most common complication after knee arthroscopy is

1. joint effusion.  
   Joint effusion produces marked pain, and the physician may need to aspirate the joint to remove fluid and relieve the pressure.
2. infection.  
   Infection is not a common complication of arthroscopy.
3. knee giving way.  
   Complaints of the knee giving way are associated with functioning of the injured knee prior to arthroscopy.
4. knee locking.  
   Complaints of the knee locking are associated with functioning of the injured knee prior to arthroscopy.

18. When the patient who has experienced trauma to an extremity complains of severe burning pain, vasomotor changes, and muscles spasms in the injured extremity, the nurse recognizes that the patient is likely demonstrating signs of

1. reflex sympathetic dystrophy syndrome.  
   RSD is frequently chronic and occurs most often in women.
2. avascular necrosis of bone.  
   Avascular necrosis is manifested by pain and limited movement.
3. a reaction to an internal fixation device.  
   Pain and decreased function are the prime indicators of reaction to an internal fixation device.
4. heterotrophic ossification.  
   Heterotrophic ossification causes muscular pain and limited muscular contraction and movement.

19. Which of the following terms refers to a fracture in which one side of a bone is broken and the other side is bent?

1. Greenstick  
   A greenstick fracture is a fracture in which one side of a bone is broken and the other side is bent.
2. Spiral  
   A spiral fracture is a fracture twisting around the shaft of the bone.
3. Avulsion  
   An avulsion is the pulling away of a fragment of bone by a ligament or tendon and its attachment.
4. Oblique  
   An oblique is a fracture occurring at an angle across the bone.

20. The nurse assesses subtle personality changes, restlessness, irritability, and confusion in a patient who has sustained a fracture. The nurse suspects

1. fat embolism syndrome.  
   Cerebral disturbances in the patient with fat embolism syndrome include subtle personality changes, restlessness, irritability, and confusion.
2. compartment syndrome.  
   With compartment syndrome, the patient complains of deep, throbbing, unrelenting pain.
3. hypovolemic shock.  
   With hypovolemic shock, the patient would have a decreased blood pressure and increased pulse rate.
4. reflex sympathetic dystrophy syndrome.                                                                                           Clinical manifestations of reflex sympathetic dystrophy syndrome include severe, burning pain, local edema, hyperesthesia, muscle spasms, and vasomotor skin changes.

21. A Colles’ fracture is a fracture of the

1. distal radius.  
   A Colles’ fracture is a fracture of the distal radius (wrist). It is usually the result of a fall on an open, dorsiflexed hand.
2. elbow.  
   A Colles’ fracture is a fracture of the distal radius.
3. humeral shaft.  
   A Colles’ fracture is a fracture of the distal radius.
4. clavicle.  
   A Colles’ fracture is a fracture of the distal radius.

22. With fractures of the femoral neck, the leg is

1. shortened, adducted, and externally rotated.  
   With fractures of the femoral neck, the leg is shortened, adducted, and externally rotated.
2. shortened, abducted, and internally rotated.  
   With fractures of the femoral neck, the leg is shortened, adducted, and externally rotated.
3. adducted and internally rotated.  
   With fractures of the femoral neck, the leg is shortened, adducted, and externally rotated.
4. abducted and externally rotated.  
   With fractures of the femoral neck, the leg is shortened, adducted, and externally rotated.

23. Which of the following terms most precisely refers to an infection acquired in the hospital that was not present or incubating at the time of hospital admission?

1. Nosocomial infection  
   A 1970 CDC study found that about one-third of nosocomial infections could be prevented when effective infection control programs were in place.
2. Primary bloodstream infection  
   A primary bloodstream infection is bacteremia or fungemia, which occurs without infection, identified at another anatomic site.
3. Secondary bloodstream infection  
   A secondary bloodstream infection is bacteremia of fungemia of another anatomic site, which serves as a source for bloodstream contamination.
4. Emerging infectious diseases  
   Emerging infectious diseases refer to diseases of infectious origin of which incidence in humans has increased within the past two decades or threaten to increase in the near future.

24. The usual incubation period (infection to first symptom) for AIDS is

1. 10 years.  
   HIV is transmitted through sexual, percutaneous, or perinatal contact.
2. 3–6 months.  
   The incubation period for HIV infection is greater than 3-6 months.
3. 1 year.  
   The incubation period for HIV infection is greater than 1 year.
4. 5 years.  
   The incubation period for HIV infection is greater than 5 years.

25. The usual incubation period (infection to first symptom) for hepatitis B is

1. 45-160 days.  
   Hepatitis B is responsible for more than 200 deaths of healthcare workers annually.
2. 15-50 days.  
   The incubation period for hepatitis B is 45-160 days.
3. 6-9 months.  
   The incubation period for hepatitis B is shorter than 6-9 months.
4. unclear.  
   The incubation periods for hepatitis D, E, and G are unclear.

26. Which of the following terms refers to a state of microorganisms being present within a host without causing host interference or interaction?

1. Colonization  
   Understanding the principle of colonization facilitates interpretation of microbiologic reports.
2. Susceptible  
   A susceptible host is a host who does not possess immunity to a particular pathogen.
3. Immune  
   An immune host is a host who is not susceptible to a particular pathogen.
4. Infection  
   Infection refers to host interaction with an organism.

27. The nurse teaches the parent of the child with chickenpox that the child is no longer contagious to others when

1. the vesicles and pustules have crusted.  
   When the lesions have crusted, the patient is no longer contagious to others.
2. the first rash appears.  
   The child remains contagious when the rash is present.
3. the fever disappears.  
   The child remains contagious if the fever occurs as the rash is progressing.
4. the rash is changing into vesicles, and pustules appear.  
   The child remains contagious when the rash is changing into vesicles and pustules.

28. Which of the following statements reflects the nursing management of the patient with West Nile Virus infection?

1. There is no treatment for West Nile Virus infection.  
   Patients are supported by fluid replacement, airway management, and standard nursing care support during the time that the patient hasmeningitis symptoms.
2. The incubation period is three to five days.  
   The incubation period (from mosquito bite until onset of symptoms) is between 5–15 days.
3. Patients with West Nile virus present with gastrointestinal complaints, such as nausea, vomiting, diarrhea, and abdominal pain.  
   Most human infections are asymptomatic. When symptoms are present, headache and fever are most frequently reported. Less than one percent of those infected develop more severe illness, including meningitis.
4. Transmission of West Nile virus occurs from human-to-human.  
   Birds are the natural reservoir for the virus. Mosquitoes become infected when feeding on birds and can transmit the virus to animals and humans. There is no human-to-human transmission of virus.

29. Prophylaxis antibiotic for anthrax is given to people with symptoms who have been in a defined “hot zone” for a period of

1. 60 days.  
   Those with symptoms who have been in the hot zone should be given 60 days of prophylactic antibiotic. The aim of prophylaxis is to assure that if spores were inhaled, bacteria will be killed immediately upon release from spores. Those who have symptoms of fever, cough, headache, chills, and especially evidence of mediastinal lymph node involvement should be treated with intravenous antibiotics and respiratory support, if needed.
2. 30 days.  
   Those with symptoms who have been in the hot zone should be given 60 days of prophylactic antibiotic
3. 14 days.  
   Those with symptoms who have been in the hot zone should be given 60 days of prophylactic antibiotic
4. 10 days.  
   Those with symptoms who have been in the hot zone should be given 60 days of prophylactic antibiotic

30. If a case of smallpox is suspected, the nurse should

1. call the CDC Emergency Preparedness Office.  
   Anyone suspecting a case of smallpox should call the CDC Emergency Preparedness Office at 770-488-7100. The CDC will respond by immmediate provision of diagnostic support and eventual release of vaccine if a case is confirmed. Until instructed otherwise by the CDC, healthcare providers should carefully establish isolation with negative pressure, and maintain thorough lists of all those who have contact with the patient.
2. immediately vaccinate the patient and anyone in contact with the patient.  
   The CDC will provide diagnostic support and will release the vaccine if the patient is confirmed to have smallpox.
3. establish isolation with positive pressure.  
   Isolation with negative pressure should be established.
4. Assess the patient for signs of a rash similar to chickenpox in appearance and progression.  The lesions associated with smallpox may appear similar in appearance, but the progression is very different from that of chickenpox. Smallpox lesions will appear to be at the same stage of development as the rash progresses from macules to papules to pustules to scabs. This progression is very different from that of chickenpox. With chickenpox, lesions appear at different developmental stages.

31. The six elements necessary for infection are a causative organism, a reservoir of available organisms, a portal or mode of exit from the reservoir, a mode of transmission from reservoir to host, a susceptible host, and a

1. mode of entry to host.  
   The six elements necessary for infection are a causative organism, a reservoir of available organisms, a portal or mode of exit from the reservoir, a mode of transmission from reservoir to host, a susceptible host, and a mode of entry to host.
2. mode of exit from the host.  
   A mode of entry to the host, not a mode of exit from the host, is necessary for infection.
3. virulent host.  
   The six elements necessary for infection are a causative organism, a reservoir of available organisms, a portal or mode of exit from the reservoir, a mode of transmission from reservoir to host, a susceptible host, and a mode of entry to host.
4. latent time period.  
   The six elements necessary for infection are a causative organism, a reservoir of available organisms, a portal or mode of exit from the reservoir, a mode of transmission from reservoir to host, a susceptible host, and a mode of entry to host.

32. Which of the following statements reflect what is known about the Ebola and Marburg viruses?

1. The diagnosis should be considered in a patient who has a febrile, hemorrhagic illness after traveling to Asia or Africa.  
   The diagnosis should be considered in a patient who has a febrile, hemorrhagic illness after traveling to Asia or Africa, or who has handled animals or animal carcasses from those parts of the world.
2. Treatment during the acute phase includes administration of acyclovir, and ventilator and dialysis support.  
   No antivirals have been approved or show promise against the viruses. Treatment must be largely supportive maintenance of the circulatory system and respiratory systems. It is likely that the infected patient would need ventilator and dialysis support through the acute phases of illness.
3. The viruses can be spread only by airborne exposure.  
   The viruses can be spread by exposure to blood or other body fluid, insect bite, and mucous membrane exposure.
4. Symptoms include severe lower abdominal pain, nausea, vomiting, and dehydration.  
   Symptoms include fever, rash, and encephalitis which progress rapidly to profound hemorrhage, organ destruction, and shock.

33. Bubonic plague occurs

1. after the organism enters through the skin.  
   Bubonic refers to enlarged lymph nodes that develop after the organism enters through the skin. Bubonic plague is the form seen most frequently, as the organism is transferred from rodents or other animals to humans by insect bite.
2. occurs after the organism is inhaled..  
   Pneumonic plague occurs after the organism is inhaled. Only pneumonic plague can be contagious from person to person by an airborne route.
3. occurs when the organism causes a bloodstream infection.  
   Septicemic plague occurs when the organism causes a bloodstream infection usually secondary to either pneumonic or bubonic, but sometimes without either entity.
4. after the organism is transferred by human to human contact.  
   Bubonic plague is the form seen most frequently, as the organism is transferred from rodents or other animals to humans by insect bite.

34. The term given to the category of triage that refers to life-threatening or potentially life-threatening injury or illness requiring immediate treatment is

1. emergent.  
   The patient triaged as emergent must be seen immediately.
2. urgent.  
   The triage category of urgent refers to minor illness or injury needing first-aid-level treatment.
3. immediate.  
   The triage category of immediate refers to non-acute, non-life-threatening injury or illness.
4. non-acute.  
   The triage category of immediate refers to non-acute, non-life-threatening injury or illness.

35. When the patient has been field triaged and categorized as blue, the nurse recognizes that the patient requires

1. fast-track or psychological support.  
   When a patient is categorized as blue, field triage has identified fast-track or psychological support needs.
2. emergent care.  
   Field triaged patients who require emergent care will be categorized as red.
3. immediate care.  
   Field triaged patients who require immediate care will be categorized as yellow.
4. urgent care.  
   Field triaged patients who require urgent care will be categorized as green.

36. Which of the following guidelines is appropriate to helping family members cope with sudden death?

1. Show acceptance of the body by touching it, giving the family permission to touch.  
   The nurse should encourage the family to view and touch the body if they wish, since this action helps the family to integrate the loss.
2. Inform the family that the patient has passed on.  
   The nurse should avoid using euphemisms such as passed on.
3. Obtain orders for sedation for family members.  
   The nurse should avoid giving sedation to family members, since this may mask or delay the grieving process.
4. Provide details of the factors attendant to the sudden death.  
   The nurse should avoid volunteering unnecessary information (e.g., patient was drinking at the time of the accident).

37. Which of the following solutions should the nurse anticipate for fluid replacement in the male patient?

1. Lactated Ringer’s solution  
   Replacement fluids may include isotonic electrolyte solutions and blood component therapy.
2. Type O negative blood  
   O negative blood is prepared for emergency use in women of childbearing age.
3. Dextrose 5% in water  
   Dextrose 5% in water should not be used to replace fluids in hypovolemic patients.
4. Hypertonic saline  
   Hypertonic saline is used only to treat severe symptomatic hyponatremia and should be used only in intensive care units.

38. Induction of vomiting is indicated for the accidental poisoning patient who has ingested

1. aspirin.  
   Overdose of aspirin should be treated with emesis or lavage, followed by ingestion of activated charcoal to absorb the aspirin.
2. rust remover.  
   Rust remover is an alkaline product, which is corrosive, and induced vomiting is contraindicated.
3. gasoline.  
   Gasoline is a petroleum distillate, and induced vomiting is contraindicated.
4. toilet bowl cleaner.  
   Toilet bowl cleaners are corrosive, and induced vomiting is contraindicated.

39. Which of the following phases of psychological reaction to rape is characterized by fear and flashbacks?

1. Heightening anxiety phase  
   During the heightened anxiety phase, the patient demonstrates anxiety, hyperalertness, and psychosomatic reactions, in addition to fear and flashbacks.
2. Acute disorganization phase  
   The acute disorganization phase is characterized by shock, disbelief, guilt, humiliation, and anger.
3. Denial phase  
   The denial phase is characterized by an unwillingness to talk.
4. Reorganization phase  
   The reorganization phase occurs when the incident is put into perspective. Some patients never fully recover from rape trauma.

40. When preparing for an emergency bioterroism drill, the nurse instructs the drill volunteers that each biological agents requires specific patient management and medications to combat the virus, bacteria, or toxin. Which of the following statements reflect the patient management of variola virus (small pox)?

1. Small pox spreads rapidly and requires immediate isolation.  
   Small pox is spread by droplet or direct contact. There are no antiviral agents effective against small pox, however vaccination within two to three days of exposure is protective.
2. Acyclovir is effective against smallpox.  
   There are no antiviral agents effective against small pox; however, vaccination within two to three days of exposure is protective.
3. Small pox is spread by inhalation of spores.  
   Small pox is spread by droplet or direct contact. It spreads rapidly and requires immediate isolation. Even in death, the disease can be transmitted.
4. Vaccination is effective only if administered within 12 to 24 hours of exposure.         Vaccination within two to three days of exposure of the small pox virus is protective. In four to five days, it may prevent death and should be administered with vaccinia immune globulin.

41. Which of the following statements reflect the nursing management of pulmonary anthrax (B. anthracis)?

1. Prophylaxis with fluoroquinone is suggested after exposure.  
   Treatment is with ciprofloxacin or doxycycline.
2. Airborne person-to-person transmission occurs.  
   Anthracis is a spore forming bacteria resulting in gastrointestinal, pulmonary, and skin symptoms. Symptoms are dependent upon contact, ingestion, or inhalation of the spores. Routine universal precautions are effective. Anthrax survives in the spore form for long periods making the body a potential source of infection for morticians.
3. Diagnosis is by pulmonary function testing and chest x-ray.  
   Blood cultures are required to confirm the bacteria’s presence and diagnosis.
4. Pulmonary effects include respiratory failure, shock, and death within five to seven days after exposure.  
   The pulmonary effects include respiratory failure, shock, and death within 24-36 hours after exposure.

42. Which of the following terms refers to injuries that occur when a person is caught between objects, run over by a moving vehicle, or compressed by machinery?

1. Crush injuries  
   Crush injuries are those that occur when a person is caught between objects, run over by a moving vehicle, or compressed by machinery.
2. Blunt trauma  
   Blunt trauma is commonly associated with extra-abdominal injuries to the chest, head, or extremities.
3. Penetrating abdominal injuries  
   Penetrating abdominal injuries include those such as gunshot wounds and stab wounds.
4. Intra-abdominal injuries  
   Intra-abdominal injuries are categorized as penetrating and blunt trauma.

43. A person suffering from carbon monoxide poisoning

1. appears intoxicated.  
   A person suffering from carbon monoxide poisoning appears intoxicated (from cerebral hypoxia). Other signs and symptoms include headache, muscular weakness, palpitation, dizziness, and mental confusion.
2. presents with severe hypertension.  
   A person suffering from carbon monoxide poisoning appears intoxicated (from cerebral hypoxia). Other signs and symptoms include headache, muscular weakness, palpitation, dizziness, and mental confusion.
3. appears hyperactive.  
   A person suffering from carbon monoxide poisoning appears intoxicated (from cerebral hypoxia). Other signs and symptoms include headache, muscular weakness, palpitation, dizziness, and mental confusion.
4. will always present with a cherry red skin coloring.  
   The skin coloring in the patient with carbon monoxide poisoning can range from pink to cherry red to cynanotic and pale and is not a reliable diagnostic sign.

44. Treatment of an acetaminophen overdose includes the administration of

1. N-acetylcysteine (Mucomyst).  
   Treatment of acetaminophen overdose includes administration of N-acetylcysteine (Mucomyst).
2. flumazenil (Romazicon).  
   Flumazenil is administered in the treatment of nonbarbituate sedative overdoses.
3. naloxone (Narcan).  
   Naloxone (Narcan) is administered in the treatment of narcotic overdoses.
4. diazepam (Valium).  
   Diazepam (Valium) may be administered to treat uncontrolled hyperactivity in the patient with a hallucinogen overdose.

45. Which of the following statements reflect the nursing management of the patient with a white phosphorus chemical burn?

1. Do not apply water to the burn.  
   Water should not be applied to burns from lye or white phosphorus because of the potential for an explosion or deepening of the burn.
2. Immediately drench the skin with running water from a shower, hose or faucet.  
   Water should not be applied to burns from lye or white phosphorus because of the potential for an explosion or deepening of the burn.
3. Alternate applications of water and ice to the burn.  
   Water should not be applied to burns from lye or white phosphorus because of the potential for an explosion or deepening of the burn.
4. Wash off the chemical using warm water, then flush the skin with cool water.  
   Water should not be applied to burns from lye or white phosphorus because of the potential for an explosion or deepening of the burn.

46. During a disaster, the nurse sees a victim with a green triage tag. The nurse knows that the person has

1. injuries that are minor and treatment can be delayed hours to days.  
   A green triage tag (priority 3 or minimal) indicates injuries that are minor and treatment can be delayed hours to days.
2. injuries that are life-threatening but survivable with minimal intervention.  
   A red triage tag (priority 1 or immediate) indicates injuries that are life-threatening but survivable with minimal intervention.
3. injuries that are significant and require medical care, but can wait hours without threat to life or limb.  
   A yellow triage tag (priority 2 or delayed) indicates injuries that are significant and require medical care, but can wait hours without threat to life or limb.
4. indicates injuries that are extensive and chances of survival are unlikely even with definitive care.  
   A black triage tag (priority 4 or expectant) indicates injuries that are extensive and chances of survival are unlikely even with definitive care.

47. If a person has been exposed to radiation, presenting symptoms, such as nausea, vomiting, loss of appetite, diarrhea, or fatigue can be expected to occur within \_\_\_\_\_\_\_ hours after exposure?

1. 48 to 72  
   The prodromal phase (presenting symptoms) of radiation exposure occurs within 48 to 72 hours after exposure. Signs and symptoms include nausea, vomiting, loss of appetite, diarrhea, and fatigue. With high-dose radiation exposure, the signs and symptoms may include fever, respiratory distress, and increased excitability.
2. 6 to 12  
   The prodromal phase (presenting symptoms) of radiation exposure occurs within 48 to 72 hours after exposure.
3. 12 to 24  
   The prodromal phase (presenting symptoms) of radiation exposure occurs within 48 to 72 hours after exposure.
4. 24 to 48  
   The prodromal phase (presenting symptoms) of radiation exposure occurs within 48 to 72 hours after exposure.

48. Which of the following refers to a management tool for organizing personnel, facilities, equipment, and communication for any emergency situation?

1. The Incident Command System  
   The Incident Command System (ICS) is a management tool for organizing personnel, facilities, equipment and communication for any emergency situation. The federal government mandates that the ICS be used during emergencies. Under this structure, one person is designated as incident commander. This person must be continuously informed of all activities and informed about any deviation from the established plan. While the ICS is primarily a field structure and process, aspects of it are used at the level of an individual hospital’s emergency response plan as well.
2. Office of Emergency Management  
   Office of Emergency Management (OEM) coordinates the disaster relief efforts at the state and local levels. The OEM is responsible for providing interagency coordination during an emergency. It maintains a corps of emergency management personnel, including responders, planners, and administrative and support staff.
3. National Disaster Medical System  
   National Disaster Medical System (NDMS). The NDMS has many medical support teams such as Disaster Medical Assistance Teams (DMATs) that provide medical personnel to set up and staff a field hospital.
4. The Hospital Emergency Preparedness Plan  
   The Hospital Emergency Preparedness Plan is a facility-specific plan for emergency preparedness required by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

49. Which of the following terms refers to a process by which an individual receives education about recognition of stress reactions and management strategies for handling stress?

1. Defusing  
   Defusing is a process by which the individual receives education about recognition of stress reactions and management strategies for handling stress. It is a component of critical incident stress management (CISM).
2. Debriefing  
   Debriefing is a more complicated intervention of critical incident stress management (CISM); it involves 2- to 3- hour process during which participants are asked about their emotional reactions to the incident, what symptoms they may be experiencing (e.g., flashbacks, difficulty sleeping, intrusive thoughts) and other psychological ramifications.
3. Follow-up  
   In follow-up, members of the critical incident stress management (CISM) team contact the participants of a debriefing and schedule a follow-up meeting if necessary. People with ongoing stress reactions are referred to mental health specialists.
4. Critical incident stress management  
   Critical incident stress management (CISM) is an approach to preventing and treating the emotional trauma that can affect emergency responders as a consequence of their jobs but that can also occur to anyone involved in a disaster or mass casualty incident.

50. The first step in decontamination is

1. removal of the patient’s clothing and jewelry and then rinsing the patient with water.  
   To be effective, decontamination must include a minimum of two steps. The first step is removal of the patient’s clothing and jewelry and then rinsing the patient with water. The second step consists of a thorough soap and water wash and rinse.
2. a thorough soap and water wash and rinse of the patient.  
   A thorough soap and water wash and rinse of the patient is the second step in the decontamination process. The first is to remove the patient’s clothing and jewelry and then rinsing the patient with water.
3. to immediately apply personal protective equipment.  
   To be effective, decontamination must include a minimum of two steps. The first step is removal of the patient’s clothing and jewelry and then rinsing the patient with water. The second step consists of a thorough soap and water wash and rinse.
4. to immediately apply a chemical decontamination foam to the area of contamination.        To be effective, decontamination must include a minimum of two steps. The first step is removal of the patient’s clothing and jewelry and then rinsing the patient with water. The second step consists of a thorough soap and water wash and rinse.