

Kevin's Review - 35 NCLEX Practice Questions

1. A client comes to the outpatient clinic and tells the nurse that he has had leg pains that begin when he walks but cease when he stops walking. Which of the following conditions would the nurse assess for?

- A. An acute obstruction in the vessels of the legs.
- B. Peripheral vascular problems in both legs.
- C. Diabetes
- D. Calcium deficiency

Correct Answer: B. Peripheral vascular problems in both legs.

Intermittent claudication is a condition that indicates vascular deficiencies in the peripheral vascular system. Intermittent claudication (IC) typically refers to lower extremity skeletal muscle pain that occurs during exercise. IC presents when there is insufficient oxygen delivery to meet the metabolic requirements of the skeletal muscles. Pain within these muscle groups is reproducibly induced by walking and relieved with rest.

- **Option A:** If an obstruction were present, the leg pain would persist when the client stops walking. The key feature of intermittent claudication is that the muscle discomfort is reproducible. The pain usually comes on during physical activity and subsides after a period of rest. The key reason for the pain is inadequate blood flow.
- **Option C:** Intermittent claudication is a very common problem seen in patients with diabetes mellitus and people who smoke. Intermittent claudication is a common manifestation of peripheral arterial disease (PAD), which includes atherosclerotic stenosis of arteries in the extremities. IC is commonly localized to the thigh, hip, buttock, and calf muscles.
- **Option D:** Low calcium levels may cause leg cramps but would not necessarily be related to walking. The typical presentation of intermittent claudication is lower extremity pain during ambulation that is relieved with rest. The progression of symptoms is gradual. The pain may be localized to the buttocks or the lower leg, depending on the site of occlusion. Patients with aortoiliac disease frequently develop buttock pain.

2. Tetracycline has been prescribed for a client with Chlamydia trachomatis infection. Select the side effect of the medication. Select all that apply.

- A. Glossitis
- B. Tremors
- C. Urinary frequency
- D. Discoloration of the nails
- E. Photosensitivity

Correct Answer: A, D, & E

Side effects of tetracycline include glossitis, discoloration of the nails, photosensitivity, anorexia, nausea, vomiting, diarrhea, bulky loose stools, stomatitis, sore throat, black hairy tongue, dysphagia, and hoarseness.

3. Which question will critique the auditability of a research project?

- A. Is the strategy used for analysis compatible with the purpose of the study?
- B. Does the researcher document the research process?
- C. Are the researcher's conceptualizations true to the data?
- D. Has adequate time been allowed to fully understand the phenomenon?

Correct Answer: B. Does the researcher document the research process?

This question will critique the auditability of a research project. Understand the purpose and problem, while determining if the design and methodology are consistent with the purpose.

- **Option A:** A research critique is an analysis of a research undertaking that focuses on its strengths and limitations. Critiquing is a systematic process for evaluating research studies and the results reported.
- **Option C:** This question will critique the significance of a research project. "The purpose of a research critique is to determine whether the findings are usable for you" (Brink & Wood, 2001, p. 57).
- **Option D:** This question will critique the credibility of a research project. "The necessary elements in a research critique can be compiled in a series of questions for the process of critiquing research" (Boswell & Cannon, 2009, p. 308).

4. When caring for a male client diagnosed with a brain tumor of the parietal lobe, the nurse expects to assess:

- A. Seizures
- B. Tactile agnosia
- C. Short-term memory impairment
- D. Contralateral homonymous hemianopia

Correct Answer: B. Tactile agnosia

- **Option B:** Tactile agnosia (inability to identify objects by touch) is a sign of a parietal lobe tumor.
- **Option A:** Seizures may result from a tumor of the frontal, temporal, or occipital lobe.
- **Option C:** Short-term memory impairment occurs with a frontal lobe tumor.
- **Option D:** Contralateral homonymous hemianopia suggests an occipital lobe tumor.

5. At the 6-week check-up, the mother asks when she can expect the baby to sleep all night. The nurse should tell the mother that most infants sleep all night by age:

- A. Newborn
- B. 2 month old
- C. 3 month old
- D. 5–6 months

Correct Answer: D. 5–6 months

- Option D: Most infants have nocturnal sleep lasting 9–11 hours by 5-6 months of age.
- Option A: The infant is still waking for nighttime feedings.
- Options B and C: The infant can sleep for 5-6 hours but still needs feeding or two during the night.

6. A client with pneumonia develops dyspnea with a respiratory rate of 32 breaths/minute and difficulty expelling his secretions. The nurse auscultates his lung fields and hears bronchial sounds in the left lower lobe. The nurse determines that the client requires which of the following treatments first?

- A. Antibiotics
- B. Bed rest
- C. Oxygen
- D. Nutritional intake

Correct Answer: C. Oxygen

The client is having difficulty breathing and is probably becoming hypoxic. As an emergency measure, the nurse can provide oxygen without waiting for a physician's order. Anticipate the need for supplemental oxygen or intubation if the patient's condition deteriorates. These measures are needed to correct hypoxemia. Intubation is needed for deep suctioning efforts and provides a source for augmenting oxygenation.

- **Option A:** Antibiotics may be warranted, but this isn't a nursing decision. Administer prescribed antimicrobial agents as ordered. To prevent relapse of pneumonia, the patient needs to complete the course of antibiotics as prescribed.
- **Option B:** The client should be maintained on bedrest if he is dyspneic to minimize his oxygen demands, but providing additional will deal more immediately with his problem. Encourage adequate rest balanced with moderate activity. Promote adequate nutritional intake. Facilitates the healing process and enhances natural resistance.
- **Option D:** The client will need nutritional support, but while dyspneic, he may be unable to spare the energy needed to eat and at the same time maintain adequate oxygenation. Maintain adequate nutrition to offset hypermetabolic state secondary to infection. Ask the dietary department to provide a high-calorie, high-protein diet consisting of soft, easy-to-eat foods.

7. Johanna has ventricular ectopy, which of the following drugs is the first line used to treat her condition?

- A. quinidine (Cardioquin)
- B. digoxin (Lanoxin)
- C. procainamide (Pronestyl)
- D. lidocaine (Xylocaine)

Correct Answer: D. lidocaine (Xylocaine)

Lidocaine is the only choice used to treat ventricular ectopy. Quinidine and digoxin are class IA antiarrhythmics.

- **Option A:** Quinine is a derivative of the bark of the South American cinchona tree. Quinidine is a stereoisomer of quinine; it is a “class 1a antiarrhythmic drug” and also an antimalarial agent. Class 1a antiarrhythmic agents (for example – quinidine, procainamide, disopyramide, ajmaline) work by inhibiting the fast inward sodium current, depressing the phase 0 of the action potential hence dampening the excitability of cardiac muscles which in turn prolongs the action potential and decreases automaticity.
- **Option B:** Digoxin comes from the foxgloves plant known as *Digitalis purpurea*. It is a cardiotonic glycoside and belongs to the digitalis class. It increases the force of contraction of the heart by reversibly inhibiting the activity of the myocardial Na-K ATPase pump, an enzyme that controls the movement of ions into the heart. Digoxin has vagomimetic effects on the AV node.
- **Option C:** Procainamide is a medication used in the management and treatment of ventricular arrhythmias, supraventricular arrhythmias, atrial flutter, atrial fibrillation, AV nodal reentrant tachycardia, and Wolf-Parkinson-White syndrome. It is a Class 1A antiarrhythmic agent. Procainamide is a class 1A antiarrhythmic that binds to fast sodium channels inhibiting recovery after repolarization. It also prolongs the action potential and reduces the speed of impulse conduction. This action results in decreased myocardial excitability, slowed conduction velocity, and reduced myocardial contractility.

8. Which of the following answers best describes the stage of pregnancy in which maternal and fetal blood are exchanged?

- A. Conception
- B. 9 weeks' gestation, when the fetal heart is well developed.
- C. 32-34 weeks gestation
- D. Maternal and fetal blood are never exchanged.

Correct Answer: D. Maternal and fetal blood are never exchanged.

Only nutrients and waste products are transferred across the placenta. Blood exchange only occurs in complications and some medical procedures accidentally. The fetal circulation system is distinctly different from adult circulation. This intricate system allows the fetus to receive oxygenated blood and nutrients from the placenta. It comprises the blood vessels in the placenta and the umbilical cord, which contains two umbilical arteries and one umbilical vein.

- **Option A:** The placenta connects the fetus to the wall of the uterus. It provides oxygen and nutrients from the mother to the growing fetus and also removes metabolic wastes and carbon dioxide from the fetus via the blood vessels in the umbilical cord. The umbilical cord develops from the placenta and is attached to the fetus.
- **Option B:** Oxygenated blood from the mother in the placenta flows through the umbilical vein and into the inferior vena cava (IVC), bypassing the liver via the ductus venosus. From the IVC, oxygenated blood travels to the right atrium of the heart. There is greater pressure in the right atrium compared to the left atrium in fetal circulation; therefore most of the blood is shunted from the right atrium to the left atrium through an opening called the foramen ovale. Once in the left atrium, blood travels through the left ventricle into the aorta and the systemic circulation.
- **Option C:** The deoxygenated blood travels back to the placenta via the umbilical arteries to be oxygenated by the mother. Additionally, some oxygenated blood in the right atrium can also enter the right ventricle and then the pulmonary artery. Because there is high resistance to blood flow in

the lungs, the blood is shunted from the pulmonary artery into the aorta via the ductus arteriosus, hence bypassing the lungs. Blood then enters the systemic circulation, and the deoxygenated blood is recycled back to the mother via the umbilical arteries.

9. Inigo, a 21-year-old college student, presents to the campus health clinic with a 2-day history of sore throat, difficulty swallowing, and fever. He mentions that two of his roommates had similar symptoms last week. Upon examination, the nurse notes that Inigo appears fatigued and has swollen cervical lymph nodes. The healthcare provider suspects a case of streptococcal pharyngitis (strep throat) and orders a rapid antigen detection test (RADT) which comes back positive for Group A Streptococcus. With this diagnosis confirmed, the nurse anticipates certain clinical manifestations in Inigo. Which clinical manifestation would the nurse expect to find in a client diagnosed with “strep throat”? Select all that apply.

- A. A fiery red pharyngeal membrane and fever.
- B. Pain over the sinus area and purulent nasal secretions.
- C. Foul-smelling breath and noisy respirations.
- D. Weak cough and high-pitched noise on respiration.
- E. White patches or streaks of pus on the tonsils.
- F. Hoarseness and a dry, scratchy throat.

Correct Answer: A and E.

A fiery red pharyngeal membrane and fever are classic manifestations of strep throat. The fiery red pharyngeal membrane is indicative of the inflammation caused by the Streptococcus bacteria, and fever is a common systemic response to infection. White patches or streaks of pus on the tonsils is another common manifestation of strep throat. The presence of white patches or streaks of pus on the tonsils indicates a significant bacterial infection.

- **Option B:** These symptoms are more indicative of a sinus infection rather than strep throat.
- **Option C:** While foul-smelling breath can occur with strep throat due to bacterial presence, noisy respirations are not a typical feature of strep throat and may indicate other respiratory issues.
- **Option D:** These symptoms are not typical of strep throat and may be associated with other respiratory conditions like croup or asthma.
- **Option F:** While a sore throat is a hallmark symptom of strep throat, hoarseness is more associated with laryngitis or other lower throat/upper respiratory tract irritations.

10. Smoking is contraindicated in pregnancy because:

- A. Nicotine causes vasodilation of the mother’s blood vessels.
- B. Carbon monoxide binds with the hemoglobin of the mother reducing available hemoglobin for the fetus.
- C. The smoke will make the fetus, and the mother feels dizzy.
- D. Nicotine will cause vasoconstriction of the fetal blood vessels.

Correct Answer: B. Carbon monoxide binds with the hemoglobin of the mother reducing available hemoglobin for the fetus.

Carbon monoxide is one of the substances found in cigarette smoke. This substance diminishes the ability of the hemoglobin to bind with oxygen thus reducing the amount of oxygenated blood reaching the fetus.

- **Option A:** There is blood flow restriction to the placenta due to the vasoconstrictive effects of catecholamines released from the adrenals and nerve cells after nicotine activation.
- **Option C:** Nicotine is rapidly absorbed when the tobacco smoke reaches the small airways and alveoli of the lung. This causes a quick rise in blood nicotine concentrations, but due to the eventual burnout of the cigarette, these levels also peak early and thereafter drop to lower levels.
- **Option D:** Direct effects on nicotinic acetylcholine receptors (nAChRs), which are present and functional very early in the fetal brain [5] are also likely to contribute.

11. A client has been given loperamide hydrochloride (Imodium). Which of the following conditions is the medication indicated for?

- A. Abdominal pain
- B. Patients with an ileostomy
- C. Bloody Diarrhea
- D. Acute dysentery

Correct Answer: B. Patients with an ileostomy

Loperamide hydrochloride is an antidiarrheal agent. It can also be used to reduce the volume of drainage from an ileostomy.

- **Options A, C, & D:** It is contraindicated in patients with abdominal pain in the absence of diarrhea, and in patients with acute dysentery, which is characterized by blood in stools and high fever.

12. Vivid dreaming occurs in which stage of sleep?

- A. Stage I non-REM
- B. Rapid eye movement (REM) stage
- C. Stage II non-REM
- D. Delta stage

Correct Answer: B. Rapid eye movement (REM) stage

Other characteristics of rapid eye movement (REM) sleep are deep sleep (the patient cannot be awakened easily), depressed muscle tone, and possibly irregular heart and respiratory rates. This is the stage associated with dreaming. Interestingly, the EEG is similar to an awake individual, but the skeletal muscles are atonic and without movement. The exception is the eye and diaphragmatic breathing muscles, which remain active. The breathing rate is altered though, being more erratic and irregular. This stage usually starts 90 minutes after falling asleep, and each of the REM cycles gets longer throughout the night. The first period typically lasts 10 minutes, and the final one can last up to an hour.

- **Option A:** Non-REM sleep is a deep, restful sleep without dreaming. This is the lightest stage of sleep and starts when more than 50% of the alpha waves are replaced with low-amplitude mixed-frequency (LAMF) activity. There is muscle tone present in the skeletal muscle and breathing tends to occur at a regular rate. This stage tends to last 1 to 5 minutes, consisting of around 5% of the total cycle.
- **Option C:** This stage represents deeper sleep the heart rate and body temperature drop. It is characterized by the presence of sleep spindles, K-complexes, or both. These sleep spindles will activate the superior temporal gyri, anterior cingulate, insular cortices, and the thalamus. The K-complexes show a transition into a deeper sleep. Stage 2 sleep lasts around 25 minutes in the initial cycle and lengthens with each successive cycle, eventually consisting of about 50% of total sleep.
- **Option D:** Delta stage, or slow-wave sleep, occurs during non-REM Stages III and IV and is often equated with quiet sleep. This is considered the deepest stage of sleep and is characterized by a much slower frequency with high amplitude signals known as delta waves. This stage is the most difficult to awaken from, and for some people, even loud noises (over 100 decibels) will not awaken them. As people get older, they tend to spend less time in this slow, delta wave sleep and more time stage N2 sleep. This is the stage when the body repairs and regrows its tissues, builds bone and muscle, and strengthens the immune system.

13. The client has burns on both legs. These areas appear white and leather-like. No blisters or bleeding are present, and there is just a “small amount of pain.” How will the nurse categorize this injury?

- A. Full-thickness
- B. Partial-thickness superficial
- C. Partial-thickness deep
- D. Superficial

Correct Answer: A. Full-thickness

The characteristics of the wounds meet the criteria for a full-thickness injury: color that is black, brown, yellow, white, or red; no blisters; pain minimal; outer layer firm and inelastic. The burn is leathery and dry. There is minimal to no pain because of decreased sensation. Full-thickness burns heal by contracture and take greater than 8 weeks. Full-thickness burns require skin grafting.

- **Option B:** Superficial partial-thickness (second-degree) involves the superficial dermis. It appears red with blisters and is wet. The erythema blanches with pressure. The pain associated with superficial partial-thickness is severe. Healing typically occurs within 3 weeks with minimal scarring.
- **Option C:** Deep partial-thickness (second-degree) involves the deeper dermis. It appears yellow or white, is dry, and does not blanch with pressure. There is minimal pain due to a decreased sensation. Healing occurs in 3 to 8 weeks with scarring present.
- **Option D:** Superficial (first-degree) involves the epidermis of the skin only. It appears pink to red, there are no blisters, and it is dry. It is moderately painful. Superficial burns heal without scarring within 5 to 10 days.

14. A nurse is planning dietary counseling for the client taking triamterene (Dyrenium). The nurse plans to include which of the following in a list of foods that are acceptable?

- A. Baked potato
- B. Bananas
- C. Oranges
- D. Pears canned in water

Correct Answer: D. Pears canned in water

Triamterene is a potassium-sparing diuretic, and clients taking this medication should be cautioned against eating foods that are high in potassium, including many vegetables, fruits, and fresh meats. Because potassium is very water-soluble, foods that are prepared in water are often lower in potassium.

- **Option A:** Among the potassium-sparing diuretics, triamterene was the second drug of this class to be FDA approved for use in the US following spironolactone. However, despite these two drugs being within the same class and achieving the same desired result, they have two distinct mechanisms of action. While spironolactone is an aldosterone receptor antagonist operating at the late distal tubule and collecting tubules of the nephron on the apical aspect of these sites, triamterene acts at the same region of the nephrons but specifically at the epithelial sodium channels (ENaC) which are on the luminal side. These channels are transmembrane channels that operate to increase sodium uptake in exchange for secreting potassium.
- **Option B:** Potassium-sparing diuretics overdose is relatively rare, and there are no reports of deaths. With mild to moderate toxicity, there can be the development of nausea, vomiting, diarrhea, mild dehydration, and hyperkalemia. If there is severe toxicity, there can be the development of severe dehydration coupled with hyperkalemia, which may lead to dysrhythmias, tachycardia, hypotension, hyperactive deep tendon reflexes, and possibly changes in mental status.
- **Option C:** With the use of triamterene, it is essential to monitor specific labs and blood pressure of patients taking this drug in either its sole or combination form with HCTZ. BUN/creatinine, blood pressure, urine output, serum uric acid, CBC, and electrolytes in particular serum potassium should be monitored at a baseline when first placed on the drug. Once findings indicate the establishment of a stable tolerance of the drug, it can be periodically monitored, specifically when dose changes are made and during illnesses.

15. When assessing an older adult., the nurse may expect an increase in:

- A. Nail growth
- B. Skin turgor
- C. Urine residual
- D. Nerve conduction velocity

Correct Answer: C. Urine residual

Older adults with other health conditions such as diabetes, enlarged prostate (men), or pelvic organ prolapse (women) may cause incomplete bladder emptying resulting in increased urine residual.

- **Option A:** Nail growth is expected to slow with aging due to decreased blood flow to the hands and feet. With advancing age, various changes in nail plate thickness might occur, becoming thicker, thinner, or remaining the same. Nail plate growth rates of fingernails and toenails normally average 3.0 and 1.0 mm/mo, respectively. With advancing age, starting at the age of 25 years, this rate tends to decrease by approximately 0.5% per year.

- **Option B:** Skin loses its elasticity with age so the skin turgor is expected to decrease. The epidermis of the skin atrophies with age and due to changes in collagen and elastin, the skin loses its tone and elasticity.
- **Option D:** Nerve conduction velocities are expected to decrease with aging. It is caused either by an injury or nerve damage. During normal aging, blood flow in the brain decreases and gets less efficient at recruiting different areas into operations. The whole group of changes taking place in the brain with aging decreases the efficiency of cell-to-cell communication, which declines the ability to retrieve and learn.

16. George, a 17-year-old individual, is attending a health education session at a community clinic. The clinic is conducting screenings and teaching about early detection of common health issues in young adults. George has a family history of testicular cancer and is seeking information on how to reduce his risk. The nurse should include education on testicular self-examinations as part of the session. At what age should the nurse emphasize the initiation of regular testicular self-examinations?

- A. At the onset of sexual activity to ensure sexual health is maintained.
- B. After the age of 69, as part of a routine examination for senior health.
- C. Starting after age 40, coinciding with increased risk for other male health issues.
- D. Prior to the age of 20, to establish early detection habits during the peak incidence of testicular cancer.
- E. During the annual physical examination, regardless of age, to ensure consistency.

Correct Answer: D. Prior to the age of 20, to establish early detection habits during the peak incidence of testicular cancer.

Educating George and other young individuals about the importance of regular testicular self-examinations can lead to the early detection of abnormalities, which is crucial for early intervention, especially given George's family history of testicular cancer. Testicular cancer commonly occurs in men between ages 20 and 30. A male client should be taught how to perform testicular self-examination before age 20, preferably when he enters his teens.

17. A male client with pancreatitis complains of pain. The nurse expects the physician to prescribe meperidine (Demerol) instead of morphine to relieve pain because:

- A. Meperidine provides a better, more prolonged analgesic effect.
- B. Morphine may cause spasms of Oddi's sphincter.
- C. Meperidine is less addictive than morphine.
- D. Morphine may cause hepatic dysfunction.

Correct Answer: B. Morphine may cause spasms of Oddi's sphincter.

For a client with pancreatitis, the physician will probably avoid prescribing morphine because this drug may trigger spasms of the sphincter of Oddi (a sphincter at the end of the pancreatic duct), causing irritation of the pancreas. Morphine showed an excitatory effect on the sphincter of Oddi, and might be

a cause of Oddi's sphincter dysfunction(SOD). SO may function as a peristaltic pump to actively expel fluid from the sphincter segment into the duodenum.

- **Option A:** Meperidine has a somewhat shorter duration of action than morphine. Morphine is the standard opium-based analgesic with well-known analgesic effects and side effects. Meperidine (pethidine) is another opioid, but the use of meperidine is not very popular in countries such as the USA and Canada, however, it is still used in Iran for pain management in the ED.
- **Option C:** The two drugs are equally addictive. Meperidine appeared to be safer with a lower risk of addiction when compared to other opioids and because of the anticholinergic effects associated with less biliary spasm or renal colic.
- **Option D:** Morphine isn't associated with hepatic dysfunction. Respiratory depression is among the more serious adverse reactions with opiate use that is especially important to monitor in the postoperative patient population. Other reported side effects include lightheadedness, sedation, and dizziness.

18. Oral steroids are prescribed on a taper in order to:

- A. Achieve optimal serum levels.
- B. Ensure drug reliability.
- C. Ensure compliance.
- D. Prevent steroid withdrawal syndrome.

Correct Answer: D. Prevent steroid withdrawal syndrome.

Steroids are tapered off in order to prevent a withdrawal syndrome. Tapering the dosage over 2 months or more may be necessary for patients on prolonged treatment (more than 1 year). Depending on the dosage, duration of therapy, and risk of systemic disease, decrease dosage by the equivalent of 2.5 to 5 mg prednisone every 3 to 7 days until a dosage of 5 mg of prednisone is reached.

- **Option A:** Optimal serum levels do not require tapering in order to be maintained. Before initiating long-term systemic corticosteroid therapy, a thorough history and physical examination should be performed to assess for risk factors or pre-existing conditions that may potentially be exacerbated by GC therapy, such as diabetes, dyslipidemia, CVD, GI disorders, affective disorders, or osteoporosis.
- **Option B:** Tapering has nothing to do with drug reliability. If the client takes prednisone for more than a few weeks, the adrenal glands will decrease the natural production of cortisol. If the client stops prednisone abruptly before production is restored, the lack of hormones can trigger an array of withdrawal symptoms.
- **Option C:** Compliance is not dependent on tapering. To avoid prednisone withdrawal, the drug should be gradually reduced in stages according to a specific schedule prescribed by the doctor. An exception is if prednisone has been given over a very short period of time. Don't try to stop or taper prednisone without the doctor's knowledge or advice.

19. The nurse is caring for a client with a leg ulcer that is infected with vancomycin-resistant S. aureus (VRSA). Which of the following nursing actions can a nurse assign to an LPN/LVN?

- A. Assess risk for further skin breakdown.

- B. Collect wound cultures during dressing changes.
- C. Create methods to improve the client's oral protein intake.
- D. Educate the client about home care of the leg ulcer.

Correct Answer: B. Collect wound cultures during dressing changes

Performing dressing changes and obtaining specimens for wound culture are part of the LPN/LVN education and scope of practice. LPN/LVN can perform routine procedures (ostomy care, catheter insertion, wound care, check blood glucose, obtaining EKG etc.).

- **Option A:** The scope of practice for LPN/LVN nurses includes observing patient data according to a list of set rules that they must follow unconditionally. Any abnormal findings that they observe must be reported to an RN. An LPN/LVN cannot perform a complete and exhaustive physical assessment. LPNs/LVN can suggest interventions but cannot implement them unless instructed and supervised.
- **Option C:** LPN/LVN assists with care plans by implementing the interventions (as within scope of practice) but does NOT develop the nursing diagnosis or interventions or evaluate the care plan.
- **Option D:** Education is a complex action that should be carried out by an RN. LPNs/LVNs may not become involved in teaching patients, although in some cases they can engage in basic teaching procedures under very specific guidelines. An LPN can for example teach a patient to do motion exercises. RNs have the sole responsibility when it comes to teaching patients.

20. When prioritizing care, which of the following clients should the nurse Olivia assess first?

- A. A 17-year-old client 24-hours post appendectomy.
- B. A 33-year-old client with a recent diagnosis of Guillain-Barre syndrome.
- C. A 50-year-old client 3 days post myocardial infarction.
- D. A 50-year-old client with diverticulitis.

Correct Answer: B. A 33-year-old client with a recent diagnosis of Guillain-Barre syndrome

Guillain-Barre syndrome is characterized by ascending paralysis and potential respiratory failure. The order of client assessment should follow client priorities, with disorder of airways, breathing, and then circulation.

- **Option A:** The client who is post appendectomy has no signs of hemorrhage or unstable vital signs. Possible complications of appendectomy are bleeding, wound infection, peritonitis, blocked bowels, and injury to nearby organs.
- **Option C:** There's no information to suggest the postmyocardial infarction client has an arrhythmia or other complication. About 90% of patients who have an acute MI develop some form of cardiac arrhythmia during or immediately after the event.
- **Option D:** There's no evidence to suggest perforation for the client with diverticulitis as a priority of care. Diverticula are small, bulging pouches that can form in the lining of the digestive system. When one or more of the pouches become inflamed, and in some cases infected, that condition is known as diverticulitis.

21. Which of the following instructions should be included in the teaching for the client with rheumatoid arthritis?

- A. Avoid exercise because it fatigues the joints.
- B. Take prescribed anti-inflammatory medications with meals.
- C. Alternate hot and cold packs to affected joints.
- D. Avoid weight-bearing activity.

Correct Answer: B. Take prescribed anti-inflammatory medications with meals.

Anti-inflammatory drugs should be taken with meals to avoid stomach upset. Disease-modifying, anti-rheumatic drugs (DMARDs) are initiated as soon as the diagnosis of rheumatoid arthritis is made. Traditional or conventional DMARD include methotrexate, leflunomide, sulfasalazine, hydroxychloroquine. Biologic DMARDs include TNF (tumor necrosis factor): Adalimumab, Etanercept, Infliximab, Golimumab, Certolizumab. And non-TNF inhibitors: Tocilizumab (Interleukin-6 inhibitor), Abatacept (inhibits T-cell costimulation), Rituximab (anti-B cell).

- **Option A:** Clients with rheumatoid arthritis should exercise, but not to the point of pain. The patient should enroll in an exercise program to recover joint function. An occupational therapy consult can help the patient manage daily living activities.
- **Option C:** Alternating hot and cold is not necessary, especially because warm, moist soaks are more useful in decreasing pain. Provide a variety of comfort measures (eg, application of heat or cold; massage, position changes, rest; foam mattress, supportive pillow, splints; relaxation techniques, diversional activities).
- **Option D:** Weight-bearing activities such as walking are useful but are not the best answer for the stem. Encourage independence in mobility and assist as needed: Allow ample time for activity; provide rest period after activity; reinforce principles of joint protection and work simplification.

22. Ben feels hatred each time he sees her father showing affection to her mother. According to Freud, this behavior is known as?

- A. Misomater
- B. Oedipus Complex
- C. Superiority Complex
- D. Electra Complex

Correct Answer: B. Oedipus complex

Oedipus complex is a Freudian concept that describes a child's sexual desire for the parent of the opposite sex and a sense of rivalry with the parent of the same sex. This desire is kept out of conscious awareness through repression, but Freud believed that it still had an influence over a child's behavior and played a role in development.

- **Option A:** Misomater is a term that describes a person's animosity toward his or her mother. Parent-offspring conflict describes the evolutionary conflict arising from differences in optimal fitness of parents and their offspring.
- **Option C:** Superiority complex is a psychological behavior that exists when a person overcompensates his or her feelings of inferiority. A superiority complex is a belief that one's abilities or accomplishments are somehow dramatically better than other people's. People with a

superiority complex may be condescending, smug, or mean to other people who don't agree with them.

- **Option D:** Electra complex is used to describe a girl's attraction to their father and resentment or rivalry towards their mothers. The term Electra complex was introduced by Carl Jung to describe how this complex manifests in girls.

23. A patient with chronic alcohol abuse is admitted with liver failure. You closely monitor the patient's blood pressure because of which change that is associated with liver failure?

- A. Hypoalbuminemia
- B. Increased capillary permeability
- C. Abnormal peripheral vasodilation
- D. Excess renin release from the kidneys

Correct Answer: A. Hypoalbuminemia

Blood pressure decreases as the body is unable to maintain normal oncotic pressure with liver failure, so patients with liver failure require close blood pressure monitoring. Increased capillary permeability, abnormal peripheral vasodilation, and excess renin released from the kidneys aren't direct ramifications of liver failure.

- **Option B:** Once ascites is present, most therapeutic modalities are directed on maintaining negative sodium balance, including salt restriction, bed rest, and diuretics. Paracentesis and albumin infusion is applied to tense ascites. Transjugular intrahepatic portosystemic shunt is considered for refractory ascites. With worsening of liver disease, fluid retention is associated with other complications; such as spontaneous bacterial peritonitis.
- **Option C:** Hepatorenal syndrome is a state of functional renal failure in the setting of low cardiac output and impaired renal perfusion. Its management is based on drugs that restore normal renal blood flow through peripheral arterial and splanchnic vasoconstriction, renal vasodilation, and/or plasma volume expansion. However, the definitive treatment is liver transplantation.
- **Option D:** The most acceptable theory for ascites formation is peripheral arterial vasodilation leading to underfilling of circulatory volume. This triggers the baroreceptor-mediated activation of the renin-angiotensin-aldosterone system, sympathetic nervous system, and nonosmotic release of vasopressin to restore circulatory integrity. The result is an avid sodium and water retention, identified as a pre ascitic state. This condition will evolve in overt fluid retention and ascites, as the liver disease progresses.

24. The nursing instructor is going over burn injuries. The instructor tells the students that the nursing care priorities for a patient with a burn injury include wound care, nutritional support, and prevention of complications such as infection. Based upon these care priorities, the instructor is most likely discussing a patient in what phase of burn care?

- A. Emergent Phase
- B. Immediate Resuscitative Phase
- C. Acute Phase

D. Rehabilitation Phase

Correct Answer: C. Acute Phase

The acute or intermediate phase of burn care follows the emergent/resuscitative phase and begins 48 to 72 hours after the burn injury. During this phase, attention is directed toward continued assessment and maintenance of respiratory and circulatory status, fluid and electrolyte balance, and gastrointestinal function. Infection prevention, burn wound care that includes wound cleaning, topical antibacterial therapy, wound dressing, dressing changes, wound debridement, and wound grafting, pain management, and nutritional support are priorities at this stage and are discussed in detail in the following sections.

- **Option A:** The emergent phase begins with the onset of burn injury and lasts until the completion of fluid resuscitation or a period of about the first 24 hours. During the emergent phase, the priority of client care involves maintaining an adequate airway and treating the client for burn shock.
- **Option B:** Priorities during the immediate resuscitative phase include first aid, prevention of shock and respiratory distress, detection and treatment of concomitant injuries, and initial wound assessment and care.
- **Option D:** The priorities during the rehabilitation phase include prevention of scars and contractures, rehabilitation, functional and cosmetic reconstruction, and psychosocial counseling.

25. During her shift in the maternity ward, Nurse Jackson cares for Ms. Greene, who is at 42 weeks of gestation and shows no signs of labor. Given that the fetus is now considered postmature, Nurse Jackson recalls the risks associated with postmaturity. Among the following potential complications, which one is primarily linked to the postmature status of the fetus?

- A. Excessive fetal weight
- B. Low blood sugar levels
- C. Depletion of subcutaneous fat
- D. Progressive placental insufficiency

Correct Answer: D. Progressive placental insufficiency

Postmature or post-term pregnancy is prolonged and exceeds the limits of 38 to 42 weeks (normal-term pregnancy). Infants of such gestation are considered postmature or dysmature if there is evidence that placental insufficiency has occurred and interfered with fetal growth. It occurs in 12% of all pregnancies. The placenta loses its adequacy to function after 42 weeks, after which it acquires calcium deposits which decrease the blood perfusion, supply of oxygen and nutrients to the fetus.

- **Options A, B, & C:** Excessive fetal weight, hypoglycemia, and depletion of subcutaneous fat are all observed in a postmature fetus.

26. Which of the following will the nurse include in the care plan for a client hospitalized with viral hepatitis?

- A. Increase fluid intake to 3000 ml per day
- B. Adequate bed rest
- C. Bland diet

D. Administer antibiotics as ordered

Correct Answer: B. Adequate bed rest.

Treatment of hepatitis consists of bed rest during the acute phase to reduce metabolic demands on the liver, thus increasing blood supply and cell regeneration. Institute bed rest or chair rest during the toxic state. Provide a quiet environment; limit visitors as needed. Promotes rest and relaxation. Available energy is used for healing. Activity and an upright position are believed to decrease hepatic blood flow, which prevents optimal circulation to the liver cells.

- **Option A:** Monitor I&O; compare with periodic weight. Note enteric losses: vomiting and diarrhea. Diarrhea may be due to transient flu-like response to viral infection or may represent a more serious problem of obstructed portal blood flow with vascular congestion in the GI tract, or it may be the intended result of medication use (neomycin, lactulose) to decrease serum ammonia levels in the presence of hepatic encephalopathy.
- **Option C:** Encourage intake of fruit juices, carbonated beverages, and hard candy throughout the day. Monitor dietary intake and caloric count. Suggest several small feedings and offer the “largest” meal at breakfast. Large meals are difficult to manage when a patient is anorexic. Anorexia may also worsen during the day, making intake of food difficult later in the day.
- **Option D:** Establish isolation techniques for enteric and respiratory infections according to infection guidelines and policy. Encourage or model effective handwashing. Prevents transmission of viral disease to others. Thorough hand washing is effective in preventing virus transmission.

27. The following are all nursing diagnoses appropriate for a gravida 1 para 0 in labor. Which one would be most appropriate for the primigravida as she completes the early phase of labor?

- A. Impaired gas exchange related to hyperventilation
- B. Alteration in placental perfusion related to maternal position
- C. Impaired physical mobility related to fetal-monitoring equipment
- D. Potential fluid volume deficit related to decreased fluid intake

Correct Answer: D. Potential fluid volume deficit related to decreased fluid intake

Clients admitted in labor are told not to eat during labor, to avoid nausea and vomiting. Ice chips may be allowed, but this amount of fluid might not be sufficient to prevent fluid volume deficit. Provide clear fluids (e.g., clear broth, tea, cranberry juice, jell-O, popsicles) and ice chips, as permitted. Helps promote hydration and may provide some calories for energy production.

- **Option A:** Impaired gas exchange related to hyperventilation would be indicated during the transition phase. Assess FHR changes during a contraction, noting decelerations and accelerations. Detects severity of hypoxia and possible cause. The fetus is vulnerable to potential injury during labor, owing to situations that reduce oxygen levels, such as cord prolapse, prolonged head compression, or uteroplacental insufficiency.
- **Option B:** Instead of Impaired physical mobility, Risk for ineffective coping would be more appropriate at this stage of labor. Reinforce breathing and relaxation techniques during contractions. Minimizes anxiety and provides a distraction, which may block the perception of pain impulses within the cerebral cortex.
- **Option C:** Fluid volume deficit is not correct in relation to the stem. Monitor intake & output. Note urine specific gravity. Encourage the client to empty the bladder at least once every 1 1/2–2 hr.

Intake and output should be approximately equal, depending on degree of hydration. Concentration of urine increases as urine output decreases and may warn of dehydration. Fetal descent may be impaired if the bladder is distended.

28. Joe who is very depressed exhibits psychomotor retardation, a flat affect, and apathy. The nurse in charge observes Joe to be in need of grooming and hygiene. Which of the following nursing actions would be most appropriate?

- A. Waiting until the client's family can participate in the client's care.
- B. Asking the client if he is ready to take shower.
- C. Explaining the importance of hygiene to the client.
- D. Stating to the client that it's time for him to take a shower.

Correct Answer: D. Stating to the client that it's time for him to take a shower

The client with depression is preoccupied, has decreased energy, and is unable to make decisions. The nurse presents the situation, "It's time for a shower", and assists the client with personal hygiene to preserve his dignity and self-esteem. Encourage the use of soap, washcloth, toothbrush, shaving equipment, make-up, etc. Being clean and well-groomed can temporarily increase self-esteem.

- **Option A:** Allow the patient to perform personal care activities. Paying attention to grooming serves as a first step towards achieving a positive self-image. Give positive feedback after a task is achieved. Positive reinforcement has a big part in building self-esteem.
- **Option B:** Work with the client to identify cognitive distortions that encourage negative self-appraisal. Cognitive distortions reinforce a negative, inaccurate perception of self and the world. Evaluate the client's need for assertiveness training tools to pursue things he or she wants or needs in life. Arrange for training through community-based programs, personal counseling, literature, etc. Low self-esteem individuals often have feelings of unworthiness and have difficulty determining their needs and wants.
- **Option C:** Give step-by-step reminders such as "Brush the teeth "Clean the outer surfaces of your upper teeth, then your lower teeth. . ." Slowed thinking and difficulty concentrating make organizing simple tasks difficult. Involve the client in activities that he or she wants to improve by using problem-solving skills. Assess and evaluate the need for more teaching in this area. Feelings of low self-esteem can interfere with usual problem-solving abilities.

29. The following are types of breech presentation, except:

- A. Footling
- B. Frank
- C. Complete
- D. Incomplete

Correct Answer: D. Incomplete

Breech presentation means the buttocks of the fetus is the presenting part. If it is only the foot/feet, it is considered footling. If only the buttocks, it is a frank breech. If both the feet and the buttocks are presenting it is called complete breech.

- **Option A:** The footling breech can have any combination of one or both hips extended, also known as footling (one leg extended) breech, or double footling breech (both legs extended).
- **Option B:** In a frank breech, the fetus has flexion of both hips, and the legs are straight with the feet near the fetal face, in a pike position.
- **Option C:** The complete breech has the fetus sitting with flexion of both hips and both legs in a tuck position.

30. The mother of a 2-month-old infant brings the child to the clinic for a well-baby check. She is concerned because she feels only one testis in the scrotal sac. Which of the following statements about the undescended testis is the most accurate?

- A. Normally, the testes are descended by birth.
- B. The infant will likely require surgical intervention.
- C. The infant probably has only one testis.
- D. Normally, the testes descend by one year of age.

Correct Answer: D. Normally, the testes descend by one year of age.

Normally, the testes descend by one year of age. In young infants, it is common for the testes to retract into the inguinal canal when the environment is cold or the cremasteric reflex is stimulated. The exam should be done in a warm room with warm hands. It is most likely that both testes are present and will descend by a year. If not, a full assessment will determine the appropriate treatment.

- **Option A:** The testes usually descend by one year of age. Most of the time, a boy's testicles descend by the time he is 9 months old. Undescended testicles are common in infants who are born early. The problem occurs less in full-term infants.
- **Option B:** Surgical intervention is unnecessary; the testes descend by one year of age. The testicles will descend normally at puberty and surgery is not needed. Testicles that do not naturally descend into the scrotum are considered abnormal. An undescended testicle is more likely to develop cancer, even if it is brought into the scrotum with surgery. Cancer is also more likely in the other testicle.
- **Option C:** In young infants, it is common for the testes to retract into the inguinal canal when the environment is cold or the cremasteric reflex is stimulated.

31. The nurse is assessing a 17-year-old female who is admitted to the eating disorders unit with a history of weight fluctuation, abdominal pain, teeth erosion, receding gums, and bad breath. She states that her health has been a problem but there are no other concerns in her life. Which of the following assessments will be the least useful as the nurse develops the care plan?

- A. Information regarding recent mood changes
- B. Family functioning using a genogram
- C. Ability to socialize with peers
- D. Whether she has a sexual relationship with a boyfriend

Correct Answer: D. Whether she has a sexual relationship with a boyfriend

It is inappropriate to ask about her sexual relationships. Encourage personal development program, preferably in a group setting. Provide information about the proper application of makeup and grooming. Learning about methods to enhance personal appearance may be helpful to a long-range sense of self-esteem and image. Feedback from others can promote feelings of self-worth.

- **Option A:** Information about mood changes is important to assess, as bulimia is often associated with affective disorders. Listen to or avoid challenging irrational, illogical thinking. Present reality concisely and briefly. It is difficult to respond logically when thinking ability is physiologically impaired. The patient needs to hear reality, but challenging the patient leads to distrust and frustration. Even though the patient may gain weight, she or he may continue to struggle with attitudes or behaviors typical of eating disorders, major depression, or alcohol dependence for a number of years.
- **Option B:** Family functioning is the most essential point to assess, as it reveals if binge eating is triggered by conflict within the family. Identify patterns of interaction. Encourage each family member to speak for self. Do not allow two members to discuss a third without that member's participation. Helpful information for planning interventions. The enmeshed, over-involved family members often speak for each other and need to learn to be responsible for their own words and actions.
- **Option C:** Information about the ability to socialize with peers is important to assess, as it is possible the problem initiated with peer relationships. Let the patient know that it is acceptable to be different from family, particularly mother. Developing a sense of identity separate from family and maintaining a sense of control in other ways besides dieting and weight loss is a desirable goal of therapy and program.

32. Colon cancer is most closely associated with which of the following conditions?

- A. Appendicitis
- B. Hemorrhoids
- C. Hiatal hernia
- D. Ulcerative colitis

Correct Answer: D. Ulcerative colitis

Chronic ulcerative colitis, granulomas, and familial polyposis seem to increase a person's chance of developing colon cancer. Having ulcerative colitis can increase the risk for colorectal cancer. Recent research shows that colorectal cancer rates are dropping among people with inflammatory bowel diseases such as ulcerative colitis. People with ulcerative colitis should receive regular screenings for colorectal cancer. The other conditions listed have no known effect on colon cancer risk.

- **Option A:** Appendicitis can be secondary to cecal pathology (polyp or cancer). Increasing age is a risk factor for malignancy coexisting with appendicitis. There is an increased coexistence of cancer post-appendectomy in patients aged 50-54 years. Patients aged 55 years or over who have undergone appendectomy should be offered colonoscopy to exclude coexistent cecal pathology.
- **Option B:** Hemorrhoids don't cause or increase the risk for colon or rectal cancer. However, the two conditions may be mistaken for one another because they can produce similar symptoms, such as rectal bleeding, itching, and pain.

- **Option C:** Abdominal wall hernias may develop not because of cancer itself but due to its consequences, for example, increased intra-abdominal pressure secondary to obstructive colon cancer or a large pelvic tumor may cause a herniation.

33. The clinic nurse asks a 13-year-old female to bend forward at the waist with arms hanging freely. Which of the following assessments is the nurse most likely conducting?

- A. Spinal flexibility
- B. Leg length disparity
- C. Hypostatic blood pressure
- D. Scoliosis

Correct Answer: D. Scoliosis

A check for scoliosis, a lateral deviation of the spine, is an important part of the routine adolescent exam. It is assessed by having the teen bend at the waist with arms dangling, while observing for lateral curvature and uneven rib level. Scoliosis is more common in female adolescents. Evaluation is generally a screening evaluation either through a school entity, sports coach, or pediatrician. The proper formal evaluation includes x-ray imaging.

- **Option A:** The ability to move the spine through its full range of motion, both forward and backward, demonstrates a high level of flexibility, and when done correctly, also good control over the spinal structure. Although the spine is made up of a chain of bones, it is flexible due to elastic ligaments and spinal disks.
- **Option B:** Leg length disparity (discrepancy) or anisomelia, is defined as a condition in which the paired lower extremity limbs have a noticeably unequal length. Leg length discrepancy (LLD) has been a controversial issue among researchers and clinicians for many years. Its presence is accepted but there is little consensus as to its many aspects, including the extent of LLD considered to be clinically significant, the prevalence, reliability, and validity of the measuring methods, the effect of LLD on function, and its role in various neuromusculoskeletal conditions
- **Option C:** Orthostatic hypotension is defined as a decrease in systolic blood pressure of 20 mmHg or a decrease in diastolic blood pressure of 10 mmHg within three minutes of standing when compared with blood pressure from the sitting or supine position.

34. Which of the following blood tests should be performed before a blood transfusion?

- A. Prothrombin and coagulation time
- B. Blood typing and cross-matching
- C. Bleeding and clotting time
- D. Complete blood count (CBC) and electrolyte levels

Correct Answer: B. Blood typing and cross-matching

Before a blood transfusion is performed, the blood of the donor and recipient must be checked for compatibility. This is done by blood typing (a test that determines a person's blood type) and cross-matching (a procedure that determines the compatibility of the donor's and recipient's blood after

the blood types have been matched). If the blood specimens are incompatible, hemolysis and antigen-antibody reactions will occur. If the donor is eligible to donate, the donated blood is tested for blood type (ABO group) and Rh type (positive or negative). This is to make sure that patients receive blood that matches their blood type. Before transfusion, the donor and blood unit are also tested for certain proteins (antibodies) that may cause adverse reactions in a person receiving a blood transfusion.

- **Option A:** A prothrombin time (PT) is a test used to help detect and diagnose a bleeding disorder or excessive clotting disorder. A PT measures the number of seconds it takes for a clot to form in your sample of blood after substances (reagents) are added. The PT is often performed along with a partial thromboplastin time (PTT) and together they assess the amount and function of proteins called coagulation factors that are an important part of proper blood clot formation. The coagulation time is a measurement of the intrinsic power of the blood to convert fibrinogen to fibrin. It is an empirical test no matter how performed, and therefore in order to be reliable requires that the test be done on venous blood under strictly controlled conditions.
- **Option C:** Bleeding time is a laboratory test to assess platelet function and the body's ability to form a clot. The test involves making a puncture wound in a superficial area of the skin and monitoring the time needed for bleeding to stop (ie, the bleeding site turns "glassy"). The expected range for clotting time is 4-10 mins. This test measures the time taken for blood vessel constriction and platelet plug formation to occur. No clot is allowed to form, so that the arrest of bleeding depends exclusively on blood vessel constriction and platelet action.
- **Option D:** The complete blood count (CBC) is a group of tests that evaluate the cells that circulate in the blood, including red blood cells (RBCs), white blood cells (WBCs), and platelets (PLTs). The CBC can evaluate your overall health and detect a variety of diseases and conditions, such as infections, anemia, and leukemia.

35. A nurse on the surgical floor is prioritizing care for clients after receiving the report from the previous shift. Which of the following patients should the nurse assess first?

- A. A 35-year-old patient admitted three hours ago for a gunshot wound, with a 1.5 cm area of dark drainage noted on the dressing.
- B. A 43-year-old patient who underwent a mastectomy two days ago, with 23 ml of serosanguinous fluid in the Jackson-Pratt drain.
- C. A 59-year-old patient with a history of a collapsed lung from an accident, with no drainage noted in the chest tube in the past eight hours.
- E. A 54-year-old patient with a total knee replacement two days ago, with moderate swelling at the surgical site.
- E. A 47-year-old patient who had a laparoscopic cholecystectomy yesterday, complaining of mild pain at the incision site.
- F. A 62-year-old patient who had an abdominal-perineal resection three days ago, now reporting chills.

Correct Answer: F. A 62-year-old patient who had an abdominal-perineal resection three days ago, now reporting chills.

The client is at risk for peritonitis; should be assessed for further symptoms and infection.