Vendor: NCLEX

Exam Code: NCLEX-PN

Exam Name: National Council Licensure Examination

Version: Demo

NCLEX-PN

QUESTION 1
A middle-aged woman tells the nurse that she has been experiencing irregular menses for the past six months. The nurse should assess the woman for other symptoms of:

A. climacteric.
B. menopause.
C. perimenopause.
D. postmenopause.

Correct Answer: C
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Perimenopause refers to a period of time in which hormonal changes occur gradually, ovarian function diminishes, and menses become irregular. Perimenopause lasts approximately five years. Climacteric is a term applied to the period of life in which physiologic changes occur and result in cessation of a woman's reproductive ability and lessened sexual activity in males. The term applies to both genders. Climacteric and menopause are interchangeable terms when used for females. Menopause is the period when permanent cessation of menses has occurred. Postmenopause refers to the period after the changes accompanying menopause are complete.Health Promotion and Maintenance

QUESTION 2
When obtaining a health history on a menopausal woman, which information should a nurse recognize as a contraindication for hormone replacement therapy?

A. family history of stroke
B. ovaries removed before age 45
C. frequent hot flashes and/or night sweats
D. unexplained vaginal bleeding

Correct Answer: D
Section: (none)
Explanation

Explanation/Reference:

ily history of
d a history of stroke or
es and/or night sweats

a need for further teaching about cord care?

A. "I should put alcohol on my baby's cord 34 times a day."
B. "I should put the baby's diaper on so that it covers the cord."
C. "I should call the physician if the cord becomes dark."
D. "I should wash my hands before and after I take care of the cord."

Correct Answer: D
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Parents should be taught to wash their hands before and after providing cord care. This prevents transferring pathogens to and from the cord. Folding the diaper below the cord exposes the cord to air and allows for drying. It also prevents wet or soiled diapers from coming into contact with the cord. Current recommendations include cleaning the area around the cord 34 times a day with a cotton swab but do not include putting alcohol or other antimicrobials on the cord. It is normal for the cord to turn dark as it dries.Health Promotion and Maintenance

QUESTION 4
The nurse is teaching parents of a newborn about feeding their infant. Which of the following instructions should the nurse include?

A. Use the defrost setting on microwave ovensto warm bottles.
B. When refrigerating formula, don't feed the baby partially used bottles after 24 hours.
C. When using formula concentrate, mix two parts water and one part concentrate.
D. If a portion of one bottle is left for the next feeding, go ahead and add new formula to fill it.

Correct Answer: A
Section: (none)
Explanation

Explanation/Reference:

become superheated.
re of the formula should
arded after 4 hours
bottle to the refrigerator
tio of one part concentrate
l bottles should not have
be transferred to the new

d the nurse expect to examine?

A. 6
B. 8
C. 12
D. 16

Correct Answer: C
Section: (none)
Explanation

Explanation/Reference:
Explanation:

In general, children begin dentition around 6 months of age. During the first 2 years of life, a quick guide to the number of teeth a child should have is as follows: Subtract the number 6 from the number of months in the age of the child. In this example, the child is 18 months old, so the formula is 18 6 = 12. An 18-month-old child should have approximately 12 teeth.Health Promotion and Maintenance

QUESTION 6
Which of the following physical findings indicates that an 1112-month-old child is at risk for developmental dysplasia of the hip?

A. refusal to walk
B. not pulling to a standing position
C. negative Trendelenburg sign
D. negative Ortolani sign

Correct Answer: B
Section: (none)

Explanation

Explanation/Reference:
Explanation:

The nurse might be concerned about developmental dysplasia of the hip if an 1112-month-old child doesn't pull to a standing position. An infant who does not walk by 15 months of age should be evaluated. Children should start walking between 1115 months of age. Trendelenberg sign is related to weakness of the gluteus medius muscle, not hip dysplasia. Ortolani sign is used to identify congenital subluxation or dislocation of the hip in infants.Health Promotion and Maintenance

QUESTION 7
When administering intravenous electrolyte solution, the nurse should take which of the following precautions?

A. Infuse hypertonic solutions rapidly.
B. Mix no more than 80 mEq of potassium per liter of fluid.
C. Prevent infiltration of calcium, which causes tissue necrosis and sloughing.
D. As appropriate, reevaluate the client's digitalis dosage. He might need an increased dosage because IV calcium diminishes digitalis's action.

Correct Answer: C
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Preventing tissue infiltration is important to avoid tissue necrosis. Choice 1 is incorrect because hypertonic solutions should be infused cautiously and checked with the RN if there is a concern. Choice 2 is incorrect because potassium, mixed in the pharmacy per physician order, is mixed at a concentration no higher than 60 mEq/L.
Physiological Adaptation

QUESTION 8
Teaching about the need to avoid foods high in potassium is most important for which client?

A. a client receiving diuretic therapy
B. a client with an ileostomy
C. a client with metabolic alkalosis
D. a client with renal disease

Correct Answer: D
Section: (none)

Explanation

Explanation/Reference:
Explanation:

Clients with renal disease are predisposed to hyperkalemia and should avoid foods high in potassium. Choices 1, 2, and 3 are incorrect because clients receiving diuretics with ileostomy or with metabolic alkalosis are at risk for hypokalemia and should be encouraged to eat foods high in potassium.Physiological Adaptation

QUESTION 9
What do the following ABG values indicate: pH 7.38, PO2 78 mmHg, PCO2 36mmHg, and HCO3 24 mEq/L?

A. metabolic alkalosis
B. homeostasis
C. respiratory acidosis
D. respiratory alkalosis

Correct Answer: B
Section: (none)
Explanation

Explanation/Reference:
Explanation:

These ABG values are within normal limits. Choices 1, 3, and 4 are incorrect because the ABG values indicate none of these acid-base disturbances.Physiological Adaptation

QUESTION 10
The major electrolytes in the extracellular fluid are:

A. potassium and chloride.
B. potassium and phosphate.
C. sodium and chloride.
D. sodium and phosphate.

Correct Answer: C
Section: (none)
Explanation

Explanation/Reference:
Explanation:

ptation

ps, a strawberry tongue, and edema of the hands and feet
most appropriate to meet the expected outcome of positive

A. administering immune globulin intravenously
B. assessing the extremities for edema, redness and desquamation every 8 hours
C. explaining progression of the disease to the client and his or her family
D. assessing heart sounds and rhythm

Correct Answer: C
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Teaching the client and family about progression of the disease includes explaining when symptoms can be expected to improve and resolve. Knowledge of the course of the disease can help them understand that no permanent disruption in physical appearance will occur that could negatively affect body image.
Clients with
Kawasaki disease might receive immune globulin intravenously to reduce the incidence of coronary artery lesions and aneurysms. Cardiac effects could be linked to body image, but Choice 3 is the most direct link to body image. The nurse assesses symptoms to assist in evaluation of treatment and progression of the disease.Health Promotion and Maintenance

QUESTION 12
Which of the following is most likely to impact the body image of an infant newly diagnosed with Hemophilia?

A. immobility
B. altered growth and development
C. hemarthrosis
D. altered family processes

Correct Answer: D
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Altered Family Processes is a potential nursing diagnosis for the family and client with a new diagnosis of Hemophilia. Infants are aware of how their caregivers respond to their needs. Stresses can have an immediate impact on the infant's development of trust and how others relate to them because of their diagnosis. The longterm effects of hemophilia can include problems related to immobility. Altered growth and development could not have developed in a newly diagnosed client. Hemarthrosis is acute bleeding into a joint space that is characteristic of hemophilia. It does not have an immediate effect on the body image of a newly diagnosed hemophiliac.Health Promotion and Maintenance

QUESTION 13
While undergoing fetal heart monitoring, a pregnant Native-American woman requests that a medicine woman be present in the examination room. Which of the following is an appropriate response by the nurse?

A. "I will assist you in arranging to have a medicine woman present."
B. "We do not allow medicine women in exam rooms."
C. "That does not make any difference in the outcome."
D. "It is old-fashioned to believe in that."

Correct Answer: A
Section: (none)
Explanation

Explanation/Reference:
Explanation:

This statement reflects cultural awareness and acceptance that receiving support from a medicine woman is important to the client. The other statements are culturally insensitive and unprofessional.Reduction of Risk Potential

QUESTION 14
All of the following should be performed when fetal heart monitoring indicates fetal distress except:

A. increase maternal fluids.
B. administer oxygen.
C. decrease maternal fluids.
D. turn the mother.

Correct Answer: C
Section: (none)

Explanation

Explanation/Reference:
Explanation:
Decreasing maternal fluids is the only intervention that shouldnotbe performed when fetal distress is indicated.Reduction of Risk Potential

QUESTION 15
Which fetal heart monitor pattern can indicate cord compression?

A. variable decelerations
B. early decelerations
C. bradycardia
D. tachycardia

Correct Answer: A
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Variable decelerations can be related to cord compression. The other patterns are not.Reduction of Risk Potential

QUESTION 16
Which of the following conditions is mammography used to detect?

A. pain
B. tumor
C. edema
D. epilepsy

Correct Answer: B
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Mammography is used to detect tumors or cysts in the breasts, not the other conditions.Reduction of Risk

A. They might cause additional discomfort.
B. They are contraindications to mammography.
C. They are likely to be dislodged.
D. They might prevent detection of masses.

Correct Answer: D
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Breast implants can prevent detection of masses. Choices 1, 2, and 3 are not ways in which breast implants interfere with mammography.Reduction of Risk Potential

QUESTION 18
Which of the following instructions should the nurse give a client who will be undergoing mammography?

A. Be sure to use underarm deodorant.
B. Do not use underarm deodorant.
C. Do not eat or drink after midnight.
D. Have a friend drive you home.

Correct Answer: B
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Underarm deodorant should not be used because it might cause confusing shadows on the X-ray film. There are no restrictions on food or fluid intake. No sedation is used, so the client can drive herself home.Reduction of Risk Potential

QUESTION 19
Which of the following diseases or conditions is least likely to be associated with increased potential for bleeding?

A. metastatic liver cancer
B. gram-negative septicemia
C. pernicious anemia
D. iron-deficiency anemia

Correct Answer: C
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Pernicious anemia results from vitamin B12 deficiency due to lack of intrinsic factor. This can result from inadequate dietary intake, faulty absorption from the GI tract due to a lack of secretion of intrinsic factor normally produced by gastric mucosal cells and certain disorders of the small intestine that impair absorption. The nurse should instruct the client in the need for lifelong replacement of vitamin B12, as well as the need for folic acid, rest, diet, and support.Physiological Adaptation

QUESTION 20
A client has been diagnosed with Disseminated Intravascular Coagulation (DIC) and transferred to the medical intensive care unit (ICU) subsequent to an acute bleeding episode. In the ICU, continuous Heparin drip therapy is initiated. Which of the following assessment findings indicates a positive response to Heparin therapy?

A. increased platelet count
B. increased fibrinogen
C. decreased fibrin split products
D. decreased bleeding

Correct Answer: B
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Effective Heparin therapy should stop the process of intravascular coagulation and result in increased availability of fibrinogen. Heparin administration interferes with thrombin-induced conversion of fibrinogen to fibrin. Bleeding should cease due to the increased availability of platelets and coagulation factors.Physiological Adaptation

QUESTION 21
A client, age 28, was recently diagnosed with Hodgkin's disease. After staging, therapy is planned to include combination radiation therapy and systemic chemotherapy with MOPP-- nitrogen mustard, vincristine (Onconvin), prednisone, and procarbazine. In planning care for this client, the nurse should anticipate which of the following side effects to contribute to a sense of altered body image?

A. cushingoid appearance
B. alopecia
C. temporary or permanent sterility
D. pathologic fractures

Correct Answer: D
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Pathologic fractures are not common to the disease process. Its treatment through osteoporosis is a potential complication of steroid use. Hodgkin's disease most commonly affects young adults (males), is spread through lymphatic channels to contiguous nodes, and also might spread via the hematogenous route to extradal sites (GI, bone marrow, skin, and other organs). A working staging classification is performed for clinical use and care.
Physiological Adaptation

QUESTION 22
Which of the following is an inappropriate item to include in planning care for a severely neutropenic client?

A. Transfuse netrophils (granulocytes) to prevent infection.
B. Exclude raw vegetables from the diet.
C. Avoid administering rectal suppositories.
D. Prohibit vases of fresh flowers and plants in the client's room.

Correct Answer: A
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Granulocyte transfusion is not indicated to prevent infection. Produced in the bone marrow, granulocytes normally comprise 70% of all WBCs. They are subdivided into three types based on staining properties: neutrophils, eosinophils, and basophils. They can be beneficial in a selected population of infected, severely

d who are expected

A. coma
B. edema
C. hypoxia
D. polyuria

Correct Answer: A
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Coma might be seen in a client with a high ammonia level.Reduction of Risk Potential

QUESTION 24
A client with which of the following conditions is at risk for developing a high ammonia level?

A. renal failure
B. psoriasis
C. lupus
D. cirrhosis

Correct Answer: D
Section: (none)
Explanation

Explanation/Reference:
Explanation:

A client with cirrhosis is at risk for developing a high ammonia level.Reduction of Risk Potential

QUESTION 25
For which of the following conditions might blood be drawn for uric acid level?

A. asthma

B. gout
C. diverticulitis
D. meningitis

Correct Answer: B
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Uric acid levels are indicated for clients with gout.Reduction of Risk Potential

QUESTION 26
Which of the following foods might a client with a hypercholesterolemia need to decrease his or her intake of?

A. broiled catfish
B. hamburgers
C. wheat bread
D. fresh apples

Correct Answer: B
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Due to the high cholesterol content of red meats, such as hamburger, intake needs to be decreased. The other options do not have high cholesterol content, so they do not need to be decreased.Reduction of Risk Potential

QUESTION 27
Which of the following lab values is associated with a decreased risk of cardiovascular disease?

A. high HDL cholesterol
B. low HDL cholesterol
C. low total cholesterol
D. low triglycerides

Correct Answer: A

Section: (none)
Explanation

Explanation/Reference:
Explanation:
High HDL cholesterol and low LDL cholesterol are associated with a decreased risk of cardiovascular disease.Reduction of Risk Potential

QUESTION 28
Which of the following organs of the digestive system has a primary function of absorption?

A. stomach
B. pancreas
C. small intestine
D. gallbladder

Correct Answer: C
Section: (none)
Explanation

Explanation/Reference:
Explanation:

The small intestine has a primary function of absorption. The remaining digestive organs have other primary functions.Physiological Adaptation

QUESTION 29
For a client with suspected appendicitis, the nurse should expect to find abdominal tenderness in which quadrant?

A. upper right
B. upper left
C. lower right
D. lower left

Correct Answer: C
Section: (none)
Explanation

Explanation/Reference:
Explanation:

ent with appendicitis.

oss. She says to the nurse, "I need this surgery because
most appropriate?

A. "If you eat less, you can save some money."
B. "Exercise is a healthier way to lose weight."
C. "You should try the Atkins diet first."
D. "I respect your decision to choose surgery."

Correct Answer: D
Section: (none)
Explanation

Explanation/Reference:
Explanation:

This statement is most appropriate, as it shows respect and empathy. The other statements are both insensitive and unprofessional.Physiological Adaptation

QUESTION 31
A pregnant Asian client who is experiencing morning sickness wants to take ginger to relieve the nausea. Which of the following responses by the nurse is appropriate?

A. "I will call your physician to see if we can start some ginger."
B. "We don't use home remedies in this clinic."
C. "Herbs are not as effective as regular medicines."
D. "Just eat some dry crackers instead."

Correct Answer: A
Section: (none)
Explanation

Explanation/Reference:
Explanation:

This statement reveals cultural sensitivity. Ginger is sometimes used to relieve nausea. The other statements are culturally insensitive and do not show an awareness of herbal pharmacology.Physiological Adaptation

QUESTION 32
Which of the following medications is a serotonin antagonist that might be used to relieve nausea and vomiting?

A. metoclopramide (Reglan)
B. onedansetron (Zofran)
C. hydroxyzine (Vistaril)
D. prochlorperazine (Compazine)

Correct Answer: B
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Zofran is a serotonin antagonist that can be used to relieve nausea and vomiting. The other medications can be used for nausea and vomiting, but they have different mechanisms of action.Physiological Adaptation

QUESTION 33
Which of the following is likely to increase the risk of sexually transmitted disease?

A. alcohol use
B. certain types of sexual practices
C. oral contraception use
D. all of the above

Correct Answer: D
Section: (none)
Explanation

Explanation/Reference:
Explanation:

STDs affect certain groups in groups in greater numbers. Factors associated with risk include being younger than 25 years of age, being a member of a minority group, residing in an urban setting, being impoverished, and using crack cocaine.Physiological Adaptation

QUESTION 34
Teaching the client with gonorrhea how to prevent reinfection and further spread is an example of:

A. primary prevention.
B. secondary prevention.
C. tertiary prevention.
D. primary health care prevention.

Correct Answer: B
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Secondary prevention targets the reduction of disease prevalence and disease morbidity through early diagnosis and treatment.Physiological Adaptation

QUESTION 35
The nurse teaching about preventable diseases should emphasize the importance of getting the following vaccines:

A. human papilloma virus, genital herpes, measles.
B. pneumonia, HIV, mumps.
C. syphilis, gonorrhea, pneumonia.
D. polio, pertussis, measles.

Correct Answer: D
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Vaccines are one of the most effective methods of preventing and controlling certain communicable diseases. The smallpox vaccine is not currently in use because the smallpox virus has been declared eradicated from the world's population. Diseases such as polio, diphtheria, pertussis, and measles are mostly controlled by routine childhood immunization. They have not, however, been eradicated, so children need to be immunized against these diseases.Physiological Adaptation

QUESTION 36
Acyclovir is the drug of choice for:

A. HIV.
B. HSV 1 and 2 and VZV.

C. CMV.
D. influenza A viruses.

Correct Answer: B
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Acyclovir (Zovirax) is specific for treatment of herpes virus infections. There is no cure for herpes. Acyclovir is excreted unchanged in the urine and therefore must be used cautiously in the presence of renal impairment. Drugs that treat herpes inhibit viral DNA replication by competing with viral substrates to form shorter, ineffective DNA chains.Physiological Adaptation

QUESTION 37
A safety measure to implement when transferring a client with hemiparesis from a bed to a wheelchair is:

A. standing the client and walking him or her to the wheelchair.
B. moving the wheelchair close to client's bed and standing and pivoting the client on his unaffected extremity to the wheelchair.
C. moving the wheelchair close to client's bed and standing and pivoting the client on his affected extremity to the wheelchair.
D. having the client stand and push his body to the wheelchair.

Correct Answer: B
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Moving the wheelchair close to client's bed and having him stand and pivot on his unaffected extremity to the wheelchair is safer because it provides support with the unaffected limb.Basic Care and Comfort

QUESTION 38
Assessment of a client with a cast should include:

A. capillary refill, warm toes, no discomfort.
B. posterior tibial pulses, warm toes.
C. moist skin essential, pain threshold.
D. discomfort of the metacarpals.

Correct Answer: A
Section: (none)
Explanation

Explanation/Reference:
Explanation:
Assessment for adequate circulation is necessary. Signs of impaired circulation include slow capillary refill, cool fingers or toes, and pain.Basic Care and Comfort

QUESTION 39
In teaching clients with Buck's Traction, the major areas of importance should be:

A. nutrition, ROM exercises.
B. ROM exercises, transportation.
C. nutrition, elimination, comfort, safety.
D. elimination, safety, isotonic exercises.

Correct Answer: C
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Nutrition, elimination, comfort, and safety are the major areas of importance. The diet should be high in protein with adequate fluids.Basic Care and Comfort

QUESTION 40
When a client informs the nurse that he is experiencing hypoglycemia, the nurse provides immediate intervention by providing:

A. one commercially prepared glucose tablet.
B. two hard candies.
C. 46 ounces of fruit juice with 1 teaspoon of sugar added.
D. 23 teaspoons of honey.

Correct Answer: D
Section: (none)
Explanation

Explanation/Reference:
Explanation:

simple carbohydrate,
ed glucose tablets or 46
ned juice because the fruit
tion of sugar might result in a sharp rise in blood sugar that

g a weight-reduction diet. The client's weight is 216 pounds

A. within normal limits, so a weight-reduction diet is unnecessary.
B. lower than normal, so education about nutrient-dense foods is needed.
C. indicating obesity because the BMI is 35.
D. indicating overweight status because the BMI is 27.

Correct Answer: C
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Obesity is defined by a BMI of 30 or more with no co-morbid conditions. It is calculated by utilizing a chart or nomogram that plots height and weight. This client's BMI is 35, indicating obesity. Goals of diet therapy are aimed at decreasing weight and increasing activity to healthy levels based on a client's BMI, activity status, and energy requirements.Physiological Adaptation

QUESTION 42
Which of the following injuries, if demonstrated by a client entering the Emergency Department, is the highest priority?

A. open leg fracture
B. open head injury
C. stab wound to the chest
D. traumatic amputation of a thumb

Correct Answer: C
Section: (none)
Explanation

Explanation/Reference:

ted, could lead to
rhage.

n

or dirt present on the clothing of a client who has experienced

A. The clothing is the property of another and must be treated with care.
B. Such care facilitates repair and salvage of the clothing.
C. The clothing of a trauma victim is potential evidence with legal implications.
D. Such care decreases trauma to the family members receiving the clothing.

Correct Answer: C
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Trauma in any client, living or dead, has potential legal and/or forensic implications. Clothing, patterns of stains, and debris are sources of potential evidence and must be preserved. Nurses must be aware of state and local regulations that require mandatory reporting of cases of suspected child and elder abuse, accidental death, and suicide. Each Emergency Department has written policies and procedures to assist nurses and other health care providers in making appropriate reports. Physical evidence is real, tangible, or latent matter that can be visualized, measured, or analyzed. Emergency Department nurses can be called on to collect evidence. Health care facilities have policies governing the collection of forensic evidence. The chain of evidence custody must be followed to ensure the integrity and credibility of the evidence. The chain of evidence custody is the pathway that evidence follows from the time it is collected until is has served its purpose in the legal investigation of an incident.Physiological Adaptation

QUESTION 44
Which of the following terms refers to soft-tissue injury caused by blunt force?

A. contusion
B. strain
C. sprain
D. dislocation

Correct Answer: A
Section: (none)
Explanation

Explanation/Reference:
Explanation:

A contusion is a soft-tissue injury caused by blunt force. It is an injury that does not break the skin, is caused by a blow and is characterized by swelling, discoloration, and pain. The immediate application of cold might limit the development of a contusion. A strain is a muscle pull from overuse, overstretching, or excessive stress. A sprain is caused by a wrenching or twisting motion. A dislocation is a condition in which the articular surfaces of the bones forming a joint are no longer in anatomic contact.Physiological Adaptation

QUESTION 45
A client with dumping syndrome should _____ while a client with GERD should _____.

A. sit up 1 hour after meals; lie flat 30 minutes after meals
B. lie down 1 hour after eating; sit up at least 30 minutes after eating
C. sit up after meals; sit up after meals
D. lie down after meals; lie down after meals

Correct Answer: B
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Clients with dumping syndrome should lie down after eating to decrease dumping syndrome.
GERD clients
should sit up to prevent backflow of acid into the esophagus.Basic Care and Comfort

QUESTION 46
A client with an ileus is placed on intestinal tube suction. Which of the following electrolytes is lost with intestinal suction?

A. calcium
B. magnesium
C. potassium
D. sodium chloride

Correct Answer: D

Section: (none)
Explanation

Explanation/Reference:
Explanation:

Duodenal intestinal fluid is rich in K+, NA+, and bicarbonate. Suctioning to remove excess fluids decreases the client's K+ and NA+ levels.Basic Care and Comfort

QUESTION 47
Following a classic cholecystectomy resection for multiple stones, the PACU nurse observes a serosanguious drainage on the dressing. The most appropriate intervention is to:

A. notify the physician of the drainage.
B. change the dressing.
C. reinforce the dressing.
D. apply an abdominal binder.

Correct Answer: C
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Serosanguious drainage is expected at this time. The dressing should be reinforced. Changing a new postop dressing increases the risk of infection. An abdominal binder interferes with visualization of the dressing.Basic Care and Comfort

QUESTION 48
A client who is immobilized secondary to traction is complaining of constipation. Which of the following medications should the nurse expect to be ordered?

A. Advil
B. Anasaid
C. Clinocil
D. Colace

Correct Answer: D
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Colace is a stool softener that acts by pulling more water into the bowel lumen, making the stool soft and easier to evacuate.Basic Care and Comfort

QUESTION 49
A client is complaining of difficulty walking secondary to a mass in the foot. The nurse should document this finding as:

A. plantar fasciitis.
B. hallux valgus.
C. hammertoe.
D. Morton's neuroma.

Correct Answer: D
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Morton's neuroma is a small mass or tumor in a digital nerve of the foot. Hallux valgus is referred to in lay terms as abunion.Hammertoe is where one toe is cocked up over another toe. Plantar fasciitis is an inflammation of, or pain in, the arch of the foot.Basic Care and Comfort

QUESTION 50
A client turns her ankle. She is diagnosed as having a Pulled Ligament. This should be documented as a:

A. sprain.
B. strain.
C. subluxation.
D. distoration.

Correct Answer: B
Section: (none)
Explanation

Explanation/Reference:
Explanation:

g muscles.Basic

A. gently irrigate the eye with an irrigating solution from the inner canthus outward.
B. grasp the lens with a gentle pinching motion.
C. don sterile gloves before attempting the procedure.
D. ensure that the lens is centered on the cornea before gently manipulating the lids to release the lens.

Correct Answer: D
Section: (none)
Explanation

Explanation/Reference:
Explanation:

To remove hard contact lenses, the upper and lower eyelids are gently maneuvered to help loosen the lens and slide it out of the eye. The lens must be situated on the cornea, not the sclera, before removal. An attempt to grasp a hard lens might result in a scratch on the cornea. Clean gloves are an option if drainage is present.Basic Care and Comfort

QUESTION 52
To remove a client's gown when she has an intravenous line, the nurse should:

A. temporarily disconnect the intravenous tubing at a point close to the client and thread it through the gown.
B. cut the gown with scissors.
C. thread the bag and tubing through the gown sleeve, keeping the line intact.
D. temporarily disconnect the tubing from the intravenous container and thread it through the gown.

Correct Answer: C
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Threading the bag and tubing through the gown sleeve keeps the system intact. Opening an intravenous line causes a break in a sterile system and introduces the potential for infection. Cutting a gown off is not an alternative except in an emergency. IV gowns, which open along sleeves, are widely available.Basic Care and Comfort

QUESTION 53
When making an occupied bed, it is important for the nurse to:

A. keep the bed in the low position.
B. use a bath blanket or top sheet for warmth and privacy.
C. constantly keep side rails raised on both sides.
D. move back and forth from one side to the other when adjusting the linens.

Correct Answer: B
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Using a bath blanket or top sheet keeps the client warm and provides privacy. Keeping the bed in the low position and working above raised side rails might strain the nurse's back. Continually moving back and forth to tuck and arrange linen is time-consuming and disorganized.Basic Care and Comfort

QUESTION 54
Diagnostic genetic counseling, for procedures such as amniocentesis and chorionic villus sampling, allows clients to make all of the following choices except:

A. terminating the pregnancy.
B. preparing for the birth of a child with special needs.
C. accessing support services before the birth.
D. completing the grieving process before the birth.

Correct Answer: D
Section: (none)
Explanation

Explanation/Reference:
Explanation:
If findings are ominous, the grieving process will not be completed before birth. If the couple elects to terminate a pregnancy based on diagnostic tests, there will be grief and concerns for future pregnancies. Couples might choose to access support services and prepare for the birth of an infant with special needs. Some fetal conditions can be treated in utero.Health Promotion and Maintenance

QUESTION 55
A client who is experiencing infertility says to the nurse, "I feel I will be incomplete as a man/woman if I cannot have a child." Which of the following nursing diagnoses is likely to be appropriate for this client?

A. Risk for Self Harm
B. Body Image Disturbance
C. Ineffective Role Performance
D. Powerlessness

Correct Answer: B
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Of the nursing diagnoses listed, the client's statement most represents Body Image Disturbance because it directly refers to loss of the function of having a child. Nothing in the statement indicates that the client is at risk for harming herself. Ineffective Role Performance could be correct but is not the best choice because the statement does not reflect a disruption of the parent's role. Powerlessness could be an appropriate nursing diagnosis if the client described feeling powerless about the infertility.Health Promotion and Maintenance

QUESTION 56
Which of the following foods is a complete protein?

A. corn
B. eggs
C. peanutsDsunflower seeds

Correct Answer: B
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Eggs are a complete protein. The remaining options are incomplete proteins.Health Promotion and Maintenance

QUESTION 57
Which condition is associated with inadequate intake of vitamin C?

A. rickets
B. marasmus
C. kwashiorkor
D. scurvy

Correct Answer: D
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Scurvy is associated with inadequate intake of vitamin C. The remaining choices refer to other nutritional deficiencies.Health Promotion and Maintenance

QUESTION 58
What is the primary nutritional deficiency of concern for a strict vegetarian?

A. vitamin C
B. vitamin B12
C. vitamin E
D. magnesium

Correct Answer: B
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Vitamin B12 is the primary nutritional deficiency of concern for a strict vegetarian.Health Promotion and Maintenance

QUESTION 59
How often should the nurse change the intravenous tubing on total parenteral nutrition solutions?

A. every 24 hours
B. every 36 hours
C. every 48 hours

D. every 72 hours

Correct Answer: A
Section: (none)
Explanation

Explanation/Reference:
Explanation:

The nurse should change the intravenous tubing on total parenteral nutrition solutions every 24 hours, due to the high risk of bacterial growth.Health Promotion and Maintenance

QUESTION 60
Which of the following values should the nurse monitor closely while a client is on total parenteral nutrition?

A. calcium
B. magnesium
C. glucose
D. cholesterol

Correct Answer: C
Section: (none)
Explanation

Explanation/Reference:
Explanation:

Glucose is monitored closely when a client is on total parenteral nutrition, due to high glucose concentration in the solutions. The other values are not monitored as closely.Health Promotion and Maintenance

QUESTION 61
A teenage client is admitted to the hospital because of acetaminophen (Tylenol) overdose. Overdoses of acetaminophen can precipitate life-threatening abnormalities in which of the following organs?

A. lungs
B. liver
C. kidneys
D. adrenal glands

Correct Answer: B
Section: (none)

Thank You for Trying Our Product

EnsurePass Certification Exam Features:

♀ **More than 99,900 Satisfied Customers Worldwide.**

♀ **Average 99.9% Success Rate.**

♀ **Free Update to match latest and real exam scenarios**

♀ **Instant Download Access! No Setup required**

♀ **Questions & Answers are downloadable in PDF format and VCE test engine format.**

♀ **100% Guaranteed Success or 100% Money Back Guarantee**

♀ **Fast, helpful support 24x7.**

View list of all certification exams:

https://www.ensurepass.com

2023 Coupon Code 20% OFF : PASS20