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124- A nurse with 10 years' experience working in the emergency room is reassigned to the perinatal unit to work an 8-hour shift. 127- While teaching a young male adult to use an inhaler for his newly diagnosed asthma, the client stares into the distance and appears to be concentrating on something other than the lesson the nurse is presenting. a-
Keep an antidote available in the event of hemorrhage b- Continue obtaining scheduled laboratory bleeding test c- Eliminate spinach and other green vegetable in the event of hemorrhage b- Continue obtaining scheduled laboratory bleeding test c- Eliminate spinach and other green vegetable in the event of hemorrhage b- Continue obtaining scheduled laboratory bleeding test c- Eliminate spinach and other green vegetable in the event of hemorrhage b- Continue obtaining scheduled laboratory bleeding test c- Eliminate spinach and other green vegetable in the event of hemorrhage b- Continue obtaining scheduled laboratory bleeding test c- Eliminate spinach and other green vegetable in the event of hemorrhage b- Continue obtaining scheduled laboratory bleeding test c- Eliminate spinach and other green vegetable in the event of hemorrhage b- Continue obtaining scheduled laboratory bleeding test c- Eliminate spinach and other green vegetable in the event of hemorrhage b- Continue obtaining scheduled laboratory bleeding test c- Eliminate spinach and other green vegetable in the event of hemorrhage b- Continue obtaining scheduled laboratory bleeding test c- Eliminate spinach and other green vegetable in the event of hemorrhage b- Continue obtaining scheduled laboratory bleeding test c- Eliminate spinach and bleeding test c- Eliminate sp
when the Unna boot is removed during a follow-up appointment, the nurse observes that the ulcer site contains bright red tissue. b- Monitor peak ad trough levels whenever taking antibiotic c- Watch daily urine output and weight gain while taking antibiotic c- Watch daily urine output and weight gain while taking antibiotic c- Watch daily urine output and weight gain while taking antibiotic c- Watch daily urine output and protective clothing to avoid exposure to sun. What action should
the nurse take in response to this finding? 94- After repositioning an immobile client, the nurse observes an area of hyperemia. 147- A 16-year-old adolescent with meningococcal meningitis is receiving a continuous IV infusion of penicillin G, which is prescribed as 20 million units in a total volume of 2 liters of normal saline every 24 hr. Her
Papanicolau (Pap) smear results are negative. a- Have partner screened for human immunodeficiency virus b- Report a sudden onset arthralgia to the healthcare provider c- Decrease intake of high-fat-foods, caffeine, and alcohol d- Use two forms of contraception while taking this drug. Which intervention is more important to include in this client's
discharge plan? a- Add equal amounts of water and feeding to a feeding to a feeding to a feeding after decreasing the rate of infusion to 25 ml/hr. To evaluate the medication's effectiveness, which laboratory values should the nurse monitor? To change, click on a new location) a- 117- An older male adult
resident of long-term care facility is hospitalized for a cardiac catheterization that occurred yesterday. After notifying the family of the client's status, what priority action should the nurse implement? d- Notify the health care provider of the abnormal pulse rate and pulse volume. a- Evaluate the client's orientation to time and place b- Place the client
on fall precautions c- Encourage the client to drink milk with meals d- Assess the client's breath sounds daily. c- Explain the usual progression of osteoarthritis and HF d- Request social services to review the client's breath sounds daily. c- Explain the usual progression of osteoarthritis and HF d- Request social services to review the client's breath sounds daily. c- Explain the usual progression of osteoarthritis and HF d- Request social services to review the client's breath sounds daily.
(ARDS) is chemically paralyzed and sedated while she is on as assist-control ventilator using 50% FIO2. Which potential complication should the nurse during an admission assessment. The healthcare provider prescribes celtazidime (Fortax) 35 mg every 8 hours IM for
an infant. a- Slow onset of facial drooping associated with headache b- Inability to close the affected eye, raise brow, or smile c- A flat nasolabial fold on the right resulting in facial asymmetry. a- Call the radiology department b- Reinsert the implant into the vagina c- Apply double gloves to retrieve the implant for disposal. (Select all that apply.) a-
Take an additional dose for signs of hyperglycemia b- Recognize signs and symptoms of hypoglycemia. The nurse is planning care for a client admitted with a diagnosis of pheochromocytoma. What intervention is most important for the nurse to implement? Ensure that the UAP has placed the pillows effectively to protect the client. Xml ------1hr. c-
Give continuous compression with a ventilation ratio at 20:3 d- Apply less compression force to reduce aspiration 92- When preparing a client for discharge from the hospital following a cystectomy and a urinary diversion to treat bladder cancer, which instruction is most important for the nurse to include in the client's discharge teaching plan? An
adolescent with major depressive disorder has been taking duloxetine (Cymbalta) for the past 12 days. Where should the nurse listen when assessing the client's point of maximal impulse (PMI) (Click the chosen location. Which pathophysiological mechanism supports this response? c- Determine if she can ask for support from family, friend, or the
baby's father. What adaptation to cardiopulmonary resuscitation (CPR) should the nurse implement? 102- The nurse is teaching a client how to perform colostomy irrigations. The nurse should ensure that the educational materials include which characteristics? a- Digitally check the client for a fecal impaction 62- After changing to a new brand of
laundry detergent, an adult male report that he has a fine itchy rash. a- Assess body temperature b- Monitor skin elasticity c- Observe aspiration site. d- turning instead of pulling reduces the likelihood of skin damage 48. 155- In caring for the body of a client who just died, which tasks can be delegate to the unlicensed assistive personnel (UAP)? c-
The nurse manager should be updated on the client's status d- The client's status should be conveyed to the chaplain 158- A client with cirrhosis of the liver is admitted with complications related to end stage liver disease. What assessment finding warrants immediate intervention by the nurse? Plan for scheduled break times. 15. Apply a thin layer to
prevent maceration. d- Coup contrecoup signs 91- The nurse finds a client at 33 weeks' gestation in cardiac arrest. a- Decrease urinary output b- Low blood glucose level c- Profound weight gain d- Ventricular arrhythmias. 25. 93- For the past 24 hours, an antidiarrheal agent, diphenoxylate, has been administered to a bedridden, older client with
infectious gastroenteritis. The nurse notices the older boy becomes withdrawn when asked about what happened. If rounding is required, round to the nearest tenth) a- 0.4 27. a- Increased urinary clearance of the multiple medications has produced diuresis and lowered the blood pressure b- The antagonistic interaction among the various blood
pressure medications has reduced their effectiveness c- The additive effect of multiple medications has caused the blood pressure to drop too low. 123- A client with atrial fibrillation receives a new prescription for dabigatran. a- Ask the client to explain why he constantly request the nurse b- Encourage the client to verbalize his feelings about the
nurse c- Reassure the client that his request will be met whenever possible. The client experiences a- Palpitations and shortness of breath b- Bradycardia and constipation c- Lethargy and lack of appetite d- Muscle cramping and dry, flushed skin 22. 40. 54- The nurse administers an antibiotic to a client with respiratory tract infection. d- Provide dietaction c- Lethargy and lack of appetite d- Muscle cramping and dry, flushed skin 22. 40. 54- The nurse administers an antibiotic to a client with respiratory tract infection.
low in phosphorous. A woman with an anxiety disorder calls her obstetrician's office and tells the nurse of increased anxiety since the normal vaginal delivery of her son three weeks ago. b- Teach tracheal suctioning techniques c- Encourage self-care and independence. This child should be medicated for pain based on which findings? a- Instruct the
mother to change the child's diaper more often. During a home visit, the nurse observed an elderly client with diabetes slip and fall. When caring for a client who has acute respiratory distress syndrome (ARDS), the nurse elevates the head of the bed 30 degrees. b- Mastectomy 2 days ago with 50 ml bloody drainage noted in the Jackson-pratt drain.
To determine the client's distal pulse rate most accurately, which action should the nurse implement? What interventions should the nurse implement? Select all that apply: a- Restlessness b- Clenched Fist (puño cerrado) c- Increased pulse rate despiratory rate. The nurse implement? What interventions should the nurse implement? Select all that apply: a- Restlessness b- Clenched Fist (puño cerrado) c- Increased pulse rate despiratory rate.
of the facial muscles. c- Report persist polyuria to the healthcare provider. c- Obtain a blood cortisol level after last dose of synthetic ACTH d- Encourage the healthcare provider to delay the client's discharge. Following a lumbar puncture, a client voices several complaints. 51. a- Evaluate her response to narcotic analgesia b- Asses the skin under the
traction moleskin c- Place a pillow under the involved lower left leg d- Ensure proper alignment of the leg in traction. History includes end stage chronic obstructive pulmonary disease (COPD) and diabetes mellitus. A 66-year-old woman is retiring and will no longer have a health insurance through her place of employment. a- Auscultate for renal
bruits b- Obtain a clean catch mid-stream specimen c- Use a dipstick to measure for urinary ketone d- Begin to strain the client's urine. a- Lactate b- Glucose c- Hemoglobin d- Creatinine 72- Azithromycin is prescribed for an adolescent female who has lower lobe pneumonia and recurrent chlamydia. After a sudden loss of consciousness, a female
client is taken to the ED and initial assessment indicate that her blood glucose level is critically low. One dose of morphine was administered when the client is again complaining of pain. What instruction should the nurse include in this client's teaching plan? The nurse
is auscultating a client's heart sounds. a- Allow client to choose foods from a menu b- Assign a staff member to feed the client to eat finger foods. The nurse includes the client's risk for developing increased intracranial pressure (ICP) in the plan of care. d- Discontinue the 24-gauge IV
109- An elderly female is admitted because of a change in her level of sensorium. Discuss the issue privately with the UAP. A male client with hypertension, who received new antihypertension, who received new antihypertension at his last visit returns to the clinic two weeks later to evaluate his blood pressure (BP). a. Which action should the school nurse take first when
conducting a screening for scoliosis? a- Neutrophils b- Lymphocytes c- Eosinophils d- Monocytes 85- Several months after a foot injury, and adult woman is diagnosed with neuropathic pain. Which additional finding obtained during a follow-up visit 2 weeks later is most indicative that the client has diabetes mellitus (DM)? d- Monitor continuous
oxygen saturation. a- Fruit-flavored yogurt. a- Stay out of direct sunlight b- Avoid grapefruits and its juice c- Reduce the use of herbal supplements d- Minimize sodium intake. 130- Two days after admission a male client remembers that he is allergic to eggs, and informs the nurse of the allergy. 12. d- Confirm the necessity for continued use of the
CVC. a- Olanzapine b- Divalproex. The client suddenly reports a sharp increase in pain, telling the nurse, "I feel like an elephant just stepped on my chest" The EKG now shows Q waves and ST segment elevations in the anterior leads. d- Crutches with 4-point gait. In planning assignments, which client should receive the most care hours by a
registered nurse (RN)? Which behavior indicates that the client understands her care needs a- Rented movies and borrowed books to use while passing time at home 59- Which instruction should the nurse provide a pregnant client who is complaining of heartburn? The nurse determines the client's left pedal pulses are diminished. a- Assign a sitter
for constant observation b- Screen future visitors for contraband c- Document suicide monitoring frequently d- Remove cigarettes for the client with the head of the bed elevated. While sipping water to swallow a medication, the client begins coughing, as if strangled. A 60-year-old female client with a positive family
history of ovarian cancer has developed an abdominal mass and is being evaluated for possible ovarian cancer. The 500 mg vial is labeled with the instruction to add 5.3 ml diluent to provide a concentration of 100 mg/ml. The client with which type of wound is most likely to need immediate intervention by the nurse? 26. b- Transport a client who is
receiving IV fluids to the radiology department. d- Place the implant in a lead container using long-handled forceps 35. b- Confirm the client's wishes for tissue donation c- Observe consent for autopsy signature by family. Instruct the UAP to obtain soft blankets to secure to the side rails instead of pillows. d- Eat small meal throughout the day to avoid
a full stomach. a- Encouraging liberal fluid intake 133- A client with hyperthyroidism is being treated with radioactive iodine (I-131). Which response should the circulating nurse provide? What information should the nurse include in the client's teaching plan? What population characteristic is most influential when choosing strategies for
implementing a teaching plan? What pathophysiological reason supports the nurse's decision to report this finding to the healthcare provider? b- Take postoperative vital signs for a client who has an epidural following knee arthroplasty c- Start a blood transfusion for client who had a below-the knee amputation. a- An adult client who cannot sleep due
to constant pain. In what position should the nurse place the child? a- Immediately apply a pressure dressing b- Document the ongoing wound healing. a- Egg whites, toast and coffee. He is lethargic, moderately, confused, and cannot remember when he took his last dose of insulin or ate last. The nurse should program the infusion pump to deliver
how many ml/hour? a- Gunshot wound three hours ago with dark drainage of 2 cm noted on the dressing. Since she is breastfeeding, she stopped taking her antianxiety medications, but thinks she may need to start taking them again because of her increased anxiety. d- Observe weight-bearing on each leg. Which snack is best for the nurse to
recommend to the client? The client has a new prescription to change the feeding to half strength. Which explanation should be included in preparing this client for this treatment? (Select all that apply.) a- All family must agree about the need for hospice care. He treated and released but is readmitted today because of diarrhea and dehydration. 18.
144- A resident of a long-term care facility, who has moderate dementia, is having difficulty eating in the dining room. A male client reports the onset of numbness and tingling in his fingers and around his mouth. a- Plain yogurt with sweetened with raw honey b- Peanuts in the shell, roasted or un-roasted. The nurse is assisting the mother of a child
with phenylketonuria (PKU) to select foods that are in keeping with the child's dietary restrictions. a- Reduce risks factors for infection b- Administer high flow oxygen during sleep c- Limit fluid intake to reduce secretions d- Use diaphragmatic breathing to achieve better exhalation 44. The client is in semi Fowler position with his arms at his side. d-
Notify the healthcare provider of the client's increase chest pain a call for the defibrillator crash cart. 4. c- The client to sign the consent without impairment of judgment d- The client is competent to sign the procedure. 122-
A family member of a frail elderly adult asks the nurse about eligibility requirements for hospice care. Once her glucose level is stabilized, the client reports that was recently diagnosed with anorexia nervosa and is being treated at an outpatient clinic. Select all that apply a- White blood cell (WBC) count b- Sputum culture and sensitivity 55- A client is
admitted to isolation with the diagnosis of active tuberculosis. b- Nuchal rigidity and papilledema. To differentiate the vascular source of the intracranial bleeding, which finding should the nurse monitor? c- Obtain 12 lead electrocardiogram. 73- A client in the emergency center demonstrates rapid speech, flight of ideas, and reports sleeping only
three hours during the past 48h. a- Remind the client that a rescue inhaler might save his life b- Leave the client alone so that he can grieve his illness c- Ask the client what he is thinking about at his time. A female client reports that her hair is becoming coarse and breaking off, that the outer part of her eyebrows have disappeared, and that her eyes
are all puffy. 16. b- Seek counseling for body image concerns c- Follow instruction for self-care toileting d- Frequently empty bladder to avoid distension. 63- The nurse should teach the parents of a 6 year-old recently diagnosed with asthma are due to which physiological response? a- capillary glucose b-
urine specific gravity c- Serum calcium d- white blood cell count 47. a- Ask the older brother how he felt during the incident. a- Slow increasing intracranial pressure (ICP) b- Decerebrate posturing c- Rapid onset of decreased level of consciousness. c- Irrigate the arterial line using a syringe with sterile saline d- Administer a PRN analgesic and assess
numbness in 30 mints 90- A client is admitted with an epidural hematoma that resulted from a skateboarding accident. c- A client must be willing to accept palliative care, not curative care. b- Cheese and crackers. a- Loss of appetite b- Serum K 4.0 mEq/or mmol/dl (SI) c- Loose, runny stool d- Tented skin turgor. a- Use a full knot to secure the
restrain tie. Note date and time of the behavior. When assessing a mildly obese 35-year-old female client, the nurse is unable to locate the gallbladder when palpating below the liver margin at the lateral border of the rectus abdominal muscle. 42. 50. a- "Is there a history of female baldness in your family?" b- "Are you under any unusual stress at
home or work?" c- "Do you work with hazardous chemicals?" d- "Have you noticed any changes in your fingernails?" 31. d- Advise the client to breath shallow and fast c- Obtain arterial blood gases (ABG's) prior to procedure d-
Explain that the client may be placed in five positions 101- A client presents in the emergency room with right-sided facial asymmetry. The charge nurse of a critical care unit is informed at the beginning of the shift that less than the optimal number of registered nurses will be working that shift. e- Follow cultural beliefs in preparing the body. What
information should the nurse include in this client's teaching plan? What intervention should nurse implement? A client who recently underwear a tracheostomy is being prepared for discharge to home. The nurse observes an unlicensed assistive personnel (UAP) positioning a newly admitted client who has a seizure disorder. b- Avoid eating all foods
that contain any vitamin K because it is an antagonist of Coumadin. a- Blood alcohol level of 0.09% b- Serum lithium level of 1.6 mEq/L or mmol/l (SI) c- Six hours of sleep in the past three days. b- Continue using the ointment for a full week, even after the symptoms disappear. a- Assess the client's dressing for bleeding b- Determine client's pulse,
blood pressure, and respirations c- Administer a PRN dose of IV Morphine d- Check the client's orientation to time and place. a- Woman, Infant, and Children program b- Medicaid c- Medica
response is best for the nurse to provide this woman? What instruction should the nurse provide this client regarding diet? The client has thrombocytopenia. a- Gastric output of 900 mL in the last 24 hours b- Serum potassium level of 3.1 mEq/L or mmol/L (SI) c- Increased blood urea nitrogen (BUN) d- 24-hours
intake at the current infusion rate. d- Avoid use of nonsteroidal ant-inflammatory drugs (NSAID). Based on this assessment, what should the nurse anticipate that client will need? d- Has a disheveled appearance. After a third hospitalization 6 months ago, a client is admitted to the hospital with ascites and malnutrition. 69- When preparing to
discharge a male client who has been hospitalized for an adrenal crisis, the client expresses concern about having another crisis. Which procedures can the nurse delegate to the UAP? b- Suggest that the client also plan to eat frequent small meals to reduce discomfort c- Review with the client the need to avoid foods that are rich in milk and cream. a-
Altered consciousness within the first 24 hours after injury. c- Peripheral edema d- Elevated blood pressure 61- A female client reports she has not had a bowel movement for 3 days, but now is defecating frequent small amount of liquid stool. d- Establish a structured routine for the client to follow. What intervention should the nurse perform? a-
Sluggish pupillary response to light b- Clear fluid leaking from the nose. The client has a weak, fast pulse and no respiratory effort, so the healthcare provider performs a successful oral, intubation. d- Venous stasis and thrombophlebitis related to postoperative immobility. What intervention should the nurse implement immediately? c- Raise the
button side rail of the client's bed d- Document that the restrain is secured. c- A 63-year-old chain smoker admitted with chronic bronchitis who is receiving oxygen via nasal cannula and has a saline-locked peripheral intravenous catheter. 67- The nurse who is working on a surgical unit receives change of shift report on a group of clients for the
upcoming shift. b- Move the stethoscope to the mitral site c- Listen with the bell at the same location d- Observe the cardiac telemetry monitor 11. 68- The nurse is caring for a client who had gastric bypass surgery yesterday. a- An increased thirst with frequent urination b- Blood glucose range during past two weeks was 110 to 125 mg/dl or 6.1 to 7.0
mmol/L(SI) c- Two-hour postprandial glucose tolerance test (GTT) is 160 mg/dL or 8.9 mmol/L (SI). b- Resume compression for 2 minutes c- Administer a dose of epinephrine d- Program the monitor for cardioversion. Her current respiratory rate is 8 breaths/minute. What are the
legal implications of the nurse's signature on the client's surgical consent form? a- Client geographic location and age b- Number of staff and number of clients c- Weekend and weekday staff availability d- Skills of staff and client acuity 100- When performing postural drainage on a client with Chronic Obstructive Pulmonary Disease (COPD), which
approach should the nurse use? d- The synergistic effect of the multiple medications has resulted in drug toxicity and resulting hypotension. 76- The nurse is developing a teaching program for the community. An unlicensed assistive personnel (UAP) assigned to obtain client vital signs reports to the charge nurse that a client has a weak pulse with a
rate of 44 beat/ minutes. c- Increase the intake of dark green leafy vegetables while taking Coumadin d- Eat two servings of raw dark green leafy vegetables daily and continue for 30 days after Coumadin therapy is completed. a- Literacy level b- Prevalent learning style c- Median age d- Percent with internet access. When the nurse attempts to take
the client's health history, he does not respond to questions in a clear manner. d- Withhold any further feeding until clarifying the prescription with healthcare provides. Which client is at the greatest risk for developing delirium? Buck's skin traction is applied to the left leg while waiting for surgery. Based on these finding, what is the client's greatest
risk? Which finding should the nurse document as objective signs of depression? What information should the nurse provide? Which assessment finding requires immediate follow-up? 82- An unlicensed assistive personnel UAP leaves the unit without notifying the staff. a- Open window shades to provide natural light b- Reposition side to side every
(Glucophage) 500 mg PO twice daily. a- Perform bilateral chest auscultation. b- Neurovascular and circulation comportment syndrome. c- have the mother check the child's temperature q4h for the next 24 hours d- transfer the child to the emergency department to receive a gamma globulin injection 20. a- Determine of aspirir
was given prior to radial artery catheter insertion. In assessing an adult client with a partial rebreather mask, the nurse notes that the oxygen reservoir bag does not deflate completely during inspiration and the client's respiratory rate is 14 breaths / minute. Which intervention should the nurse include in a long-term plan of care for a client with
Chronic Obstructive Pulmonary Disease (COPD)? a- Turns to left the side to instill the irrigating solution into the stoma b- Keeps the irrigating container less than 18 inches above the stoma c- Instills 1,200 ml of irrigating solution to stimulate bowel evacuation d- Inserts irrigating catheter deeper into stoma when cramping occurs 103- The nurse
Defer the health history until the client is less anxious. A female client is admitted with end stage pulmonary disease is alert, oriented, and complaining of shortness of breath. b- Encourage the mother to decrease the
infant's intake of fruits for 24 hours. c- Complaint of severe headache d- Periorbital ecchymosis of right eye. 153- The nurse is interacting with a female client who is diagnosed with postpartum depression. In explaining the need for hypertension control, the nurse should stress that an elevated BP places the client at risk for which pathophysiological
condition? a- Blindness secondary to cataracts b- Acute kidney injury due to glomerular damage c- Stroke secondary to hemorrhage d- Heart block due to myocardial damage 3. a- Report any signs of cloudy urine output. A 26-year-old female client is admitted to the hospital for treatment of a simple goiter, and levothyroxine sodium (Synthroid) is
prescribed. 141- A client admitted to the psychiatric unit diagnosed with major depression wants to sleep during the day, refuses to take a bath, and refuses to take a bath a ba
effectiveness. What action should the nurse implement first? b- An African-American senior citizens center c- A daycare center in a Hispanic neighborhood d- An after-school center for Native-American senior citizens that the client in a side-lying position and support his abdomen with pillows. Which breakfast selection indicates that the client
understands the nurse's instructions about the dietary management of osteoporosis? a- "I am having pain in my lower back when I move my legs" b- "My throat hurts when I sit up" 14. (Enter numeric value only.) a- 75 24. a- Determine the
client's level of orientation and cognition b- Assess distal pulses and signs of peripheral edema c- Obtain a list of medications taken for cardiac history. (Select all that apply) a- Notify the food services department of the allergy. What action should the charge nurse implement? a- Ask the family member to answer the questions. a- Provide reassurance
to the client that these feeling are normal after delivery b- Discuss delaying the client's discharge from the hospital for another 24 hrs. What is the most likely explanation for failure to locate the gallbladder by palpation? 135- The nurse is caring for a group of clients with the help of a licensed practical nurse (LPN) and an experienced unlicensed
assistive personnel (UAP). Evaluate the UAP for signs of improvement. c- Avoids eye contact. b- Commend the UAP for implementing the proper position c- Tell the UAP for signs of improvement. c- and improvement is admitted to the pediatric unit following successful resuscitation
from a near-drowning incident. d- Reinforce the importance of annual papanicolaou (Pap) smears. a- The client is too obese b- Palpating in the wrong abdominal quadrant c- The gallbladder is normal d- Deeper palpation technique is needed 39. b- Notify the healthcare provider of the client's change in mental status. b. 119- The nurse caring for a
client with acute renal fluid (ARF) has noted that the client has voided 800 ml of urine in 4 hours. Which assessment is most important for the nurse to perform to assess the effectiveness of the medication? e- Give PRN dose of regular insulin 129- The nurse to perform to assess the effectiveness of the medication? e- Give PRN dose of regular insulin 129- The nurse to perform to assess the effectiveness of the medication? e- Give PRN dose of regular insulin 129- The nurse to perform to assess the effectiveness of the medication? e- Give PRN dose of regular insulin 129- The nurse to perform to assess the effectiveness of the medication? e- Give PRN dose of regular insulin 129- The nurse to perform to assess the effectiveness of the medication? e- Give PRN dose of regular insulin 129- The nurse to perform to assess the effectiveness of the medication? e- Give PRN dose of regular insulin 129- The nurse to perform to assess the effectiveness of the medication? e- Give PRN dose of regular insulin 129- The nurse to perform to assess the effectiveness of the medication? e- Give PRN dose of regular insulin 129- The nurse to perform to assess the effectiveness of the medication?
exhibiting facial grimaces, and is drawing his knees to his chest. a- "The heart will stop beating & you will stop breathing." 65- The nurse is assessing a 3-month-old infant who had a pylorotomy yesterday. a- Describes life without purpose b- Complains of nausea and loss of appetite c- States is often fatigued and drowsy d- Exhibits an increase in
sweating. a- Inflammation of the mucous membrane & bronchospasm 64- A 10-year-old who has terminal brain cancer asks the nurse, "What will happen to my body when I die?" How should the nurse respond? c- Include q2 hour's recrientation in the client's plan of care. a- Treatment for acute uremic symptoms within 24 hours b- Change to a regular
diet c- Large amounts of fluid and electrolyte replacement. 148- While visiting a female client who has heart failure (HF) and osteoarthritis, the home health nurse determines that the client is having more difficulty getting in and out of the bed than she did previously. Assume responsibility for placing the pillows while the UAP completes another task
Which action should the nurse take first? a- Bruises on arms and legs b- Round and tight abdomen c- Pitting edema in lower legs d- Capillary refill of 8 seconds 32. a- A quad cane b- Crutches with 2-point gait. 125- An infant who is admitted for surgical repair of a ventricular septal defect (VSD) is irritable and diaphoretic with jugular vein distention.
Which nursing intervention is most important for the nurse to implement? b- Reposition the restraint tie onto the bedframe. Which follow-up question is best for the nurse to ask? A staffing formula based on what data ensures quality client care and is most cost-effective? 53- A client with a peripherally inserted central catheter (PICC) line has a fever
Which finding requires the nurse to take further action? 132- After administering an antipyretic medication. The mother of an adolescent tells the clinic nurse, "My son has athlete's foot, I have been applying triple antibiotic ointment for two days, but there has been no improvement." What instruction should the nurse provide? What is the best follow
up action by the nurse. a- Arterial Constriction b- Temporary vasodilation c- Poor temperature control d- Severe dehydration. The client describes the pain as severe and burning and is unable to put weight on her foot. Which intervention is most important for the nurse to include in this client's plan care? a- Place the records in a separate trash bag
and tie the bag securely closed b- Point out the record to a worker in the medical records department c- Contact the medical records department supervisor. a- Compare dorsal measurement of trunk b- Extend arms over head for visualization c- Inspect for symmetrical shoulder height. d- Explain the differences between postpartum blues and
postpartum depression. Which intervention is most important for the nurse to implement? (Select all that apply.) a- Place personal religious artifacts on the body. Vessel narrowing results in ischemia. He tells the nurse that he wants to stay in the hospital a few more days. An elderly client seems confused and reports the onset of nausea, dysuria, and
urgency with incontinence. HESI Exit Exam Over 700 Questions new 2019 latest 100% 1. c- High fat foods d- High calories foods. a- Increase the peripheral IV flow rate to 175 ml/hr to prevent hypotension and shock b- Administer prescribed morphine sulfate IV and provide oxygen at 2 L/min per nasal cannula. After a visitor leaves, the nurse finds a
package of cigarettes in the client's room. a- Be alert for possible cross-sensitivity to cephalosporin agents. 142- A client with history of bilateral adrenalectomy is admitted with a week, irregular pulse, and hypotension. a- To reduce abdominal pressure on the diaphragm b- to promote retraction of the intercostal accessory muscle of respiration c- to
promote bronchodilation and effective airway clearance d- to decrease pressure on the medullary center which stimulates breathing 38. 106- During an annual physical examination, an older woman's fasting blood sugar (FBS) is determined to be 140 mg/dl or 7.8 mmol/L (SI). On admission, the client's EKG showed bradycardia, ST depression, but no
ventricular ectopy. What information is most important for the nurse to provide to this client? 149- A client has an intravenous fluid infusing in the right forearm. b- A 48-year-old marathon runner with a central venous catheter who is experiencing nausea and vomiting due to electrolyte disturbance following a race. a- Explain the need for using lead
shields for 2 to 3 weeks after the treatment b- Describe the signs of goiter because this is a common side effect of radioactive iodine as a tasteless, colorless medication administered by the healthcare provider 134- After a colon
resection for colon cancer, a male client is moaning while being transferred to the Post anesthesia Care Unit (PACU). d- Unrestricted sodium intake 120- Which intervention should the nurse include in the plan of care for a child with tetanus? Which task should the charge nurse assign to the RN? Macrophages consume low density lipoprotein (LDL)
creating foam cells 3. b- Bran muffin, mixed fruits, and orange juice. c- Assign a practical nurse (LPN) to determine if an apical consent form, the nurse signs the form as a witness. a- Sitting up and leaning forward 57- A young adult who is hit with a baseball bat
on the temporal area of the left skull is conscious when admitted to the ED and is transferred to the Neurological Unit to be monitored for signs of closed head injury. a- working together can decrease the risk for back injury b- The technique is intended to maintain straight spinal alignment. (Select all that apply) a- Report feeling sad b- Interacts with
a flat affect. The mother reports no evidence of watery stools. 1000/12 = 83.33 = 83. b- Increase oral fluid intake to 1500 ml daily. Which finding warrants immediate intervention by the nurse? (Enter numeric value only. d- Stop using the ointment and encourage complete drying of the feet and wearing clean socks. Which finding is most important for
the nurse to assess to the client? Which actions should the nurse implement? Following discharge teaching, a male client with duodenal ulcer tells the nurse the he will drink plenty of dairy products, such as milk, to help coat and protect his ulcer. After placing a stethoscope as seen in the picture, the nurse auscultates S1 and S2 heart sounds. The
client is scheduled to be transferred to a skilled nursing facility (SNF) tomorrow for rehabilitative critical pathway. (Select all that apply) a- Change a saturated surgical dressing for a client who had an abdominal hysterectomy. At 0600 while admitting a woman for a schedule repeat cesarean section (C-Section), the client tells the nurse that she
drank a cup a coffee at 0400 because she wanted to avoid getting a headache. a- Spironolactone b- Potassium c- Ampicillin sodium parental d- Digoxin. 154- A client was admitted to the cardiac observation unit 2 hours ago complaining
of chest pain. 137- A client with a chronic health problem has difficulty ambulating short distance due to generalized weakness but can bear weight on both legs. a- Apply oxygen by mask after opening the airway b- Position a firm wedge to support pelvis and thorax at 30-degree tilt. a- Tell the client that the vaccine for HPV is not indicated b- Inform
the client that warts do not return following cryotherapy c- Recommended the use of latex condoms to prevent HPV transmission. A client with cervical cancer is hospitalized for insertion of a sealed internal cervical radiation implant. It is most important for the nurse to implement which intervention. b- an older client who attempted 1 month ago c-
young adult who takes antipsychotic medications twice a day d- a middle-aged woman who uses a tank for supplemental oxygen 43. 88- A client with multiple sclerosis (MS) has decreased motor function after taking a hot bath (Uhthoff's sign). Which lab is important for the nurse to review before contacting the health care provider? e- Express
suicidal thoughts. a- Hypokalemia b- Ketonuria. A client is receiving a full strength continuous enteral tube feeding at 50 ml/hour and has developed diarrhea. a- Administer oxygen by face mask at 6L/mint b- Transport the client for a cesarean delivery c- Elevate the presenting part off the cord. 131- The rapid response teams detect return of
day ago is pale has diminished breath sound over the left lower lung fields, a temperature of 100.2 F, and an oxygen saturation rate of 90%. (Enter numeric value only.) a- Answer: 12160 Rationale: 4ml x 76kg x 40 (bsa) = 12,160 ml 139- A client with leukemia undergoes a bone marrow biopsy. In what order should the unit manager implement this
intervention to address the UAPs behavior? The client is supine and the UAP is placing soft pillows along the side rails, a- Measure vital signs b- Auscultate breath sounds c- Palpate the abdomen d- Observe the skin for bruising 46. c- Wound infection and delayed healing to fractured bone protrusion. How many ml/hr should the nurse program the
oxygenation related to fat embolism. Smooth muscle grows over fatty streaks creating fibrous plaques 5. c- Document the statement in the nurse's notes d- Note the allergy on the diet intake flow sheet e- Add egg allergy to the client's allergy arm band. What complaint indicated to the nurse that the client is experiencing a complication? a- Keep a
daily weight record b- Obtain weight at the same time every day c- Limit intake of die What is the priority nursing assessment that should be done before administering this medication? b- Hospice services are covered under Medicare Part B. His BP is 158/106 and he admits that he has not been taking the prescribed medication because the drugs
make him "feel bad". A client who received multiple antihypertensive medication? a- Ask a more experience syncope due to a drop-in blood pressure to 70/40. What is the rationale for the nurse's decision to hold the client's scheduled antihypertensive medication? a- Ask a more experience syncope due to a drop-in blood pressure to 70/40. What is the rationale for the nurse's decision to hold the client's scheduled antihypertensive medication?
the nurse is implementing the OR policy for surgical hand scrub c- Inform the nurse that she wants "no heroic measures" taken if she stops breathing, and she asks the nurse to document this in her medical record. a- Assess the client's ability to communicate with the
other staff members b- Arrange a meeting with the family to discuss the client's situation c- Administer the client's situation c- Administer the client's situation as prescribed. Which client is best to assign to this nurse? a- Auscultate the client's antidepressant medication as prescribed. Which client is best to assign to this nurse?
radial pulses simultaneously 28. 23. a- Describe the signs and symptoms of hypoglycemia. What snack should the nurse instruct the client to take with 100 ml blood in the chest tube collection container d- Abdominal-perineal resection 2 days ago with no drainage on dressing who has fever
and chills. 81- Based on the information provided in this client's medical record during labor, which should the nurse implement? Twelve hours after the surgery, her urine output is 25 ml/hour for the last two hours. 104- A client who sustained a head injury following an automobile collision is admitted to the hospital. Which intervention is most
important for the nurse to implement during the first 24 postoperative hours? d- Weight loss of 10 pounds (4.5 kg) in past month. d- Toasted wheat bread and jelly 13. c- Minimize the number of stimuli in the room. A client who is taking an oral dose of a tetracycline complains of gastrointestinal upset. c- Using two or three people increases client
safety. which finding is most important for the nurse to report to the healthcare provider? 84- Which type of Leukocyte is involved with allergic responses and the destruction of parasitic worms? a- A client who is leaking clear fluid b- A mother who just delivered a 9 pounds boy c- A mother with an infected episiotomy. d- Direct the nurse to continue
the surgical hand scrub for a 5-minute duration. 3. What action should the nurse take? b- Promptly remove the arterial contractions (PAC) b- Hemoccult-positive nasogastric fluid c- Diminished left lower lobe sounds. a- Increased Glasgow coma scale score. To determine if an S3 heart sound is
present, what action should the nurse take first? a- Record urine output every hour b- Monitor blood pressure frequently c- Evaluate neurological status d- Maintain seizure precautions 37. (Click on each chart tab for additional information. 115- The nurse is developing an educational program for older clients who are being discharged with new
antihypertensive medications. a- A 34-year -old admitted today after an emergency appendendectomy who has a peripheral intravenous catheter and a Foley cath
Alzheimer's disease newly-fractures femur who has a Foley catheter and soft wrist restrains applied 19. a- Elevate the client's upper extremity before counting the pulse rate b- Auscultate directly below the IV site with a Doppler stethoscope c- Turn off the intravenous fluids that are infusing while counting the pulse. d- Increasing endotracheal
for an evaluation by a physical therapist. Which agency should the client be referred to by the employee health nurse for health insurance needs? What is the reason for this intervention? b- Increase IV infusion rate for rehydration c- Provide additional blankets to increase body temperature d- Feed one ounce of formula to correct hypoglycemia. 95-
The nurse enters a client's room and observes the client's wrist restraint secured as seen in the picture. d- Immediately remove and shred the records. a- Explain the healing from injury can take many months b- Assist the client in developing a goal of managing the pain. Which instructions is most important for the nurse to include in the discharge
gait. 110- An Unna boot is applied to a client with a venous stasis ulcer. a- Maintain contact transmission precaution b- Review white blood cell (WBC) count daily c- Instruct visitors to gown and wash hands d- Collect serial stool specimens for culture 79- A postoperative female client has a prescription for morphine sulfate 10 mg IV q3 hours for pain.
a- This output is not sufficient to cleat nitrogenous waste b- Oliquria signals tubular necrosis related to hypoperfusion c- Low urine output is expected after splenectomy 99- A nurse-manager is preparing the curricula for a class for charge nurses. d- Gently touch the client then
resistant staphylococcus aureus (MRSA) while hospitalized. a- Report the finding to the police department b- Discuss treatment options for abusive partners c- Determine the frequency and type of client's readiness to discuss the situation. b- Encourage a low-carbohydrate and high-protein diet c- Reinforce the need to
continue outpatient treatment d- Suggest wearing a medical alert bracelet at all time. The night shift nurse reports that he attempted to remove the sandbag from his femoral artery multiple times during the night. a- obtain a serum potassium level b- administer the client's usual dose of insulin c- assess pupillary response to light d- Start an
intravenous (IV) infusion of normal saline 41. a- Pupillary response b- Oxygen saturation c- Peripheral pulses d- Bowel patterns 146- While in the medical records department, the nurse observes several old medical records with names visible in waste container. (Select all that apply.) a- Apply oxygen via nasal cannula b- Administer PRN nebulizer
treatment. a- Observe the antecubital fossa for inflammation. a- Encourage the client to take deep breaths b- Remove the mask to deflate the bag c- Increase the liter flow of oxygen d- Document the assessment data 8. If rounding is required, round to the nearest whole number.) a- Answer 83 Rationale: 1000 ml----12hr. Which intervention has the
ointment b- Provide teaching about the need for a tetanus booster within the next 72 hours. d- Ask the client about exposure to environmental heat. Which action should the nurse take first? 157- A client with a prescription for "do not resuscitate" (DNR) begins to
manifest signs of impending death. What information should the nurse provide the client about future antibiotic prescriptions? 118- An older male comes to the clinic with a family member, a-Laceration b- Abrasion c- Contusion d- Ulceration 36. 143- The mother of a 7-month-old brings the infant to the clinic because the skin in the diaper area is
excoriated and red, but there are no blisters or bleeding. Please be sure to scroll to the bottom right corner of each tab to view all information contained in the client to the right lateral position. d- Place the client to a knee-chest position. c- Granola and
grapefruit juice d- Bagel with jelly and skim milk. d- Request immediate evaluation by Rapid Response Team e- Apply soft wrist restraints so that the operative site is protected. 17. The pharmacy delivers 10 million units/ liters of normal saline. Which action should the nurse implement first? The client is drowsy but responding to verbal stimuli and
reports recently spitting up blood. Foam cells release growth factors for smooth muscle cells 4. a- Ask the client to discuss "do not resuscitate" with her healthcare provider 29. b- Obtain specimens for culture analysis c- Confer with family about home care plans d- Arrange physical therapy for strengthening. b- Enter the allergy information in the
client's record. What action should the nurse implement? To assess for blanching, what action should the nurse implement? To assess for blanching, what action should the nurse implement? To assess for blanching, what action should the nurse implement? To assess for blanching, what action should the nurse implement? To assess for blanching, what action should the nurse implement? To assess for blanching, what action should the nurse implement? To assess for blanching, what action should the nurse implement? To assess for blanching, what action should the nurse implement? To assess for blanching, what action should the nurse implement? To assess for blanching, what action should be continued every six month d. One additional negative pap smear in six months is
needed. 71- In caring for a client with Cushing syndrome, which serum laboratory value is most important for the nurse to monitor? 77- A client is being discharged with a prescription for warfarin (Coumadin). Following surgery, a male client with antisocial personality disorder frequently requests that a specific nurse be assigned to his care and isonatory value is most important for the nurse be assigned to his care and isonatory value is most important for the nurse be assigned to his care and isonatory value is most important for the nurse be assigned to his care and isonatory value is most important for the nurse to monitor?
belligerent when another nurse is assigned. d- Reinforce this teaching by asking the client to list a dairy food that he might select. 30. He is awake and cooperative but complaining of a severe sore throat. 7. Based on this data, which nursing assessment is most important following the procedure? e- Increased temperature f- Peripheral pallor of the
skin 66- The nurse is preparing to administer an oral antibiotic to a client with unilateral weakness, ptosis, mouth drooping and, aspiration pneumonia. The pathophysiological mechanisms are responsible for ascites related to liver failure? a- Give the client 4 ounces of orange juice b- Call 911 to summon emergency assistance c- Check the client for
lacerations or fractures d- Asses clients blood sugar level 9. b- Elevate the client's feet on a pillow while keeping the head of the bed elevated. 70- An adult female client tells the nurse that though she is afraid her abusive boyfriend might one-day kill her, she keeps hoping that he will change a - Ensure preoperative lab results are available b- Start
prescribed IV with lactated Ringer's c- Inform the anesthesia care provider d- Contact the client's obstetrician. 105- The nurse is caring for a client receiving continuous IV fluids through a single lumen central venous catheter (CVC). 150- A child is admitted to the pediatric unit diagnosed with sickle cell crisis. d- Continue to monitor the progress of
depressed d- Develop a water safety teaching plan for the family. Ask the UAP to use some of the pillows to prop the client in a side lying position. Which information is most important for the family. Ask the UAP to use some of the pillows to prop the client in a side lying position. Which information is most important for the family. Ask the UAP to use some of the pillows to prop the client in a side lying position. Which information is most important for the family. Ask the UAP to use some of the pillows to prop the client in a side lying position.
to interstitial area due to decreased serum protein c- Increased hydrostatic pressure in portal circulation increases fluid shifts into abdomen d- Increased absorption of fatty acids in the duodenum leading to abdominal distention. 156- An adult male report the last
time he received penicillin he developed a severe maculopapular rash all over his chest. a- Explain how to use communication tools. Arterial endothelium injury causes inflammation 2. 138- The nurse uses the parkland formula (4ml x kg x total body surface area = 24 hours' fluid replacement) to calculate the 24-hours IV fluid replacement for a client
with 40% burns who weighs 76kg. Which assessment finding is most important for the nurse to report to the healthcare provider? What assessment is most important for the nurse to complete? When the nurse to report to the healthcare provider? What assessment is most important for the nurse to report to the healthcare provider? What assessment is most important for the nurse to complete? When the nurse to report to the healthcare provider? What assessment is most important for the nurse to report to the healthcare provider? What assessment is most important for the nurse to report to the healthcare provider? What assessment is most important for the nurse to report to the healthcare provider? What assessment is most important for the nurse to report to the healthcare provider? What assessment is most important for the nurse to report to the healthcare provider? What assessment is most important for the nurse to report to the healthcare provider? What assessment is most important for the nurse walks into t
has been taking a high dose of prednisone, a corticosteroid, for several months, Before preparing a client for the first surgical hand scrub is adequate preparation for this client. Based on the client's symptoms, what recommendation should the nurse give the
healthcare provider? 60- A client is admitted to the intensive care unit with diabetes insipidus due to a pituitary gland tumor. a- Note the skin color around the area b- Measure the head of his bed at least 45 degrees. c- Report
serum albumin and globulin levels. Which intervention should the nurse implement first? 128- After several hours of non-productive coughing, a client with intestinal obstructions has a nasogastric tube to low intermittent suction and is receiving an IV
of lactated Ringer's at 100 ml/H. c- Cold cereal with skim milk. What explanation is best for the nurse implement first? 89- While assessing a radial artery catheter, the client complains of numbness and pain distal to the
insertion site. Based on the CVC care bundle, which action should be completed daily to reduce the risk for infection? a- Administer anti=anxiety medication prior to providing discharge instructions b- Schedule an appointment for an out-patient psychosocial assessment. d- Palpate the temperature of the area. The client becomes frustrated when
dropping utensils on the floor and then refuses to eat. c- Obtain a stat 12 lead EKG and perform a venipuncture to check cardiac enzymes levels. During the evening shift, the client attempts to get out bed and falls, breaking her left hip. b- Provide a printed health care assessment form c- Assess the surroundings for noise and distractions. a- Eat
approximated the same amount of leafy green vegetables daily so the amount of vitamin K consumed is consistent. What actions should the nurse take? a- Describe the transmission of drugs to the infant through breast milk b- Encourage her to use stress relieving alternatives, such as deep breathing exercises c- Inform her that some antianxiety
medications are safe to take while breastfeeding d- Explain that anxiety is a normal response for the mother of a 3-week-old. a- Antibiotics take two weeks to become effective against infections such as athlete's foot. While completing the pulmonary assessment, the nurse hears wheezing and poor air movement bilaterally. d- Use sliding scale insulin
for finger stick glucose elevation. While providing care to child, the nurse begins talking with his preadolescent brother who rescued the child from the swimming pool and initiated resuscitations. C- Crutches with 3-point gait. Based on
these finding, it is most important for the nurse to review the laboratory value for which medication? d- Drooling is present on right side of the mouth, but not on the left. Which prescription should the nurse administer first? 98- Following a motor vehicle collision, an adult female with a ruptured spleen and a blood pressure of 70/44, had an
emergency splenectomy. a- Wheat products b- Foods sweetened with aspartame. Which intervention should the nurse implement? (Place the first event on top and the last on the bottom) 1. 86- One day following an open reduction and internal fixation of a compound fracture of the leg, a male client complains of "a tingly sensation" in his left foot. d-
Encourage coughing and deep breathing 121- Suicide precautions are initiated for a child admitted to the mental health unit following an intentional narcotic overdose, a-Knowledge deficit b-Anxiety c-Anticipatory grieving d-Pain (acute) 112- The nurse notes a visible prolapse of the umbilical cord after a client experiences spontaneous rupture of
the membranes during labor. d- Demonstrate how to clean tracheostomy site. d- Collect a sputum specimen for a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with a fever of unknown origin e- Ambulate a client with 
option that applies) a- S1 S2 b- S1 S2 b- S1 S2 b- S1 S2 S3 c- Murmur d- Pericardial friction rub. a- Remind the client to eat small
frequent meals d- Measure hourly urinary output. c- Irrigate the wound with sterile saline d- Obtain a capillary INR, measurement 111- At the end of a preoperative teaching session on pain management techniques, a client starts to cry and states, "I just know I can't handle all the pain." What is the priority nursing diagnosis for this client? d- The
healthcare provider must project that the client has 6 months or less to live. What client assessment is most important for the nurse to perform? After stopping the medication abruptly, the client reports feeling "very tired". c. The healthcare provider prescribes an IV solution of isoproterenol (Isuprel) 1 mg in 250 ml of D5W at 300 mcg/hour. 5. a-
Instruct the UAP to count the client apical pulse rate for sixty seconds b- Determine if the UAP also measured the client has become increasingly disoriented. a- Establish the second IV site b- Asses the IV for blood return c- Stop the normal saline infusion. 152- After six days on a
mechanical ventilator, a male client is extubated and place on 40% oxygen via face mask. (Select all that apply.) a- Recommend a 24-hour caregiver on discharge to the long-term facility. d- Palpate at the radial pulse site with the pads of two or three fingers. a- Administer a prescribed analgesia for pain. Select all that apply a- Written at a twelfth-
grade reading level b- Contains a list with definitions of unfamiliar terms c- Uses common words with few Syllables d- Printed using a 12-point type font e- Uses pictures to help illustrate complex ideas 116- During the admission assessment, the nurse auscultates heart sounds for a client with no history of cardiovascular disease. (Select all that apply)
a- The client voluntarily grants permission for the procedure to be done b- The surgeon has explained to the client sounds c- Obtain and record the client's vital signs
d- Determine which side of the body is weak. An older male client with a history of type 1 diabetes has not felt well the past few days and arrives at the clinic with abdominal girth. Which description should the nurse use to document this sound? a- A business and professional
women's group. c- Confusion and papilledema d- Periorbital ecchymosis. To assist with ambulation and provide the greatest stability, what assistive device is best for this client? a- Provide oxygen 100% via facemask b- Check peripheral tendon reflexes c- Give another IV dose of morphine d- Administer Naloxone IV 80- Which intervention is most
important for the nurse to include in the plan of care for an older woman with osteoporosis? A client with which condition requires the most immediate attention by the nurse is called to the soccer field because a child has a
nose bleed (epistaxis). When observing the client's return demonstration, which action indicated that the client understood the teaching? c- Maintain the present feeding until diarrhea subsides and the begin the next new prescription. d- Measure urinary output 140- An 18-year-old female client is seen at the health department for treatment of
condyloma acuminate (perineal warts) caused by the human papillomavirus (HPV). 159- During discharge teaching, the nurse discusses the parameters for weight monitoring with a client who was recently diagnosed with heart failure (HF). a- Reassess readiness for SNF transfer. 58- A female client with breast cancer who completed her first
chemotherapy treatment today at an out-patient center is preparing for discharge, a- Remind staff to follow protective environment precautions b- Gently flush the catheter lumen with sterile saline solution c- Cleanse the site and change the transparent dressing, e- Note signs of swelling and edema. 33, a- The client should be kept in the recovery
room b- Assess the client's respiratory status immediately c- Notify the client's surgeon immediately c- Notify the client to verbalize her fears about the pain d- Complete an assessment of the client's functional ability. d- A client at 28- weeks' gestation in pre-term labor.
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