

1. When analyzing the serum laboratory report for a client diagnosed with lung cancer that has metastasized to the pelvic bone, which finding should a nurse anticipate?

1. Elevated calcium
2. Decreased hemoglobin
3. Elevated creatinine (Scr)
4. Elevated creatine kinase (CK)

The Correct Answer is elevated calcium

Malignant tumors cause hypercalcemia through a variety of mechanisms, one being an increased release of calcium from the bones.

3. Which priority nursing diagnosis should a nurse document in the plan of care for a client following a C5–C6 anterior cervical discectomy?

1. Potential ineffective breathing pattern
2. Potentially impaired tissue perfusion
3. Risk for infection
4. Impaired skin integrity

The Correct Answer is potential ineffective breathing pattern

4. A homeless client, visiting a health clinic, is noted to have a smooth and reddened tongue and ulcers at the corners of the mouth. The client was tentatively diagnosed with a hematological

disorder, and laboratory tests were prescribed. Based on this information, a nurse should expect the client's laboratory results to reveal:

1. low hemoglobin.
2. elevated red blood cells (RBCs).
3. prolonged prothrombin time (PT).
4. low white blood cells (WBCs).

The Correct Answer is low haemoglobin

A smooth red tongue, ulcers at the corners of the mouth (angular cheilosis), and a low hemoglobin are signs of iron-deficiency anemia

5. One month after discharge, a client who had a left total hip replacement calls a clinic reporting acute constant pain in the left groin and hip area and feeling like the left leg is shorter than the right. A nurse advises the client to come to the clinic immediately suspecting:

1. Wound infection.
2. Deep vein thrombosis (DVT).
3. Dislocation of the prosthesis.
4. Aseptic loosening of the prosthesis.

The Correct Answer is dislocation of the prosthesis

6. Which assessment should a nurse perform to obtain the most accurate determination of fluid balance for a child with hydronephrosis?

1. Measuring the client's intake and output
2. Weighing the client
3. Assessing for the presence of edema
4. Evaluating serum electrolyte results

The Correct Answer is weighing the client

Weight is the most accurate. Intake and output provide data, but there is additional fluid lost through the skin, lungs, and the gastrointestinal tract that cannot be measured. Edema is an indication of fluid retention but is not accurate.

7. The family of a client who is scheduled for emergency surgery following an accident asks if they can donate blood for the client. The client's blood type is B negative. A nurse informs the family that packed red blood cells (PRBCs) could likely be used by family members whose blood type is:

1. type A positive.
2. type B positive.
3. type B negative.
4. type O positive.
5. type O negative.

The Correct Answer is B negative

Q. A nurse teaches a co-worker that the treatment for hemophilia will likely include periodic self-administration of:

1. Platelets.

2. Whole blood.
3. Factor concentrates.
4. Fresh frozen plasma.

The Correct Answer is factor concentrate

A person with hemophilia A is deficient in factor VIII, hemophilia B, factor IX Recombinant form of the factors are available for the client to self administer intravenously at home

9. A nurse has reviewed the upper arm blood pressure (BP) results for multiple children between the ages of 3 and 5 years. Which BP reading should the nurse evaluate as being an abnormal BP for this age group?

1. 96/42 mm Hg
2. 101/57 mm Hg
3. 112/66 mm Hg
4. 115/68 mm Hg

The Correct Answer is 96/42 mm Hg

10. A nurse is performing hourly neurological assessment checks on a client who is admitted with changes in mental status. The nurse understands that frequent assessments are used to determine if a client is developing increased intracranial pressure (ICP). Which option correctly describes the outcome?

- a) displacement of brain tissue
- b) increased in cerebral circulation and perfusion
- c) increase in serum pH

d) improved brain tissue oxygenation

The Correct Answer is displacement of brain tissue

11. Following an industrial accident in which a client sustained severe craniocerebral trauma, the client develops the complication of diabetes insipidus (DI).

A nurse suspects this complication is occurring when observing which symptom?

1. Hyperglycemia
2. Large amounts of urinary output
3. Elevated urine specific gravity
4. Decrease in level of consciousness

The Correct Answer is large amount of urinary output

DI is associated with decreased production or secretion of antidiuretic hormone (ADH). This causes increased urine output and increased plasma osmolality.

12. A nurse is analyzing serum laboratory results for a 73-year-old female client scheduled for surgery in 2 hours. The nurse concludes that which result would warrant the most immediate notification of the physician?

1. Hemoglobin 10 g/dL
2. Creatinine 1.0 mg/dL
3. Potassium 4.5 mEq/dL
4. Prothrombin time 22 seconds

The Correct Answer is Prothrombin time 22 seconds

Normal Prothrombin time is 12 – 14 seconds, so PT is 22 indicate there is a problem in blood coagulation which may lead to increased bleeding during surgery.

13. Nurse is caring for a paediatric client who has congestive heart failure (CHF). The client is receiving digoxin therapy. Which laboratory test result is most important to evaluate when preparing to administer digoxin?

1. Serum potassium levels
2. Serum magnesium levels
3. Serum sodium levels
4. Serum chloride levels

The Correct Answer is Serum potassium levels

14. A client is scheduled for an outpatient electroencephalogram (EEG). A nurse instructs the client to prepare for the test by:

1. removing all hairpins.
2. avoiding eating or drinking at least 6 hours prior to the test.
3. being prepared to have some of the scalp shaved.
4. having blood drawn for glucose level 2 hour before EEG

The Correct Answer is removing all hairpins

In an EEG, electrodes are placed on the scalp over multiple areas of the brain to detect and record patterns of electrical activity.

Preparation includes clean hair without any objects in the hair to prevent inaccurate test results.

15. A client is admitted to an intensive care unit because of a leaky cerebral aneurysm. A family member asks a nurse why the client is awakened and questioned about his orientation so frequently when he needs to rest. The nurse answers the family member based on the knowledge that the earliest sign of ICP is:

- A. pupillary changes
- B. drop in BP
- C. altered sensation
- D. changes in LOC

The Correct Answer is changes in LOC

16) A client is admitted to a hospital with a diagnosis of acute pyelonephritis. Which symptom occurs most frequently and should be monitored by the nurse?

- 1. Low-grade fever
- 2. Bradycardia
- 3. Flank pain on the affected side
- 4. Rebound tenderness in left lower quadrant

The Correct Answer is flank pain on the affected side

17) A nurse is assessing a blood pressure of an adult client with a manual sphygmomanometer. The nurse places the bell diaphragm of the stethoscope over the brachial artery and pumps the cuff up to

180 mm Hg. The valve is released to allow a drop of 2 mm Hg per second. At 162 mm Hg the nurse hears the first tapping sound. The sound becomes muffled at 148 mm Hg. The sound changes to a soft thumping at the 138 mm Hg. The sound fades to a muffled blowing sound at 128 mm Hg and is last heard at 94 mm Hg. There is silence at 92 mm Hg. The nurse should document the blood pressure as:

1. 138/92 mm Hg.
2. 148/94 mm Hg.
3. 162/92 mm Hg.
4. 162/94 mm Hg

The Correct Answer is 162/94 mm Hg

18) A client with a diagnosis of Guillain-Barré syndrome is scheduled to receive plasmapheresis treatments. A nurse explains to the client's spouse that the purpose of plasmapheresis is to:

1. remove excess fluid from the bloodstream.
2. restore protein levels in the blood.
3. remove circulating antibodies in the blood

The Correct Answer is remove circulating antibodies in the blood

19). A nurse is caring for a client who received conscious sedation during a surgical procedure. Which assessment of this client is most important for a nurse to make postoperatively?

1. Lung sounds
2. Amount of urine output

3. Ability to swallow liquids
4. Rate and depth of breathing

The Correct Answer is rate and depth of breathing

Moderate sedation (conscious sedation) is used routinely for procedures that do not require complete anesthesia, but rather a depressed level of consciousness.

20) A 39-year-old client presents in active labor. The client is breathing rapidly and having difficulty coping with the contractions. Based on this assessment, what would a nurse predict should occur if interventions are not initiated immediately?

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

The Correct Answer is respiratory alkalosis

21) A nurse evaluates that the drainage from a client's nasogastric (NG) tube, inserted for gastric decompression during emergency surgery, would be normal if it:

1. returns brown-liquid in color.
2. returns greenish-yellow in color.
3. has an alkalotic hydrogen level (pH).
4. measures less than 25 mL in volume.

The Correct Answer is returns greenish-yellow in colour

22) A client who has had a stroke stares at a nurse but does not attempt to verbally respond to the nurse's questions. The client follows instructions without any problems. The nurse understands that the client is displaying symptoms consistent with:

1. receptive aphasia.
2. global aphasia.
3. expressive aphasia
4. both receptive and expressive aphasia

The Correct Answer is expressive aphasia

23) A nurse notifies a physician after assessing a client 5 days after an exploratory laparotomy and noting a distended abdomen, abdominal pain, absence of flatus, and absent bowel sounds. Which typical complication of abdominal surgery should the nurse conclude may be occurring?

1. Paralytic ileus
2. Peritonitis
3. Wound dehiscence

The Correct Answer is paralytic ileus

24) Various children are being seen in the clinic for well-baby checks. By what age should a nurse expect a child to begin to use simple words to communicate needs?

1. Age 10–12 months
2. Age 1–2 years

3. Age 6–9 months

4. Age 2–3 years

The Correct Answer is age of 10 – 12 months

25) Which result should a nurse expect if a 4-year-old child's visual acuity test is normal for the child's developmental age?

1. 10/10

2. 20/20

3. 20/40

4. 40/40

The Correct Answer is 20/20

26) Which assessment finding should a nurse expect following administration of phenylephrine (Neosynephrine®) eye drops to perform an ophthalmoscopic eye examination?

1. Tremor

2. Hypotension

3. Pupil miosis

4. Pupil mydriasis

The Correct Answer is pupil mydriasis

27) A client presents with meningioma and symptoms of increased intracranial pressure. Which manifestations should a nurse least expect to find an assessment of this client?

1. Headache

2. Vomiting

3. Pyrexia

4. Papilledema

The Correct Answer is pyrexia or fever

28) An experienced nurse explains to a new nurse that the definitive diagnosis of peptic ulcer disease (PUD) involves:

1. a urea breath test.
2. upper gastrointestinal endoscopy with biopsy.
3. barium contrast studies.
4. the string test.

The Correct Answer is upper gastrointestinal endoscopy with biopsy

29) A clinic nurse is administering monovalent HepB (hepatitis B vaccine) intramuscularly to a newborn prior to hospital discharge. Which site is best for the nurse to plan to administer the injection?

1. Deltoid
2. Ventrogluteal
3. Dorsogluteal
4. Vastus lateralis

The Correct Answer is Vastus lateralis

30) After a car/pedestrian accident, a pedestrian client is brought to the emergency room. The client is alert and oriented but complains of dyspnea. Oxygen saturation (SpO₂) levels vary from 88% to 90%. Oxygen is applied at 2 liters per nasal cannula with no improvement in SpO₂. Oxygen per mask is initiated at 40% with little improvement. Radiograph films reveal no obvious injury or fractures. Suddenly the

client loses consciousness, has a respiratory arrest, and subsequently dies. During the respiratory arrest resuscitation, it is determined that a nurse failed to open the valve to the oxygen tank and the client had not been receiving oxygen. What is the key ethical principle involved in this situation?

1. Nonmaleficence
2. Fidelity
3. Beneficence
4. Justice

The Correct Answer is Nonmaleficence

31. Which lobe is responsible for feeling and touch?

1. Frontal
2. Parietal
3. Occipital
4. Temporal

The Correct Answer is parietal lobe