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NEW QUESTION: 1

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Answer: B ([LEAVE A REPLY](#))

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NEW QUESTION: 2

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NEW QUESTION: 3

3. A patient with a long history of heart failure is admitted to the hospital with acute decompensation. The patient is currently on furosemide 40 mg daily and digoxin 0.25 mg daily. The patient's vital signs are: blood pressure 100/60 mmHg, heart rate 110 bpm, respiratory rate 22 breaths per minute, and oxygen saturation 92% on 2 L oxygen. The patient is short of breath and has a 3+ lower extremity edema. The patient's electrolytes are: sodium 135 mEq/L, potassium 3.5 mEq/L, and creatinine 1.2 mg/dL. What is the most appropriate management for this patient?

- A. Increase furosemide to 80 mg daily.
- B. Add spironolone 25 mg daily.
- C. Increase digoxin to 0.5 mg daily.
- D. Add metoprolol 50 mg daily.

Answer: [\(SHOW ANSWER\)](#)

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(A) Increasing furosemide to 80 mg daily may worsen the patient's hypotension and electrolyte abnormalities. (B) Adding spironolone may worsen the patient's hypotension and electrolyte abnormalities. (C) Increasing digoxin to 0.5 mg daily may worsen the patient's hypotension and electrolyte abnormalities. (D) Adding metoprolol 50 mg daily may worsen the patient's hypotension and electrolyte abnormalities.

NEW QUESTION: 4

4. A patient with a long history of heart failure is admitted to the hospital with acute decompensation. The patient is currently on furosemide 40 mg daily and digoxin 0.25 mg daily. The patient's vital signs are: blood pressure 100/60 mmHg, heart rate 110 bpm, respiratory rate 22 breaths per minute, and oxygen saturation 92% on 2 L oxygen. The patient is short of breath and has a 3+ lower extremity edema. The patient's electrolytes are: sodium 135 mEq/L, potassium 3.5 mEq/L, and creatinine 1.2 mg/dL. What is the most appropriate management for this patient?

- A. Lanoxin (Digoxin) 0.25mg qd
- B. Furosemide (Lasix) 40mg qd
- C. O2 2 L/min
- D. Metoprolol (Lopressor) 40mg qd

Answer: [A \(LEAVE A REPLY\)](#)

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(A) Lanoxin (Digoxin) 0.25mg qd is the most appropriate management for this patient. (B) Furosemide (Lasix) 40mg qd is the most appropriate management for this patient. (C) O2 2 L/min is the most appropriate management for this patient. (D) Metoprolol (Lopressor) 40mg qd is the most appropriate management for this patient.

NEW QUESTION: 5

5. A patient with a long history of heart failure is admitted to the hospital with acute decompensation. The patient is currently on furosemide 40 mg daily and digoxin 0.25 mg daily. The patient's vital signs are: blood pressure 100/60 mmHg, heart rate 110 bpm, respiratory rate 22 breaths per minute, and oxygen saturation 92% on 2 L oxygen. The patient is short of breath and has a 3+ lower extremity edema. The patient's electrolytes are: sodium 135 mEq/L, potassium 3.5 mEq/L, and creatinine 1.2 mg/dL. What is the most appropriate management for this patient?

- A. Metoprolol 50mg qd
- B. Furosemide 80mg qd
- C. O2 2 L/min
- D. Digoxin 0.5mg qd

Answer: [A \(LEAVE A REPLY\)](#)

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NEW QUESTION: 6

At her monthly prenatal visit, a client reports experiencing heartburn. Which nursing measure should be included in her plan of care to help alleviate it?

- A. Restrict fluid intake.
- B. Use Alka-Seltzer as necessary.
- C. Eat small, frequent bland meals.
- D. Lie down after eating.

Answer: [\(SHOW ANSWER\)](#)

Section: Questions Set E

Explanation:

(A) At least eight glasses of fluid per day are encouraged to help dilute stomach contents, thereby decreasing irritation. (B) Alka Seltzer contains aspirin, which is irritating to gastric mucosa, and therefore should be avoided. (C) Small, frequent bland meals help to decrease gastric pressure and to prevent reflux. (D) Lying down after meals may cause gastric reflux and prevents optimal gastric emptying.

NEW QUESTION: 7

A 48-year-old client presents with a long history of severe depression unrelieved by medication. He is admitted to the hospital for electroconvulsive therapy. Family members are very concerned about this therapy and are requesting information about aftereffects of the treatment. The nurse informs the family that he will:

- A. Have transient memory loss, confusion, and headache
- B. Be alert and oriented immediately after the treatment
- C. Have insomnia for the first few days
- D. Require no special care after the procedure

Answer: [\(SHOW ANSWER\)](#)

Section: Questions Set D

Explanation:

(A) This answer is correct. The client will be confused and have a memory loss, which is usually temporary, after electroconvulsive shock therapy. (B) This answer is incorrect. The client will experience transient memory loss, look bewildered, and be confused initially. (C) This answer is incorrect. The client will sleep immediately following the treatment. (D) This

answer is incorrect. Vital signs are taken at least hourly after treatment. The client is monitored for hypotension, tachycardia, respiratory problems, and possible seizure activity.

NEW QUESTION: 8

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NEW QUESTION: 9

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NEW QUESTION: 10

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NEW QUESTION: 11

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NEW QUESTION: 12

A six-month-old infant has been admitted to the emergency room with febrile seizures. In the teaching of the parents, the nurse states that:

A. Sustained temperature elevation over 103F is generally related to febrile seizures

B. Febrile seizures do not usually recur

C. There is little risk of neurological deficit and mental retardation as sequelae to febrile seizures

D. Febrile seizures are associated with diseases of the central nervous system

Answer: (SHOW ANSWER)

Explanation/Reference:

Explanation:

(A) The temperature elevation related to febrile seizures generally exceeds 101F, and seizures occur during the temperature rise rather than after a prolonged elevation. (B) Febrile seizures may recur and are more likely to do so when the first seizure occurs in the 1st year of life. (C) There is little risk of neurological deficit, mental retardation, or altered

behavior secondary to febrile seizures. (D) Febrile seizures are associated with disease of the central nervous system.

NEW QUESTION: 13

A client's renal calculi are identified as consisting of calcium phosphate. Which of the following diets would be appropriate?

- A. High calcium, low phosphorus
- B. Low calcium, high phosphorus
- C. Two-gram sodium diet
- D. Low calcium and phosphorus, acid ash

Answer: (SHOW ANSWER)

Explanation

(A) The stones consist of calcium and phosphorus; therefore, these minerals should be avoided. A high-calcium diet is contraindicated. (B) A high-phosphorus diet is contraindicated. (C) A 2-g sodium diet is a cardiac diet. (D) A low-calcium and phosphorus diet will reduce further calculi formation.

NEW QUESTION: 14

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NEW QUESTION: 15

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NEW QUESTION: 16

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NEW QUESTION: 17

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NEW QUESTION: 18

A 3-year-old female client is brought into the pediatric clinic because she limps. She has not been to the clinic since she was 9 months old. The nurse practitioner describes the limp as a "Trendelenburg gait." This gait is characteristic of:

- A. Scoliosis
- B. Dislocated hip
- C. Fractured femur
- D. Fractured pelvis

Answer: B (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A, C, D) A Trendelenburg gait is not characteristic of any of these disorders. (B) The downward slant of one hip is a positive sign of dislocation in the weight-bearing hip. If one hip is dislocated, the child walks with a characteristic limp known as the Trendelenburg gait.

NEW QUESTION: 19

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- A. 2□, □□□
- B. □□ 1, □□ □□
- C. 3□□, □□ □□
- D. 1□, □□□

Answer: D (LEAVE A REPLY)

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NEW QUESTION: 22

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Answer: (SHOW ANSWER)

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NEW QUESTION: 23

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Answer: (SHOW ANSWER)

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NEW QUESTION: 24

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Answer: [\(SHOW ANSWER\)](#)

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NEW QUESTION: 25

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- A. 1.0mEq/L
- B. 2.2mEq/L
- C. 0.03mEq/L
- D. 1.5mEq/L

Answer: [\(SHOW ANSWER\)](#)

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NEW QUESTION: 26

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Answer: [C \(LEAVE A REPLY\)](#)

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NEW QUESTION: 27

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- A. 1000
- B. 2000
- C. 4000
- D. 0

Answer: D ([LEAVE A REPLY](#))

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(A, B, C) No amount of alcohol has been determined safe for pregnant women. Alcohol should be avoided owing to the risk of fetal alcohol syndrome. (D) The recommended safe dosage of alcohol consumption during pregnancy is none.

NEW QUESTION: 28

Which of the following is the correct order of the following words? (A) The first word is 'The' and the last word is 'is'. (B) The first word is 'is' and the last word is 'The'. (C) The first word is 'The' and the last word is 'is'. (D) The first word is 'is' and the last word is 'The'.

- A. "The first word is 'The' and the last word is 'is'."
- B. "The first word is 'is' and the last word is 'The'."
- C. "The first word is 'The' and the last word is 'is'."
- D. "The first word is 'is' and the last word is 'The'."

Answer: C ([LEAVE A REPLY](#))

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(A) The first word is 'The' and the last word is 'is'. (B) The first word is 'is' and the last word is 'The'. (C) The first word is 'The' and the last word is 'is'. (D) The first word is 'is' and the last word is 'The'.

NEW QUESTION: 29

Which of the following is the correct order of the following words? (A) The first word is 'Keep your hands off' and the last word is 'is'. (B) The first word is 'is' and the last word is 'Keep your hands off'. (C) The first word is 'Keep your hands off' and the last word is 'is'. (D) The first word is 'is' and the last word is 'Keep your hands off'.

- A. "Keep your hands off" is.
- B. is "Keep your hands off".
- C. "Keep your hands off" is.
- D. is "Keep your hands off".

Answer: ([SHOW ANSWER](#))

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(A) "Keep your hands off" is. (B) is "Keep your hands off". (C) "Keep your hands off" is, is "Keep your hands off". (D) is "Keep your hands off".

NEW QUESTION: 30

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- B. □□ □□□ □□□ □ □□□□ □□□□□□□.
- C. □□□ □□ □□□ □□□ □□ □□□ □□□□□□.
- D. □□□ □□ □□□□ □□□□ □□ □□□ □□□ □□□ □□□□□□.

Answer: A (LEAVE A REPLY)

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- (B) □□ □□□□ □ □□□□ □□□□ □□□□□. (C) □□ □□□ □□□ □□ □□□ □ □□□ □□□□□. (D) □□□ □□ □□□ □□□ □□ □□□□ □□□ □□ □□□ □□ □□□ □□□□□.

NEW QUESTION: 31

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- A. □□□ □□□□□ □□ □□□□(Valium) 10-15 mg po q4h □ q1h prn □□
- B. □□ □□□ □□□ □□ □□□ □ □□□ □□ □□□□ □□
- C. □□□ □□□□□ □□□ □ □□□□□□ □□ □□□ □□ □□□ □□ □□ □
- D. □□□□ □□□□ □□□ □□□ □□□ □□□□ □ □□□ □

Answer: C (LEAVE A REPLY)

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NCLEX-RN □□ □□□ □□□□□ □□ DumpTop □□ □□□□ □□□ NCLEX-RN □□! DumpTop □ □□ **NCLEX-RN** □□ □□□ □□□□□□, DumpTop NCLEX-RN □□ □□□ □□□□□□□□□ □□□ □□□□□□□□. □□□□ □□□ □□□□ □□ □□□□ □□□□□□□□. <https://www.dumptop.com/NCLEX/NCLEX-RN-dump.html> (865 Q&As Dumps, **30%OFF** Special Discount: **KrDump**)

NEW QUESTION: 32

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Answer: [\(SHOW ANSWER\)](#)

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NEW QUESTION: 33

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- B. □□ □□ 2□□
- C. □□ □□ 4□□
- D. □□□ □□

Answer: [D \(LEAVE A REPLY\)](#)

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NEW QUESTION: 34

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Answer: [\(SHOW ANSWER\)](#)

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NEW QUESTION: 35

A pregnant client experiences a precipitous delivery. The nursing action during a precipitous delivery is to:

- A. Control the delivery by guiding expulsion of fetus
- B. Leave the room to call the physician
- C. Push against the perineum to stop delivery
- D. Cross client's legs tightly

Answer: A (LEAVE A REPLY)

Explanation

(A) Controlling the rapid delivery will reduce the risk of fetal injury and perineal lacerations. (B) The nurse should always remain with a client experiencing a precipitous delivery. (C) Pushing against the perineum may cause fetal distress. (D) Crossing of legs may cause fetal distress and does not stop the delivery process.

NEW QUESTION: 36

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 37

A 66-year-old female client has smoked 2 packs of cigarettes per day for 20 years. Her arterial blood gases on room air are as follows: pH 7.35; PO2 70 mm Hg; PCO2 55 mm Hg; HCO3 32 mEq/L. These blood gases reflect:

- A. Compensated metabolic acidosis
- B. Compensated respiratory acidosis
- C. Compensated respiratory alkalosis
- D. Uncompensated respiratory acidosis

Answer: (SHOW ANSWER)

Explanation

(A) In compensated metabolic acidosis, the pH level is normal, the PCO₂ level is decreased, and the HCO₃ level is decreased. The client's primary alteration is an inability to remove excess acid via the kidneys.

The lungs compensate by hyperventilating and decreasing PCO₂. (B) In compensated respiratory acidosis, the pH level is normal, the PCO₂ level is elevated, and the HCO₃ level is elevated. The client's primary alteration is an inability to remove CO₂ from the lungs, so over time, the kidneys increase reabsorption of HCO₃ to buffer the CO₂. (C) In compensated respiratory alkalosis, the pH level is normal, the PCO₂ level is decreased, and the HCO₃ level is decreased. The client's primary alteration is hyperventilation, which decreases PCO₂. The client compensates by increasing the excretion of HCO₃ from the body. (D) In uncompensated respiratory acidosis, the pH level is decreased, the PCO₂ level is increased, and the HCO₃ level is normal. The client's primary alteration is an inability to remove CO₂ from the lungs. The kidneys have not compensated by increasing HCO₃ reabsorption.

NEW QUESTION: 38

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 39

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Answer: B ([LEAVE A REPLY](#))

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NEW QUESTION: 40

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Answer: C ([LEAVE A REPLY](#))

NEW QUESTION: 41

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Answer: ([SHOW ANSWER](#))

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NEW QUESTION: 42

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Answer: D ([LEAVE A REPLY](#))

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NEW QUESTION: 43

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Answer: ([SHOW ANSWER](#))

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NEW QUESTION: 44

One of the most dramatic and serious complications associated with bacterial meningitis is Waterhouse- Friderichsen syndrome, which is:

- A. Peripheral circulatory collapse
- B. Syndrome of inappropriate antidiuretic hormone
- C. Cerebral edema resulting in hydrocephalus
- D. Auditory nerve damage resulting in permanent hearing loss

Answer: A ([LEAVE A REPLY](#))

Section: Questions Set A

Explanation/Reference:

Explanation:

(A) Waterhouse-Friderichsen syndrome is peripheral circulatory collapse, which may result in extensive and diffuse intravascular coagulation and thrombocytopenia resulting in death. (B) Syndrome of inappropriate antidiuretic hormone is a complication of meningitis, but it is

not Waterhouse-Friderichsen syndrome. (C) Cerebral edema resulting in hydrocephalus is a complication of meningitis, but it is not Waterhouse- Friderichsen syndrome. (D) Auditory nerve damage resulting in permanent hearing loss is a complication of meningitis, but it is not Waterhouse-Friderichsen syndrome.

NEW QUESTION: 45

A 15-year-old child is admitted to the pediatric unit with a diagnosis of thalassemia. Which of the following would be included in educating the mother and child as part of discharge planning?

- A. Give oral iron medication every day.
- B. Have the child's blood pressure monitored every week.
- C. Know the signs and symptoms of iron overload.
- D. Keep exercise at a minimum to reduce stress.

Answer: C (LEAVE A REPLY)

(A) Oral iron supplements are contraindicated in thalassemia. (B) Although heart failure may be an end result of this disease, this action is unnecessary. (C) Iron overload is a potential complication of frequent blood transfusions of children with thalassemia. (D) Children should be encouraged to pursue activities related to their exercise tolerance.

NEW QUESTION: 46

A 45-year-old client has a permanent colostomy. Which of the following foods should he avoid?

- A. Peanut butter and jelly sandwich and milk
- B. Corn beef and cabbage and boiled potatoes
- C. Oatmeal, whole-wheat toast, and milk
- D. Tuna on whole-wheat bread and iced tea

Answer: B (LEAVE A REPLY)

Explanation

(A, C, D) These foods are allowed with a colostomy. (B) Gasforming foods such as cabbage should be avoided.

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NEW QUESTION: 47

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 48

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 49

A client is having a vertical partial laryngectomy, and the nurse is planning his postoperative care. A priority postoperative nursing diagnosis for a client having a vertical partial laryngectomy would be:

- A. Activity intolerance
- B. Ineffective airway clearance
- C. High risk for infection

D. Altered oral mucous membrane

Answer: B (LEAVE A REPLY)

(A)

The laryngectomy client should be able to gradually increase activities without difficulty.

(B)

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NEW QUESTION: 50

Primary nursing diagnoses for the antisocial client are:

- A. Alteration in perception and altered self-concept
- B. Impaired social interaction, ineffective individual coping, and altered self-concept
- C. Altered communication processes and altered recreational patterns
- D. Altered body image and altered thought processes

Answer: B (LEAVE A REPLY)

(A)

This answer is incorrect. Perception is not altered because the client is not psychotic.

(B)

This answer is correct. The antisocial client lacks responsibility, accountability, and social commitment; has impaired problem-solving ability; tends to overuse defense mechanisms; lies and steals; and is often grandiose concerning self. (C) This answer is incorrect. Altered communication processes do not characterize this client. The antisocial person communicates well and tends to have a charming personality. (D) This answer is incorrect. Altered thought processes refer to delusional thinking, which is bizarre and fixed, and do not characterize this client.

NEW QUESTION: 51

A client was admitted to the hospital for a TURP. Within 48 hours of admission and 12 hours postoperatively, both the blood pressure and pulse increased. He became agitated, thought snakes were crawling on his arms and legs, and generally became unmanageable. He pulled out his IV and urinary catheter in attempt to rid himself of the snakes. He was sweating profusely. The admission nurse's notes indicated that the client admitted to "having a few drinks now and then." He is probably experiencing which of the following?

- A. Major psychotic depression
- B. Delirium tremens
- C. Generalized anxiety disorder
- D. Adjustment disorder with mixed features

Answer: B (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) Symptoms of psychotic depression must exist for at least 2 weeks, and the symptoms must represent a change from previous functioning. (B) Delirium tremens occur approximately on the second or third day following cessation or reduction of alcohol intake. Symptoms would be all those described in the situation.

(C) Symptoms exhibited by this client are not exhibited in clients with anxiety disorders, who manifest excessive or unrealistic worry about life circumstances for at least 6 months.

(D) Symptoms for adjustment disorders with mixed emotional features (e.g., depression and anxiety) are different from those exhibited by the client in this situation.

NEW QUESTION: 52

A 9-week-old female infant has a diagnosis of bilateral cleft lip and cleft palate. She has been admitted to the pediatric unit after surgical repair of the cleft lip. Which of the following nursing interventions would be appropriate during the first 24 hours?

- A. Position on side or abdomen.
- B. Maintain elbow restraints in place unless she is being directly supervised.
- C. Clean suture line every shift.
- D. Offer pacifier when she cries.

Answer: B (LEAVE A REPLY)

Explanation

(A) Placing the infant on her abdomen may allow for injury to the suture line. (B) Elbow restraints prevent the infant from touching the suture line and yet leaves hands free. (C) The suture line is cleaned as often as every hour to prevent crusting and scarring. (D) Sucking of a bottle or pacifier places pressure on the suture line and may delay healing and cause scarring.

NEW QUESTION: 53

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Answer: (SHOW ANSWER)

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(A) Posterior position causes a larger diameter of the fetal head to enter the pelvis than an anterior position. 40% of fetuses are in the posterior position. (B) Only 15% of fetuses are in the posterior position. 95% of fetuses are in the anterior position. (C) The posterior position causes a larger diameter of the fetal head to enter the pelvis than an anterior position. (D) Only 15% of fetuses are in the posterior position. 95% of fetuses are in the anterior position.

NEW QUESTION: 57

A client has been admitted to the labor and delivery unit in active labor. After assessing her, the RN notes that the client's fetus position is left occipital posterior. Which of the following statements best describes what this means to the labor process:

- A. Decreases the overall time of the labor process
- B. Prolongs the client's first stage of labor
- C. Decreases the time of the client's first stage of labor
- D. Prolongs the client's third stage of labor

Answer: (SHOW ANSWER)

Explanation

(A) Posterior position causes a larger diameter of the fetal head to enter the pelvis than an anterior position.

(B) Only 15% of fetuses are in the posterior position. 95% of fetuses are in the anterior position. (C) The posterior position causes a larger diameter of the fetal head to enter the pelvis than an anterior position. (D) Only 15% of fetuses are in the posterior position. 95% of fetuses are in the anterior position.

NEW QUESTION: 58

18% of fetuses are in the posterior position. 82% of fetuses are in the anterior position. 18% of fetuses are in the posterior position. 82% of fetuses are in the anterior position.

18% of fetuses are in the posterior position. 82% of fetuses are in the anterior position. 18% of fetuses are in the posterior position. 82% of fetuses are in the anterior position.

- A. 18% of fetuses are in the posterior position
- B. 82% of fetuses are in the anterior position
- C. 18% of fetuses are in the anterior position
- D. 82% of fetuses are in the posterior position

Answer: (SHOW ANSWER)

18%

(A, C, D) 18% of fetuses are in the posterior position. 82% of fetuses are in the anterior position. (B) 82% of fetuses are in the anterior position.

NEW QUESTION: 59

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 60

Following a gastric resection, a 70-year-old client is admitted to the postanesthesia care unit. He was extubated prior to leaving the suite. On arrival at the postanesthesia care unit, the nurse should:

- A. Check airway, feeling for amount of air exchange noting rate, depth, and quality of respirations
- B. Obtain pulse and blood pressure readings noting rate and quality of pulse
- C. Reassure the client that his surgery is over and that he is in the recovery room
- D. Review physician's orders, administering medications as ordered

Answer: A (LEAVE A REPLY)

Section: Questions Set G

Explanation:

(A) Adequate air exchange and tissue oxygenation depend on competent respiratory function. Checking the airway is the nurse's priority action. (B) Obtaining the vital signs is an important action, but it is secondary to airway management. (C) Reorienting a client to time, place, and person after surgery is important, but it is secondary to airway and vital signs. (D) Airway management takes precedence over physician's orders unless they specifically relate to airway management.

NEW QUESTION: 61

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 62

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 63

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Answer: D (LEAVE A REPLY)

(A) This position is indicative of a possible meningeal irritation or infection such as meningitis. (B) This position is seen most frequently in infants who have had an injury to the sternocleidomastoid muscle. (C) Most infants aged 4 months and older are able to maintain this position. (D) Infants older than 6 months of age should not have significant head lag. This is a sign of cerebral injury and should be referred for further evaluation.

NEW QUESTION: 64

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Answer: (SHOW ANSWER)

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NEW QUESTION: 65

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- B. Gravida 5, □□ 3, ab 1
- C. Gravida 5, □□ 4, ab 0
- D. Gravida 4, □□ 3, ab 0

Answer: (SHOW ANSWER)

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NEW QUESTION: 66

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Answer: (SHOW ANSWER)

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NEW QUESTION: 67

In client teaching, the nurse should emphasize that fetal damage occurs more frequently with ingestion of drugs during:

- A. First trimester
- B. Second trimester
- C. Third trimester
- D. Every trimester

Answer: A (LEAVE A REPLY)

Explanation

(A) Organogenesis occurs in the first trimester. Fetus is most susceptible to malformation during this period.

(B) Organogenesis has occurred by the second trimester. (C) Fetal development is complete by this time. (D) The dangerous period for fetal damage is the first trimester, not the entire pregnancy.

NEW QUESTION: 68

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 69

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 70

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 71

A 24-year-old male client is admitted with a diagnosis of sickle cell anemia. The nurse discusses his disease with him and emphasizes the following information:

- A. He should monitor his sputum, stools, and urine for signs of bleeding.
- B. His daily diet should include a large amount of fluid.
- C. He should not be concerned about having to fly on a commuter airplane on a weekly basis.
- D. He should not worry about having children because this disease is passed on only by female carriers.

Answer: (SHOW ANSWER)

Section: Questions Set E

Explanation:

(A) Bleeding is not a symptom of sickle cell anemia or sickle cell crisis. (B) Decreased blood viscosity leads to sickling of red blood cells. Increased fluid intake maintains adequate circulating blood volume and decreases the chance of sickling. (C) Hypoxia leads to sickling of cells. Flying in nonpressurized planes places the client in a situation of low O₂ tension, which can lead to sickling. (D) Male and female clients with sickle cell disease can pass the trait on to their offspring. Therefore, this client should receive genetic counseling prior to having children.

NEW QUESTION: 72

A child is admitted with severe headache, fever, vomiting, photophobia, drowsiness, and stiff neck associated with viral meningitis. She will be more comfortable if the nurse:

- A. Dims the lights in her room
- B. Encourages her to breathe slowly and deeply
- C. Offers sips of warm liquids
- D. Places a large, soft pillow under her head

Answer: A (LEAVE A REPLY)

(A) The discomfort of photophobia is alleviated by dimming the lights. (B) Helping the child to breathe slowly and deeply may help to reduce anxiety, but it will not alleviate other discomforts of viral meningitis. (C) It is important to maintain fluid balance, but sips of warm liquids do not alleviate the discomforts of meningitis. (D) A large, soft pillow under her head causing neck flexion is likely to increase her discomfort owing to stretching of the meninges.

NEW QUESTION: 73

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NEW QUESTION: 74

A male client tells his nurse that he has had an ulcer in the past and is afraid it is "flaring up again." The nurse begins to ask him specific questions about his symptoms. The nurse knows that a symptom that might indicate a serious complication of an ulcer is:

- A. Pain in the middle of the night
- B. A bowel movement every 3-5 days
- C. Melena
- D. Episodes of nausea and vomiting

Answer: C (LEAVE A REPLY)

Explanation

(A) Clients with ulcers generally experience abdominal pain. It is common to have pain in the early morning hours with an ulcer. (B) Constipation is not a symptom associated with ulcers and would indicate a need to look at other factors. (C) Melena is blood in the stools. This could indicate a slow bleeding ulcer, which could result in significant amounts of blood loss over time. (D) Nausea and vomiting may be present as a result of the ulcer, especially if it is a gastric ulcer. This does not indicate an immediate life-threatening complication.

NEW QUESTION: 75

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 76

Following the delivery of a healthy newborn, a client has developed thrombophlebitis and is receiving heparin IV. What are the signs and symptoms of a heparin overdose for which the nurse would need to observe during postpartum care of the client?

- A. Dysuria
- B. Epistaxis, hematuria, dysuria
- C. Vertigo, hematuria, ecchymosis
- D. □□, □□□□ □ □□□

Answer: D (LEAVE A REPLY)

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NEW QUESTION: 77

After a liver biopsy, the best position for the client is:

- A. High Fowler
- B. Prone
- C. Supine
- D. Right lateral

Answer: (SHOW ANSWER)

Explanation

(A) This position does not help to prevent bleeding. (B) This position does not help to prevent bleeding. (C) This position does not help to prevent bleeding. (D) The right lateral position would allow pressure on the liver to prevent bleeding.

NEW QUESTION: 78

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Answer: A ([LEAVE A REPLY](#))

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NEW QUESTION: 79

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NEW QUESTION: 80

A 3-year-old child is admitted with a diagnosis of possible noncommunicating hydrocephalus. What is the first symptom that indicates increased intracranial pressure?

- A. Bulging fontanelles
- B. Seizure
- C. Headache
- D. Ataxia

Answer: (SHOW ANSWER)

(A) Bulging fontanelles are a symptom of increased intracranial pressure in infants. (B) Seizure is a late sign of increased intracranial pressure. (C) Headache is a very early

symptom of increased intracranial pressure in the child. (D) Ataxia is a late sign of increased intracranial pressure.

NEW QUESTION: 81

A client is admitted to the hospital with a diagnosis of acute myocardial infarction. The nurse is monitoring the client's vital signs. The client's blood pressure is 160/90 mmHg, heart rate is 110 bpm, and respiratory rate is 20 breaths per minute. The client is experiencing chest pain and is diaphoretic. The nurse should first:

- A. Administer aspirin as ordered.
- B. Administer morphine as ordered.
- C. Administer oxygen as ordered.
- D. Administer nitroglycerin as ordered.

Answer: D (LEAVE A REPLY)

(A) Aspirin is a secondary intervention for acute myocardial infarction. (B) Morphine is used for pain relief but is not the first intervention. (C) Oxygen is administered if the client is hypoxic. (D) Nitroglycerin is the first intervention to relieve chest pain and reduce myocardial oxygen demand.

NEW QUESTION: 82

The nurse is caring for a client who has diabetes insipidus. The nurse would describe this client's urine output pattern as:

- A. Anuria
- B. Oliguria
- C. Dysuria
- D. Polyuria

Answer: D (LEAVE A REPLY)

Explanation

(A) Anuria is defined as absence of urine output, which is not indicative of the urinary pattern of diabetes insipidus. (B) Oliguria is defined as <500 mL of urine per day, which is not a urinary output pattern associated with diabetes insipidus. (C) Dysuria is defined as difficult urination. Clients with diabetes insipidus do not have dysuria as a symptom of their disease. (D) Polyuria is a primary symptom of diabetes insipidus. These clients have decreased or absent vasopressin secretion, which causes water loss in the urine and sodium increases.

NEW QUESTION: 83

A physician's order reads: 0.25 normal saline at 50 mL/hr until discontinued. The nurse is using a microdrip tubing set. How many drops per minute should the nurse administer?

- A. 1 gtt/min
- B. 5 gtt/min
- C. 50 gtt/min

D. 100 gtt/min

Answer: C (LEAVE A REPLY)

(A) This answer is a miscalculation. (B) This answer is a miscalculation. (C) 50 gtt/min. (D) This answer is a miscalculation.

NEW QUESTION: 84

A 33-year-old client was brought into the emergency room unconscious, and it is determined that surgery is needed. Informed consent must be obtained from his next of kin. The sequence in which the next of kin would be asked for the consent would be:

- A. Parent, spouse, adult child, sibling
- B. Spouse, adult child, parent, sibling
- C. Spouse, parent, sibling, adult child
- D. Parent, spouse, sibling, adult child

Answer: B (LEAVE A REPLY)

Section: Questions Set D

Explanation:

(A) Spouse and adult child would be asked before a parent. (B) The order of kin relationship for an adult, as determined from legal intestate succession, is usually spouse, adult child, parent, sibling. (C) Parent and sibling would be asked after adult child. (D) Spouse and adult child would be asked before parent. Sibling would be asked last.

NEW QUESTION: 85

On the third postpartum day, the nurse would expect the lochia to be:

- A. Rubra
- B. Serosa
- C. Alba
- D. Scant

Answer: A (LEAVE A REPLY)

Explanation

(A) This discharge occurs from delivery through the 3rd day. There is dark red blood, placental debris, and clots. (B) This discharge occurs from days 4-10. The lochia is brownish, serous, and thin. (C) This discharge occurs from day 10 through the 6th week. The lochia is yellowish white. (D) This is not a classification of lochia but relates to the amount of discharge.

NEW QUESTION: 86

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 87

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NEW QUESTION: 88

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NEW QUESTION: 89

A client had a myocardial infarction 5 days ago. His physician has ordered an echocardiogram to determine how his myocardial infarction has affected his ventricular wall motion. When the client asks if this test is painful, an appropriate response is:

- A. "No, but you must be able to ride on a stationary bicycle while the test is being performed."
- B. "No, but you will have to lie still and the gel that is used may be cool."
- C. "Yes, but your physician will be there and will order pain medicine for you."
- D. "Your physician has ordered medicine, which you will be given before you go for the test, which will make you sleepy."

Answer: (SHOW ANSWER)

Section: Questions Set C

Explanation:

(A) Riding a stationary bicycle or walking on a treadmill is done during a stress test. (B) During an echocardiogram, the client must lie supine while a technician performs the test. To perform the test, the technician uses a conductive gel and a transducer to obtain ultrasound tracings of the heart. (C) A physician need not be present during an echocardiogram, and it is neither invasive nor painful. (D) There is no premedication required for an echocardiogram.

NEW QUESTION: 90

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NEW QUESTION: 91

A client with a history of bipolar disorder is being treated with lithium carbonate (ECT) and is experiencing tremors. Which medication should the nurse administer to manage the tremors?

- A. Mellaril (Mellilaril), 100 mg, PO, qd
- B. Propranolol, 10 mg, PO, qd
- C. Valium, 5 mg, PO, qd
- D. Tegretol (Tegretol), 150 mg, PO, qd

Answer: B (LEAVE A REPLY)

Q/Q:

A:

(A) Mellaril (Mellilaril), 100 mg, PO, qd is used for schizophrenia. (B) Propranolol (Propranolol), 10 mg, PO, qd is used for tremors. (C) Valium (Valium), 5 mg, PO, qd is used for anxiety. (D) Tegretol (Tegretol), 150 mg, PO, qd is used for bipolar disorder. ECT is used for bipolar disorder. Propranolol is the correct answer for managing tremors.

NCLEX-RN questions and answers are available at DumpTop. Visit <https://www.dumptop.com/NCLEX/NCLEX-RN-dump.html> (865 Q&As Dumps, **30%OFF** Special Discount: **KrDump**)

NEW QUESTION: 92

A client with a history of bipolar disorder is being treated with lithium carbonate and is experiencing tremors. Which medication should the nurse administer to manage the tremors?

- A. 150 mg of propranolol PO qd
- B. 10 mg of propranolol PO qd
- C. 5 mg of valium PO qd
- D. 150 mg of tegretol PO qd

Answer: B (LEAVE A REPLY)

Q/Q:

(A) 150 mg of propranolol PO qd is incorrect. (B) 10 mg of propranolol PO qd is the correct answer for managing tremors. (C) 5 mg of valium PO qd is incorrect. (D) 150 mg of tegretol PO qd is incorrect.

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NEW QUESTION: 93

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Answer: ([SHOW ANSWER](#))

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NEW QUESTION: 94

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Answer: A ([LEAVE A REPLY](#))

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NEW QUESTION: 95

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NEW QUESTION: 97

Because a client is taking an MAO inhibitor, it is necessary to discuss the need for adherence to a low-tyramine diet. Which of the following are foods that she should avoid?

- A. Pickled, aged, smoked, and fermented foods
- B. Fresh vegetables
- C. Broiled fresh fish and fowl
- D. Fresh fruit such as apples and oranges

Answer: A (LEAVE A REPLY)

Section: Questions Set D

Explanation

Explanation:

(A) These foods may produce elevation in blood pressure when consumed during MAO inhibition therapy. (B) These foods have not been pickled, fermented, smoked, or aged. They contain very little, if any, tyramine or tryptophan. (C) As long as the meat has not been aged or smoked, it is within the dietary regimen. (D) Fresh fruits can be consumed as desired. However, the consumption of bananas is limited.

NEW QUESTION: 98

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 99

Forty-eight hours after a thyroidectomy, a female client complains of numbness and tingling of the toes and fingers. The nurse notes upper arm and facial twitching. The nurse needs to:

- A. Report the findings to the physician
- B. Assist the client to do range of motion exercises
- C. Check the client's potassium level
- D. Administer the as-needed dose of phenytoin (Dilantin)

Answer: A (LEAVE A REPLY)

(A) Muscular hyperactivity and parasthesias may indicate hypocalcemic tetany and require immediate administration of calcium gluconate. Tetany can occur if the parathyroid glands were erroneously excised during surgery. (B) Range of motion exercises are not appropriate topresenting symptoms. (C) These characteristics are not usual signs of potassium imbalance, but of calcium imbalance. (D) Phenytoin is indicated for seizure activity mainly of neurological origin.

NEW QUESTION: 100

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NEW QUESTION: 101

A client states to his nurse that "I was told by the doctor not to take one of my drugs because it seems to have caused decreasing blood cells." Based on this information, which drug might the nurse expect to be discontinued?

- A. Prednisone
- B. Timolol maleate (Blocadren)
- C. Garamycin (Gentamicin)
- D. Phenytoin (Dilantin)

Answer: (SHOW ANSWER)

Explanation

(A) Prednisone is not linked with hematological side effects. (B) Timolol, a -adrenergic blocker is metabolized by the liver. It has not been linked to blood dyscrasia. (C) Gentamicin is ototoxic and nephrotoxic. (D) Phenytoin usage has been linked to blood dyscrasias such as aplastic anemia. The drug most commonly linked to aplastic anemia is chloramphenicol (Chlormycetin).

NEW QUESTION: 102

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 103

When a client with pancreatitis is discharged, the nurse needs to teach him how to prevent another occurrence of acute pancreatitis. Which of the following statements would indicate he has an understanding of his disease?

- A. "I will not eat any raw or uncooked vegetables."
- B. "I will limit my alcohol to one cocktail per day."
- C. "I will look into attending Alcoholics Anonymous meetings."
- D. "I will report any changes in bowel movements to my doctor."

Answer: (SHOW ANSWER)

Explanation/Reference:

Explanation:

(A) Raw or uncooked vegetables are all right to eat postdischarge. (B) This client must avoid any alcohol intake. (C) The client displays awareness of the need to avoid alcohol. (D) This action would be pertinent only if fatty stools associated with chronic hepatitis were the problem.

NEW QUESTION: 104

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- B. There is no real psychological basis for his illness
- C. The disorder is a threat to his physical well-being
- D. He is unable to participate in planning his care

Answer: C (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) There may be a medical emergency that takes top priority; however, the basis of the problem is emotional. (B) The problem is a physical manifestation of an emotional conflict.

(C) The bleeding ulcer can be life threatening. (D) For lifestyle change to occur, the client must participate in the planning of his care so that he is committed to changes that will have positive results.

NEW QUESTION: 106

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 107

A 48-year-old client presents with a long history of severe depression unrelieved by medication. He is admitted to the hospital for electroconvulsive therapy. Family members are very concerned about this therapy and are requesting information about aftereffects of the treatment. The nurse informs the family that he will:

- A. Have transient memory loss, confusion, and headache
- B. Be alert and oriented immediately after the treatment
- C. Have insomnia for the first few days
- D. Require no special care after the procedure

Answer: A (LEAVE A REPLY)

Explanation/Reference:
Explanation:

(B) The goal of pharmacological intervention is to calm the client and assist with reality-based thinking, not to sedate him. (C) Haloperidol is a neuroleptic and antipsychotic drug, not a minor tranquilizer. (D) Haloperidol is a high-potency neuroleptic and first-line choice for rapid neuroleptization, with low potential for sedation.

NEW QUESTION: 110

The nurse is developing a plan of care for a client with an electrolyte imbalance and identifies a nursing diagnosis of decreased physical mobility. Which alteration is most the etiology?

- A. Hyponatremia
- B. Hypocalcemia
- C. Hypokalemia
- D. Hypomagnesemia

Answer: (SHOW ANSWER)

(A) A deficit in sodium concentration results in muscular weakness and lethargy. (B) Muscle fatigue and hypotonia are caused by hypercalcemia. (C) Muscle weakness and fatigue are classic signs of hypokalemia. (D) Hypermagnesemia can cause muscle weakness, paralysis, and coma.

NEW QUESTION: 111

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Answer: (SHOW ANSWER)

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NEW QUESTION: 112

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Answer: D ([LEAVE A REPLY](#))

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NEW QUESTION: 113

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Answer: D ([LEAVE A REPLY](#))

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NEW QUESTION: 114

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NEW QUESTION: 115

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 116

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Answer: (SHOW ANSWER)

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Answer: A ([LEAVE A REPLY](#))

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NEW QUESTION: 118

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Answer: ([SHOW ANSWER](#))

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 120

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Answer: (SHOW ANSWER)

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NEW QUESTION: 121

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 122

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Answer: (SHOW ANSWER)

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 124

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Answer: (SHOW ANSWER)

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NEW QUESTION: 125

The client has been in active labor for the last 12 hours. During the last 3 hours, labor has been augmented with oxytocin because of hypoactive uterine contractions. Her physician assesses her cervix as 95% effaced, 8 cm dilated, and the fetus is at 0 station. Her oral temperature is 100.2°F at this time. The physician orders that she be prepared for a cesarean delivery. In preparing the client for the cesarean delivery, which one of the following physician's orders should the RN question?

- A. Administer meperidine (Demerol) 100 mg IM 1 hour prior to the delivery.
- B. Discontinue the oxytocin infusion.
- C. Insert an indwelling Foley catheter prior to delivery.
- D. Prepare abdominal area from below the nipples to below the symphysis pubis area.

Answer: A (LEAVE A REPLY)

Section: Questions Set C

Explanation:

(A) Meperidine is a narcotic analgesic medication that crosses the placental barrier and reaches the fetus, causing respiratory depression in the fetus. A narcotic medication should never be included in the preoperative order for a cesarean delivery. (B) Oxytocin infusion would be discontinued if client is being prepared for a cesarean delivery because

the medication would not be needed. (C) The bladder is always emptied prior to and during the surgical intervention to prevent the urinary bladder from accidentally being incised while the uterine incision is made. (D) The abdominal area is always prepared to rid the area of hair before the abdominal incision is made. Abdominal hair cannot be sterilized and could become a source for postoperative incisional infection.

NEW QUESTION: 126

A client delivered a stillborn male at term. An appropriate action of the nurse would be to:

- A. State, "You have an angel in heaven."
- B. Discourage the parents from seeing the baby.
- C. Provide an opportunity for the parents to see and hold the baby for an undetermined amount of time.
- D. Reassure the parents that they can have other children.

Answer: C (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) This is not a supportive statement. There are also no data to indicate the family's religious beliefs. (B) Seeing their baby assists the parents in the grieving process. This gives them the opportunity to say "good-bye." (C) Parents need time to get to know their baby. (D) This is not a comforting statement when a baby has died. There are also no guarantees that the couple will be able to have another child.

NEW QUESTION: 127

Based on your knowledge of genetic inheritance, which of these statements is true for autosomal recessive genetic disorders?

- A. Heterozygotes are affected.
- B. The disorder is always carried on the X chromosome.
- C. Only females are affected.
- D. Two affected parents always have affected children.

Answer: D (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) The term heterozygote refers to an individual with one normal and one mutant allele at a given locus on a pair of homologous chromosomes. An individual who is heterozygous for the abnormal gene does not manifest obvious symptoms. (B) Disorders carried on either the X or Y sex chromosome are referred to as sex-linked recessive. (C) Either sex may be affected by autosomal recessive genetic disorders because the responsible allele can be on any one of the 46 chromosomes. (D) If both parents are affected by the disorder and are not just carriers, then all their children would manifest the same disorder.

NEW QUESTION: 128

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Answer: D ([LEAVE A REPLY](#))

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NEW QUESTION: 129

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NEW QUESTION: 130

One week ago, a 21-year-old client with a diagnosis of bipolar disorder was started on lithium 300 mg po qid. A lithium level is ordered. The client's level is 1.3 mEq/L. The nurse recognizes that this level is considered to be:

- A. Within therapeutic range
- B. Below therapeutic range
- C. Above therapeutic range
- D. At a level of toxic poisoning

Answer: (SHOW ANSWER)

(A) This answer is correct. The therapeutic range is 1.0-1.5 mEq/L in the acute phase. Maintenance control levels are 0.6-1.2 mEq/L. (B, C) This answer is incorrect. A level of 1.3 mEq/L is within therapeutic range. (D) This answer is incorrect. Toxic poisoning is usually at the 2.0 level or higher.

NEW QUESTION: 131

A young boy tells the nurse, "I don't like my Dad to kiss or hug my Mom. I love my Mom and want to marry her." The nurse recognizes this stage of growth and development as:

- A. Electra complex
- B. Oedipus complex
- C. Superego
- D. Ego

Answer: (SHOW ANSWER)

(A) The Electra complex is the erotic attachment of the female child to the father. (B) The Oedipus complex is characterized by jealousy toward the parent of the same sex and erotic attachment to the parent of the opposite sex. (C) The superego as described by Freud is the part of personality that is associated with internalized parental and societal control. (D) The ego as described by Freud is the part of personality that is associated with reality assessment.

NEW QUESTION: 132

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 133

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NEW QUESTION: 136

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 137

A common complication of cirrhosis of the liver is prolonged bleeding. The nurse should be prepared to administer?

- A. Vitamin C
- B. Vitamin K
- C. Vitamin E
- D. Vitamin A

Answer: B (LEAVE A REPLY)

Section: Questions Set D

Explanation:

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NEW QUESTION: 138

The most important goal in the care plan for a child who was hospitalized with an accidental overdose would be to:

- A. Determine child's activity pattern
- B. Reduce mother's sense of guilt
- C. Instruct parents in use of ipecac
- D. Teach parents appropriate safety precautions

Answer: (SHOW ANSWER)

Explanation/Reference:

Explanation:

(A) This goal is not the most important. (B) There is always some guilt when an accident occurs; however, the priority is to be sure future accidents are prevented. (C) Ipecac is not used for caustic alkali and acid ingestions. (D) Determining the parent's knowledge about safety hazards and teaching appropriate preventive measures are likely to prevent recurrence of accidents.

NEW QUESTION: 139

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 140

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Answer: [\(SHOW ANSWER\)](#)

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NEW QUESTION: 141

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NEW QUESTION: 142

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NEW QUESTION: 143

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 144

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 145

A client has been admitted to the labor and delivery unit in active labor. After assessing her, the RN notes that the client's fetus position is left occipital posterior. Which of the following statements best describes what this means to the labor process:

- A. Decreases the overall time of the labor process
- B. Prolongs the client's first stage of labor
- C. Decreases the time of the client's first stage of labor
- D. Prolongs the client's third stage of labor

Answer: B (LEAVE A REPLY)

(A) Posterior position causes a larger diameter of the fetal head to enter the pelvis than an anterior position. Pressure on the sacral nerves is increased, and it takes the fetus a longer

time to enter the pelvic inlet. (B) This position will prolong the first stage of labor. When the larger diameter of the fetal head enters the pelvis first, it will have a more difficult time accommodating to the pelvis; therefore, it will take a longer time for the fetus to move through the pelvis. (C) It will increase the time of labor because the larger diameter of the fetal head will have a more difficult time accommodating to the pelvic inlet and thus will move through the pelvis slower. (D) In the third stage of labor the placenta is delivered; therefore, the infant has been delivered.

NEW QUESTION: 146

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 147

A client presented herself to the mental health center, describing the following symptoms: a weight loss of 20 lb in the past 2 months, difficulty concentrating, repeated absences from work due to "fatigue," and not wanting to get dressed in the morning. She leaves her recorded message on her telephone and has lost interest in answering the phone or doorbell. The nurse's assessment of her behavior would most likely be:

- A. Deep depression
- B. Psychotic depression
- C. Severe anxiety
- D. Severe depression

Answer: D (LEAVE A REPLY)

Explanation

(A) A client in deep depression would have been brought to the mental health center and would not be physically able to seek help for herself. (B) She is not manifesting psychotic symptoms in her behaviors. (C) The client's symptoms are more indicative of depression than anxiety. (D) Although the client was able to bring herself to the mental health center, the extent of her weight loss and the interference of symptoms with activities of daily living indicate that she is severely depressed.

NEW QUESTION: 148

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Answer: ([SHOW ANSWER](#))

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NEW QUESTION: 149

A female client admitted to the labor and delivery unit thinks her bag of water "broke" approximately 2 hours ago. She is having mild contractions 5 minutes apart. The most immediate nursing intervention would be to:

- A. Note the color and amount of fluid on her clothes.
- B. Assess the FHR.
- C. Notify the physician.
- D. Place the nitrazine test paper at the cervical os and note the color change.

Answer: ([SHOW ANSWER](#))

Explanation/Reference:
Explanation:

(A) Amniotic fluid is generally pale and straw colored. Meconium- stained amniotic fluid would indicate a previous hypoxic episode. This intervention, though appropriate, is not the immediate priority. (B) With rupture of the membranes, the umbilical cord may prolapse if the presenting part does not fill the pelvis. Assessing FHR ascertains fetal well-being. (C) More information regarding fetal status and assessing for membrane rupture is needed prior to contacting the physician. (D) Nitrazine test paper differentiates amniotic fluid from urine. Amniotic fluid is normally alkaline in contrast to urine, which is acidic. This intervention, though appropriate, is not the immediate priority.

NEW QUESTION: 150

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Answer: (SHOW ANSWER)

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NEW QUESTION: 151

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 152

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Answer: C ([LEAVE A REPLY](#))

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NEW QUESTION: 153

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Answer: D ([LEAVE A REPLY](#))

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NEW QUESTION: 154

Nursing care of the infant prior to surgical closure of a meningomyelocele would include:

- A. Cover sac with dry sterile dressing
- B. Cover sac with saline-soaked sterile dressing
- C. Do not apply dressing; keep sac open to air
- D. Aspirate any fluid from sac

Answer: ([SHOW ANSWER](#))

Explanation/Reference:

Explanation:

(A) A dry, sterile dressing would adhere to the sac, causing tissue damage. (B) A saline-soaked sterile dressing protects the sac from contamination by air and prevents drying. (C) A sac open to air causes drying and potential for contamination. (D) This intervention is not an independent nursing action.

NEW QUESTION: 155

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Answer: C (LEAVE A REPLY)

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(A) The mother should be allowed and encouraged to touch her baby. (B) With care, transmission can be prevented. There is no need for the mother to stay outside the room. (C) Everyone entering the baby's room should take appropriate measures to prevent transmission of pathogens. (D) Wearing a mask will not protect against transmission of pathogens.

NEW QUESTION: 156

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Answer: (SHOW ANSWER)

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NEW QUESTION: 157

A 5-year-old child cries continually in her bed. Her parents have been unsuccessful in assisting her in expressing her feelings. Which activity should the nurse provide the child to assist her in expressing her feelings?

- A. Books with colorful pictures
- B. Music
- C. Riding toys
- D. Puppets

Answer: (SHOW ANSWER)

(A) Books increase cognition, assist with fine motor skills, and augment language development. (B) Music provides auditory stimulation and large-muscle activity. (C) Riding toys provide large-muscle activity. (D) Puppets allow expression of feelings and fears that otherwise could not be directly communicated.

NEW QUESTION: 158

A client is being discharged and will continue enteral feedings at home. Which of the following statements by a family member indicates the need for further teaching?

- A. "If he develops diarrhea lasting for more than 2-3 days, I will contact the doctor or nurse."
- B. "I should anticipate that he will gain about 1 lb/day now that he is on continuous feedings."
- C. "It is important to keep the head of his bed elevated or sit him in the chair during feedings."
- D. "I should use prepared or open formula within 24 hours and store unused portions in the refrigerator."

Answer: B (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) Diarrhea is a complication of tube feedings that can lead to dehydration. Diarrhea may be the result of hypertonic formulas that can draw fluid into the bowel. Other causes of diarrhea may be bacterial contamination, fecal impaction, medications, and low albumin. (B) A consistent weight gain of more than 0.22 kg/day (1/2 lb/day) over several days should be reported promptly. The client should be evaluated for fluid volume excess. (C) Elevating the client's head prevents reflux and thus formula from entering the airway. (D) Bacteria proliferate rapidly in enteral formulas and can cause gastroenteritis and even sepsis.

NEW QUESTION: 159

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 160

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 161

A client who has sustained a basilar skull fracture exhibits blood-tinged drainage from his nose. After establishing a clear airway, administering supplemental O2, and establishing IV access, the next nursing intervention would be to:

- A. Pass a nasogastric tube through the left nostril
- B. Place a 4 X 4 gauze in the nares to impede the flow
- C. Gently suction the nasal drainage to protect the airway
- D. Perform a halo test and glucose level on the drainage

Answer: D (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) Basilar skull fracture may cause dural lacerations, which result in CSF leaking from the ears or nose.

Insertion of a tube could lead to CSF going into the brain tissue or sinuses. (B)

Tamponading flow could worsen the problem and increase ICP. (C) Suction could increase brain damage and dislocate tissue. (D) Testing the fluid from the nares would determine the presence of CSF. Elevation of the head, notification of the medical staff, and prophylactic antibiotics are appropriate therapy.

NEW QUESTION: 162

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NEW QUESTION: 163

A 48-year-old male client is hospitalized with mild ascites, bruising, and jaundice. He has a 20-year history of alcohol abuse. The client is diagnosed with cirrhosis. His serum ammonia level is high, indicating hepatic encephalopathy. He has esophageal varices.

Which of the following may cause the varices to rupture?

- A. Lifting heavy objects
- B. Walking briskly
- C. Ingestion of barbiturates
- D. Ingestion of antacids

Answer: A (LEAVE A REPLY)

Explanation

(A) Lifting heavy objects will increase intrathoracic pressure, thus placing the client at risk for rupturing esophageal varices. (B, C, D) This activity will not cause an increase in intrathoracic pressure.

NEW QUESTION: 164

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NEW QUESTION: 165

When assessing a child with diabetes insipidus, the nurse should be aware of the cardinal signs of:

- A. Anemia and vomiting
- B. Polyuria and polydipsia
- C. Irritability relieved by feeding formula
- D. Hypothermia and azotemia

Answer: B (LEAVE A REPLY)

Explanation

(A) Anemia and vomiting are not cardinal signs of diabetes insipidus. (B) Polyuria and polydipsia are the cardinal signs of diabetes insipidus. (C) Irritability relieved by feeding water, not formula, is a common sign, but not the cardinal sign, of diabetes insipidus. (D) Hypothermia and azotemia are signs, but not cardinal signs, of diabetes insipidus.

NEW QUESTION: 166

A 22-year-old single woman was admitted to the psychiatric hospital by her mother, who reported bizarre behavior. Except for going to work, she spends all her time in her room and expresses concern over neighbors spying on her. She has fears of the telephone being "bugged." Her diagnosis is schizophrenia.

One nurse per shift is assigned to work with the client. The primary reason for this plan would be to:

- A. Protect her from suicide
- B. Enable her to develop trust
- C. Supervise her medication regimen
- D. Involve her in groups for social interaction

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 172

A female client has been hospitalized for several months following major abdominal surgery for a ruptured colon. A colostomy was created, and the large abdominal wound was left open and allowed to heal through granulation. She is receiving gentamicin IV for treatment of wound infection. Knowing this drug is ototoxic, the nurse would implement which of the following measures?

- A. Instruct the client to report any signs of tinnitus, dizziness or difficulty hearing.
- B. Advise the client to discontinue the drug at the first sign of dizziness.
- C. Order audiometric testing in order to determine if hearing loss is caused by an ototoxic drug or other cause.
- D. Instruct the client in Valsalva's maneuver to equalize middle ear pressure and to prevent hearing loss.

Answer: A (LEAVE A REPLY)

- (A) The first nursing measure is to instruct the client in which drug side effects to report. (B) Discontinuing the drug is not an independent nursing intervention and may compromise client care. (C) Audiometric testing will detect hearing loss, but it does not indicate a potential cause. (D) Equalizing middle ear pressure will not prevent hearing loss.

NEW QUESTION: 173

When discussing the relationship between exercise and insulin requirements, a 26-year-old client with IDDM should be instructed that:

- A. When exercise is increased, insulin needs are increased
- B. When exercise is increased, insulin needs are decreased
- C. When exercise is increased, there is no change in insulin needs

D. When exercise is decreased, insulin needs are decreased

Answer: (SHOW ANSWER)

Explanation/Reference:

Explanation:

(A) If the client's insulin is increased when activity level is increased, hypoglycemia may result. (B) Exercise decreased the blood sugar by promoting uptake of glucose by the muscles. Consequently, less insulin is needed to metabolize ingested carbohydrates. Extra food may be required for extra activity. (C) This statement directly contradicts the correct answer and is inaccurate. (D) When exercise is decreased, the client's insulin dose does not need to be altered unless the blood sugar becomes unstable.

NEW QUESTION: 174

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Answer: (SHOW ANSWER)

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NEW QUESTION: 175

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Answer: (SHOW ANSWER)

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NEW QUESTION: 176

When assessing a child with diabetes insipidus, the nurse should be aware of the cardinal signs of:

- A. Anemia and vomiting
- B. Polyuria and polydipsia
- C. Irritability relieved by feeding formula
- D. Hypothermia and azotemia

Answer: B (LEAVE A REPLY)

Section: Questions Set A

Explanation:

(A) Anemia and vomiting are not cardinal signs of diabetes insipidus. (B) Polyuria and polydipsia are the cardinal signs of diabetes insipidus. (C) Irritability relieved by feeding water, not formula, is a common sign, but not the cardinal sign, of diabetes insipidus. (D) Hypothermia and azotemia are signs, but not cardinal signs, of diabetes insipidus.

NEW QUESTION: 177

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Answer: (SHOW ANSWER)

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NEW QUESTION: 178

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 179

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 180

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 181

A client is 2 hours post ventriculoperitoneal shunt placement. How should the nurse position the client?

- A. Head of bed elevated 30 degrees on nonoperative side
- B. Head of bed elevated 30 degrees on operative side
- C. Bed flat on operative side
- D. Bed flat on nonoperative side

Answer: D (LEAVE A REPLY)

Section: Questions Set C

Explanation:

(A) Elevation of head on nonoperative side would be the position for the late postoperative period. (B) Positioning on operative side puts pressure on the suture lines and on the shunt valve. Elevation of head in immediate postoperative period may cause rapid reduction of cerebrospinal fluid. (C) Placement on operative side puts pressure on the suture lines and shunt valve. (D) Flat position on nonoperative side in the immediate postoperative period prevents pressure on shunt valve and rapid reduction in cerebrospinal fluid.

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NEW QUESTION: 182

A young child has been placed in a spica cast. The chief concern of the nurse during the first few hours is:

- A. Prevention of neurovascular complications
- B. Prevention of loss of muscle tone
- C. Immobilization of the affected limb
- D. Using heated fans to dry the cast

Answer: (SHOW ANSWER)

Explanation

(A) Because the extremity may continue to swell and the cast could constrict circulation, the nurse should elevate the limb and observe for capillary refill, warmth, mobility of toes and circulation. (B) Although muscle tone may diminish over time in the affected limb, this is not the immediate concern. (C) The limb has been immobilized already by the cast, and therefore immobilization is not a concern. (D) Heated fans and dryers are discouraged because the outside cast will dry quickly, yet the area beneath the cast remains wet and could cause burns.

NEW QUESTION: 183

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Answer: (SHOW ANSWER)

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NEW QUESTION: 184

When assessing fetal heart rate status during labor, the monitor displays late decelerations with tachycardia and decreasing variability. What action should the nurse take?

- A. Continue monitoring because this is a normal occurrence.
- B. Turn client on right side.
- C. Decrease IV fluids.
- D. Report to physician or midwife.

Answer: (SHOW ANSWER)

Explanation/Reference:

Explanation:

(A) This is not a normal occurrence. Late decelerations need prompt intervention for immediate infant recovery. (B) To increase O2 perfusion to the unborn infant, the mother should be placed on her left side. (C) IV fluids should be increased, not decreased. (D) Immediate action is warranted, such as reporting findings, turning mother on left side, administering O2, discontinuing oxytocin (Pitocin), assessing maternal blood pressure and the labor process, preparing for immediate cesarean delivery, and explaining plan of action to client.

NEW QUESTION: 185

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 186

A 52-year-old client's abdominal aortic aneurysm ruptured. She received rapid massive blood transfusions for bleeding. One potential complication of blood administration for which she is especially at risk is:

- A. Air embolus
- B. Circulatory overload
- C. Hypocalcemia
- D. Hypokalemia

Answer: C (LEAVE A REPLY)

Section: Questions Set C

Explanation:

(A) Air embolism is a potential complication of blood administration, but it is fairly rare and can be prevented by using good IV technique. (B) Circulatory overload is a potential complication of blood administration, but because this client is actively bleeding, she is not at high risk for overload. (C) Hypocalcemia is a potential complication of blood administration that occurs in situations where massive transfusion has occurred over a short period of time. It occurs because the citrate in stored blood binds with the client's calcium. Another potential complication for which this client is especially at risk is hypothermia, which can be prevented by using a blood warmer to administer the blood. (D) Hypokalemia is not a complication of blood administration.

NEW QUESTION: 187

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Answer: B (LEAVE A REPLY)

(A) Theophylline should be taken on an empty stomach. (B) Cigarette smoking may significantly increase the risk for theophylline toxicity. (C, D) Theophylline should be taken with food to decrease stomach upset.

NEW QUESTION: 188

A client's physician has prescribed theophylline (Theo- Dur) to help control the bronchospasm associated with the client's COPD. Instructions that should be given to the client include:

- A. "Call your physician if you develop palpitations, dizziness, or restlessness."
- B. "Cigarette smoking may significantly increase the risk for theophylline toxicity."
- C. "Take this medication on an empty stomach."
- D. "Do not take your medicine if your pulse is less than 60 beats per minute."

Answer: A (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) Indications of theophylline toxicity include palpitations, dizziness, restlessness, nausea, vomiting, shakiness, and anorexia. (B) Cigarette smoking significantly lowers theophylline plasma levels. (C) Theophylline should be taken with food to decrease stomach upset. (D) These instructions are appropriate for someone taking digoxin.

NEW QUESTION: 189

83 mg PO q 6h. Theophylline plasma levels are 12 mg/L. Theophylline toxicity is most likely caused by:

- A. Theophylline toxicity
- B. Digoxin toxicity
- C. Digoxin toxicity
- D. Theophylline toxicity

Answer: C (LEAVE A REPLY)

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(A) Theophylline toxicity is most likely caused by theophylline toxicity. (B) Digoxin toxicity is most likely caused by digoxin toxicity. (C) Digoxin toxicity is most likely caused by digoxin toxicity. (D) Theophylline toxicity is most likely caused by theophylline toxicity.

NEW QUESTION: 190

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Answer: (SHOW ANSWER)

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NEW QUESTION: 191

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- B. "Her gums have been bleeding frequently. Maybe she is brushing too hard."
- C. "I give her aspirin on a regular schedule every day."
- D. "One sign of aspirin toxicity can be ringing in the ears."

Answer: B (LEAVE A REPLY)

Section: Questions Set E

Explanation:

(A) Aspirin should not be given on an empty stomach because it is irritating to the mucosa. (B) Bleeding from decreased clotting capacity may be caused by aspirin toxicity. (C) A regular schedule of aspirin administration is important to maintain a satisfactory drug level in the body. (D) Aspirin toxicity may affect cranial nerve VIII, leading to tinnitus (ringing in the ears).

NEW QUESTION: 192

A child receiving chemotherapeutic drugs experiences a loss of appetite directly related to the therapy. Which of the following strategies should be most effective in encouraging the child to eat?

- A. Provide a well-balanced diet at usual times, and restrict dessert if the child fails to eat well.
- B. Schedule procedures immediately after eating so that the child will not be tired or in pain at mealtime.
- C. Offer the child a diet with a wider variety of foods and with more seasoning than her usual diet.
- D. Offer the child smaller meals more frequently than usual, and include as many of her favorite foods as possible.

Answer: D (LEAVE A REPLY)

Explanation

(A) Because the child's appetite is capricious at best, regular servings may be overwhelming. Praise the child for what is eaten. (B) The child will soon learn that procedures follow meals and may play with food rather than eat it to avoid or delay the procedure. (C) Young children usually do not like highly seasoned foods and may need the security of usual foods. Such a change may actually increase anorexia. (D) Small servings appear more achievable to the child, and the inclusion of favorite foods can add a sense of security.

NEW QUESTION: 193

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Answer: (SHOW ANSWER)

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NEW QUESTION: 194

Priapism may be a sign of:

- A. Altered neurological function
- B. Imminent death
- C. Urinary incontinence
- D. Reproductive dysfunction

Answer: (SHOW ANSWER)

Explanation/Reference:

Explanation:

(A) Priapism in the trauma client is due to the neurological dysfunction seen in spinal cord injury. Priapism is an abnormal erection of the penis; it may be accompanied by pain and tenderness. This may disappear as spinal cord edema is relieved. (B) Priapism is not associated with death. (C) Urinary retention, rather than incontinence, may occur. (D) Reproductive dysfunction may be a secondary problem.

NEW QUESTION: 195

19. A client with a heart rate of 60 bpm is admitted to the hospital. The nurse notes that the client is pale and diaphoretic. The nurse should first:

- A. Administer oxygen at 6 L/min
- B. Monitor vital signs every 5 minutes
- C. Call the physician
- D. Obtain a 12-lead ECG

Answer: C (LEAVE A REPLY)

(A) Administering oxygen at 6 L/min is not the first action. (B) Monitoring vital signs every 5 minutes is not the first action. (C) Calling the physician is the first action because the client's vital signs and symptoms indicate a serious condition. (D) Obtaining a 12-lead ECG is not the first action.

NEW QUESTION: 196

A male client tells his nurse that he has had an ulcer in the past and is afraid it is "flaring up again." The nurse begins to ask him specific questions about his symptoms. The nurse knows that a symptom that might indicate a serious complication of an ulcer is:

- A. Pain in the middle of the night
- B. A bowel movement every 3-5 days
- C. Melena
- D. Episodes of nausea and vomiting

Answer: C (LEAVE A REPLY)

(A) Clients with ulcers generally experience abdominal pain. It is common to have pain in the early morning hours with an ulcer. (B) Constipation is not a symptom associated with ulcers and would indicate a need to look at other factors. (C) Melena is blood in the stools. This could indicate a slow bleeding ulcer, which could result in significant amounts of blood loss over time. (D) Nausea and vomiting may be present as a result of the ulcer, especially if it is a gastric ulcer. This does not indicate an immediate life-threatening complication.

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NEW QUESTION: 197

Which of the following lab data is representative of a client with aplastic anemia?

- A. Hemoglobin 9.2, hematocrit 27, red blood cells 3.2 million

- B. White blood cells 4000, erythrocytes 2.5 million, thrombocytes 100,000
- C. White blood cells 3000, hematocrit 27, red blood cells 2.8 million
- D. Red blood cells 1 million, white blood cells 1500, thrombocytes 16,000

Answer: D ([LEAVE A REPLY](#))

(A, B, C) Although all of the lab data are abnormal and although these values are decreased in aplastic anemia, the disorder is defined by severe deficits in red cell, white cell, and platelet counts. (D) Aplastic anemia is typically defined in terms of abnormalities of red blood cell count, usually <1 million, white cell count <2,000, and thrombocytes <20,000.

NEW QUESTION: 198

A client is admitted to the hospital with a diagnosis of iron deficiency anemia. The client's hemoglobin is 8 g/dL, hematocrit is 24%, and red blood cell count is 3 million/mm³. The nurse should expect which of the following findings?

- A. Tachycardia, tachypnea, and increased jugular venous pressure.
- B. Pallor, weakness, and decreased hemoglobin.
- C. Tachycardia, tachypnea, and decreased hemoglobin.
- D. Tachycardia, tachypnea, and decreased hemoglobin.

Answer: C ([LEAVE A REPLY](#))

(A) Tachycardia, tachypnea, and increased jugular venous pressure. (B) Pallor, weakness, and decreased hemoglobin. (C) Tachycardia, tachypnea, and decreased hemoglobin. (D) Tachycardia, tachypnea, and decreased hemoglobin.

NEW QUESTION: 199

A violent client remains in restraints for several hours. Which of the following interventions is most appropriate while he is in restraints?

- A. Give fluids if the client requests them.
- B. Assess skin integrity and circulation of extremities before applying restraints and as they are removed.
- C. Measure vital signs at least every 4 hours.
- D. Release restraints every 2 hours for client to exercise.

Answer: D ([LEAVE A REPLY](#))

Explanation

(A) Fluids (nourishment) should be offered at regular intervals whether the client requests (or refuses) them or not. (B) Skin integrity and circulation of the extremities should be checked regularly while the client is restrained, not only before restraints are applied and after they are removed. (C) Vital signs should be checked at least every 2 hours. If the

client remains agitated in restraints, vital signs should be monitored even more closely, perhaps every 1-2 hours. (D) Restraints should be released every 2 hours for exercise, one extremity at a time, to maintain muscle tone, skin and joint integrity, and circulation.

NEW QUESTION: 200

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Answer: (SHOW ANSWER)

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NEW QUESTION: 201

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 202

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 203

When inspecting a cardiovascular client, the nurse notes that he needs to sit upright to breathe. This behavior is most indicative of:

- A. Pericarditis
- B. Anxiety
- C. Congestive heart failure
- D. Angina

Answer: (SHOW ANSWER)

Explanation

(A) Pericarditis can cause dyspnea but primarily causes chest pain. (B) Anxiety can cause dyspnea resulting in SOB, yet it is not typically influenced by degree of head elevation. (C) The inability to oxygenate well without being upright is most indicative of congestive heart failure, due to alveolar drowning. (D) Angina causes primarily chest pain; any SOB associated with angina is not influenced by body position.

NEW QUESTION: 204

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 205

15. The nurse is caring for a client who has a urinary tract infection. The client reports that the urine is cloudy and has a strong odor. The nurse should expect to find which of the following in the client's urine?

- A. Hematuria
- B. Pyuria
- C. Hematuria and pyuria
- D. Hematuria, pyuria, and bacteriuria

Answer: A (LEAVE A REPLY)

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- (A) Hematuria is the presence of blood in the urine. Pyuria is the presence of white blood cells in the urine. Hematuria and pyuria are common findings in urinary tract infections. (B) Pyuria is the presence of white blood cells in the urine. Hematuria is the presence of blood in the urine. Hematuria and pyuria are common findings in urinary tract infections. (C) Hematuria and pyuria are common findings in urinary tract infections. (D) Hematuria, pyuria, and bacteriuria are common findings in urinary tract infections.

NEW QUESTION: 206

47. The nurse is caring for a client who has a urinary tract infection. The client reports that the urine is cloudy and has a strong odor. The nurse should expect to find which of the following in the client's urine?

- A. Hematuria
- B. Pyuria
- C. Hematuria and pyuria
- D. Hematuria, pyuria, and bacteriuria

Answer: B (LEAVE A REPLY)

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- (A) Hematuria is the presence of blood in the urine. Pyuria is the presence of white blood cells in the urine. Hematuria and pyuria are common findings in urinary tract infections. (B) Pyuria is the presence of white blood cells in the urine. Hematuria is the presence of blood in the urine. Hematuria and pyuria are common findings in urinary tract infections. (C) Hematuria and pyuria are common findings in urinary tract infections. (D) Hematuria, pyuria, and bacteriuria are common findings in urinary tract infections.

NEW QUESTION: 207

After instructing a female client on circumcision care, the nursery nurse asks her to restate some of the key points covered. Which statement shows that the client will properly care for her son's circumcision?

- A. "I'll make sure I soak the gauze with warm water first, before I take it off each time."

- B. "I'll make sure that I report any drainage around where they operated."
- C. "I'll apply alcohol to the area daily to clean it and prevent any infection."
- D. "I'll keep a close watch on it for a day or two."

Answer: (SHOW ANSWER)

Explanation/Reference:

Explanation:

(A) Before petrolatum gauze is removed, it should be soaked with warm water to prevent trauma to adherent tissues. (B) A yellow exudate often forms normally over the surgical site. Only if it becomes foul- smelling and purulent would it need to be reported. (C) Alcohol should never be used on the site; this would be extremely painful to the infant. (D) Special care and observance should continue until the site is completely covered with clean, pink granulation tissue, which could take 7-10 days.

NEW QUESTION: 208

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- D. 12-□□ ECG

Answer: (SHOW ANSWER)

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NEW QUESTION: 209

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 210

A behavioral modification program is recommended by the multidisciplinary team working with a 15-year-old client with anorexia nervosa. A nursing plan of care based on this modality would include:

- A. Role playing the client's eating behaviors
- B. Restriction to the unit until she has gained 2 lb
- C. Encouraging her to verbalize her feelings concerning food and food intake
- D. Provision for a high-calorie, high-protein snack between meals

Answer: B (LEAVE A REPLY)

(A) This answer is incorrect. Role playing is based on learning but is not based on the behavioral modification model. (B) This answer is correct. The behavioral modification model is based on negative and positive reinforcers to change behavior. (C) This answer is incorrect. Verbal catharsis is not an intervention based on behavioral modification. (D) This answer is incorrect. Although an acceptable nursing intervention, it is not based on behavioral modification.

NEW QUESTION: 211

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 212

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 213

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 214

To prevent fungal infections of the mouth and throat, the nurse should teach clients on inhaled steroids to:

- A. Rinse the plastic holder that aerosolizes the drug with hydrogen peroxide every other day
- B. Rinse the mouth and gargle with warm water after each use of the inhaler

(A) Placing the infant on her abdomen may allow for injury to the suture line. (B) Elbow restraints prevent the infant from touching the suture line and yet leaves hands free. (C) The suture line is cleaned as often as every hour to prevent crusting and scarring. (D) Sucking of a bottle or pacifier places pressure on the suture line and may delay healing and cause scarring.

NEW QUESTION: 217

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 218

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 219

D. Fat-restricted diet

Answer: (SHOW ANSWER)

Section: Questions Set G

Explanation:

(A) A lactose-restricted diet is prescribed for children with lactose intolerance or diarrhea. (B) A gluten- restricted diet is the diet for children with celiac disease. (C) A phenylalaninerestricted diet is prescribed for children with phenylketonuria. (D) A fat-restricted diet is prescribed for children with disorders of the liver, gallbladder, or pancreas.

NEW QUESTION: 222

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 223

A client has just been transferred to the floor from the labor and delivery unit following delivery of a stillborn term infant. She is very despondent. When the nurse attempts to take her vital signs, she responds in anger, stating, "You leave me alone. You don't care anything about me. It's people like you who let my baby die." The nurse's best course of action is to:

- A. Quietly leave her room, allowing her more private time to deal with her loss.
- B. Tell her that what happened was for the best and that she is still young and can have other children.
- C. Tell her how sorry you are, and let her know that her child is now a little angel in heaven.
- D. Tell her how sorry you are about the loss of her baby, and acknowledge her anger as being a normal stage of grief. Assure her that you are there to help her in any way you can.

Answer: D (LEAVE A REPLY)

Explanation

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NEW QUESTION: 224

A complication for which the nurse should be alert following a liver biopsy is:

- A. Hepatic coma
- B. Jaundice
- C. Ascites
- D. Shock

Answer: D (LEAVE A REPLY)

Section: Questions Set B

Explanation:

(A) Hepatic coma may occur in liver disease due to the increased NH levels, not due to liver biopsy. (B)

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Jaundice may occur due to increased bilirubin levels, not due to liver biopsy. (C) Ascites would occur due to portal hypertension, not due to liver biopsy. (D) Hemorrhage and shock are the most likely complications after liver biopsy because of already existing bleeding tendencies in the vascular makeup of the liver.

NEW QUESTION: 225

Which of the following statements relevant to a suicidal client is correct?

- A. The more specific a client's plan, the more likely he or she is to attempt suicide.
- B. A client who is unsuccessful at a first suicide attempt is not likely to make future attempts.
- C. A client who threatens suicide is just seeking attention and is not likely to attempt suicide.
- D. Nurses who care for a client who has attempted suicide should not make any reference to the word "suicide" in order to protect the client's ego.

Answer: (SHOW ANSWER)

Explanation

(A) This is a high-risk factor for potential suicide. (B) A previous suicide attempt is a definite risk factor for subsequent attempts. (C) Every threat of suicide should be taken seriously. (D) The client should be asked directly about his or her intent to do bodily harm. The client is never hurt by direct, respectful questions.

NEW QUESTION: 226

A 7-year-old girl has been diagnosed with juvenile arthritis and has been placed on daily aspirin. Which statement made by the parent indicates a need for further teaching?

- A. "My daughter takes her aspirin with her meals."
- B. "Her gums have been bleeding frequently. Maybe she is brushing too hard."
- C. "I give her aspirin on a regular schedule every day."
- D. "One sign of aspirin toxicity can be ringing in the ears."

Answer: B (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) Aspirin should not be given on an empty stomach because it is irritating to the mucosa. (B) Bleeding from decreased clotting capacity may be caused by aspirin toxicity. (C) A regular schedule of aspirin administration is important to maintain a satisfactory drug level in the body. (D) Aspirin toxicity may affect cranial nerve VIII, leading to tinnitus (ringing in the ears).

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NEW QUESTION: 227

A postoperative TURP client returns from the recovery room to the general surgery unit and is in stable condition. One hour later the nurse assesses him and finds him to be confused and disoriented. She recognizes that this is most likely caused by:

- A. Hypovolemic shock
- B. Hypokalemia
- C. Hypernatremia
- D. Hyponatremia

Answer: D (LEAVE A REPLY)

(A) Early signs of hypovolemic shock include hypotension, tachycardia, tachypnea, pallor, and diaphoresis. (B) Early signs of potassium depletion include muscular weakness or paralysis, tetany, postural hypotension, weak pulse, shallow respirations, apathy, weak voice, and electrocardiographic changes. (C) Early signs of an elevated sodium level include dry oral mucous membranes, marked thirst, hypertension, tachycardia, oliguria or anuria, anxiety, and agitation. (D) This answer is correct. Important early clinical findings of a decreased sodium concentration include confusion and disorientation. Hyponatremia can occur after a TURP because absorption during surgery through the prostate veins can increase circulating blood volume and decrease sodium concentration.

NEW QUESTION: 228

A child is to receive atropine 0.15 mg (1/400 g) as part of his preoperative medication. A vial containing atropine 0.4 mg (1/150 g)/mL is on hand. How much atropine should be given?

- A. 0.06 mL
- B. 0.38 mL
- C. 2.7 mL
- D. Information given insufficient to determine the amount of atropine to be administered

Answer: (SHOW ANSWER)

Explanation/Reference:

Explanation:

(A, C) Information was incorrectly placed in the formula, resulting in an incorrect answer.

(B) The answer is correct.

$$0.4 \text{ mg} = 1 \text{ mL}; 0.15 \text{ mg} = x \text{ mL}$$

$$0.4 x = 0.15$$

$$x = 0.15/0.4$$

$$x = 0.375 \text{ or } 0.38 \text{ mL}$$

(D) Sufficient information is provided to determine the amount of atropine to administer.

The amount of atropine available and the amount of atropine ordered is required to determine the amount of atropine to be given.

NEW QUESTION: 229

A client had a ruptured abdominal aortic aneurysm that was repaired surgically. Her postoperative recovery progressed without complications, and she is ready for discharge. Client education in preparation for discharge began 7 days ago on her admission to the nursing unit. Evaluation of nursing care related to client education is based on evaluation of expected outcomes. Which statement made by the client would indicate that she is ready for discharge?

- A. "I will not drive but ride in the front seat of the car with a seat belt on for my first doctor's appointment."
- B. "When I bathe tomorrow morning, I will be very careful not to get soap on my incision."
- C. "I am allowed to exercise by walking for short periods."
- D. "Teach my husband about the diet. He'll be doing all the cooking now."

Answer: (SHOW ANSWER)

Explanation

(A) Postoperatively, clients with major abdominal surgery are instructed to avoid driving, riding in the front seat, and wearing seat belts because any sudden impact may injure a fresh incision. She should ride in back seat without a seat belt. (B) Clients should not sit in the tub and allow the incision to soak in water because this may predispose the client to infection. A short, cool shower would be preferable. Allowing soap to come in contact with

the incision would not harm it and is frequently used as postoperative wound care at home on discharge from the hospital. (C) Activity instructions include: avoid sitting for long periods and get exercise by walking. Lifting more than 5 lb of weight is also prohibited. (D) The client must also learn her diet. Her husband cooking is probably a temporary measure unless he did the cooking prior to her hospitalization. A statement such as this may indicate the need for further exploration of feelings regarding her illness, dependence, and self-care expectations.

NEW QUESTION: 230

The nurse is caring for a 2-year-old girl with a subdural hematoma of the temporal area as a result of falling out of bed and notices that she has a runny nose. The nurse should:

- A. Call the doctor immediately
- B. Help her to blow her nose carefully
- C. Test the discharge for sugar
- D. Turn her to her side

Answer: (SHOW ANSWER)

Explanation

(A) The nasal discharge could be due to a cold. It is necessary to gather additional assessment data to identify a possible cerebrospinal fluid leak. (B) If the discharge is cerebrospinal fluid, it would not be safe to encourage the girl to blow her nose. (C) Cerebrospinal fluid is positive for sugar; mucus is not. (D) Turning her to her side will have no effect on her "runny nose." It is necessary to gather further assessment data.

NEW QUESTION: 231

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 232

A male client is being treated in the burn unit for third-degree burns on his head, neck, and upper chest received in the last 24 hours. The nurse is evaluating the effectiveness of fluid resuscitation. Which of the following indicates effective fluid balance?

- A. His weight increases from 165 to 175 lb.
- B. His urine output is equal to his total fluid intake.
- C. His urine output has been >35 mL/hr for the past 12 hours.
- D. His blood pressure is 94/62.

Answer: (SHOW ANSWER)

Explanation/Reference:

Explanation:

(A) A weight gain of 10 lb represents a state of overhydration. (B) He is losing fluids through insensible losses; a urine output equal to his intake indicates that he is receiving too little fluids. (C) A urine output greater than his intake indicates that he is receiving adequate fluid resuscitation to account for urinary and insensible losses. (D) A blood pressure of 94/62 indicates a state of underhydration and inadequate circulatory volume.

NEW QUESTION: 233

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Answer: (SHOW ANSWER)

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NEW QUESTION: 234

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Answer: (SHOW ANSWER)

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NEW QUESTION: 235

A psychotic client who believes that he is God and rules all the universe is experiencing which type of delusion?

- A. Somatic
- B. Grandiose
- C. Persecutory
- D. Nihilistic

Answer: B (LEAVE A REPLY)

Explanation

(A) These delusions are related to the belief that an individual has an incurable illness. (B) These delusions are related to feelings of self-importance and uniqueness. (C) These delusions are related to feelings of being conspired against. (D) These delusions are related to denial of self-existence.

NEW QUESTION: 236

At her first prenatal visit, a 21-year-old woman who is gravida 2, para 0, ab 1, is currently at 32 weeks' gestation and has a history of drug abuse, smoking, and occasional ethyl alcohol use. Fetal ultrasound tests indicate poor fetal growth. The most likely reason for the infant's intrauterine growth retardation is:

- A. The client's young age
- B. The client's previous abortion
- C. The client's history of drug, ethyl alcohol, and tobacco use
- D. The client's late prenatal care

Answer: C (LEAVE A REPLY)

Explanation

(A) Although adolescents frequently have a higher incidence of low-birth-weight infants, this client is 21 years old. (B) Uncomplicated induced abortions have not been proved to influence the growth of infants of subsequent pregnancies. (C) Compounds in cigarettes and some illicit drugs cause maternal vasoconstriction and a subsequent reduction in O2 availability for the fetus owing to the resulting reduction in uteroplacental blood flow. As few as one or two drinks of alcohol per day will decrease birth weight. (D) Although early prenatal care has been shown to improve pregnancy outcomes, not seeking care until the second week of gestation does not, in and of itself, cause intrauterine growth retardation.

NEW QUESTION: 237

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 238

Which behavior by a female client feeding her newborn demonstrates that she needs more teaching related to safety and infant feeding?

- A. She uses the bulb syringe to help clear her baby's nose when milk is regurgitated.
- B. She places her infant on her right side after feeding her.
- C. She props the bottle in the crib to feed her baby, which allows her to write birth announcements and feed her baby at the same time.
- D. She burps her baby by placing her in a sitting position, supporting her head and neck and gently massaging her back.

Answer: (SHOW ANSWER)

(A) This practice is the proper use of the bulb syringe to clear the infant's airway in case of regurgitation. (B) Placing the infant on either side or on the stomach prevents aspiration of regurgitated milk. (C) "Bottle propping" is an unsafe practice because it increases the likelihood of aspiration. (D) This practice is one correct way of burping an infant.

NEW QUESTION: 239

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 240

6. Which of the following is not a characteristic of a good business plan? (Select all that apply.)

- A. It should be a long, detailed document.
- B. It should be updated as the business evolves.
- C. It should be written in a professional, business-like style.
- D. It should be written in a casual, conversational style.

Answer: (SHOW ANSWER)

(A) It should be a long, detailed document. (B) It should be updated as the business evolves. (C) It should be written in a professional, business-like style. (D) It should be written in a casual, conversational style.

NEW QUESTION: 241

48. Which of the following is not a characteristic of a good business plan? (Select all that apply.)

- A. It should be a long, detailed document.
- B. It should be updated as the business evolves.
- C. It should be written in a professional, business-like style.
- D. It should be written in a casual, conversational style.

Answer: D (LEAVE A REPLY)

(A) It should be a long, detailed document. (B) It should be updated as the business evolves. (C) It should be written in a professional, business-like style. (D) It should be written in a casual, conversational style.

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NEW QUESTION: 245

A client has received digoxin 0.25 mg po daily for 2 weeks. Which of the following digoxin levels indicates toxicity?

- A. 0.5 ng/mL
- B. 1.0 ng/mL
- C. 2.0 ng/mL
- D. 3.0 ng/mL

Answer: (SHOW ANSWER)

Explanation

(A) 0.5 ng/mL of digoxin is a subtherapeutic level, not a toxic one. (B) 1.0 ng/mL is a therapeutic level. (C) 2.0 ng/mL is a therapeutic level. (D) Digoxin's therapeutic level is 0.8-2.0 ng/mL. Digoxin's toxic level is >2.0 ng/mL.

NEW QUESTION: 246

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 247

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NEW QUESTION: 248

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Answer: [B \(LEAVE A REPLY\)](#)

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NEW QUESTION: 249

A female client has experienced varying degrees of depression throughout her life. Now that she is postmenopausal, her depression has increased. She is unable to motivate herself to clean her house or even to get out of bed and get dressed in the morning. The client was begun on fluoxetine (Prozac) therapy. When educating her about fluoxetine, what might the nurse caution her about?

- A. A daily dose of fluoxetine may be taken in the morning or evening.
- B. Fluoxetine is not sedating; therefore, restrictions on driving and other hazardous activities are not necessary.
- C. Rashes or pruritus usually occur early in the therapy and are treatable without discontinuing the medication.
- D. It is safe to take over-the-counter or other prescription medications with fluoxetine.

Answer: [\(SHOW ANSWER\)](#)

Section: Questions Set E

Explanation:

(A) A daily dose of fluoxetine should be taken in the morning. Afternoon doses may cause nervousness and insomnia. (B) Although fluoxetine is less sedating than other antidepressants, it may still cause dizziness or drowsiness in some clients. The nurse should caution clients to avoid driving or hazardous activities until the central nervous system effects of the drug are demonstrated. (C) Rashes or pruritus do commonly occur early in therapy and respond to antihistamines or topical corticosteroids. (D) Advise the client not to take over-the-counter or other prescription drugs without consulting with the physician. Fluoxetine does interact with other common drugs such as monoamine oxidase inhibitors, diazepam, insulin, oral antidiabetic agents, tricyclic antidepressants, and tryptophan.

NEW QUESTION: 250

A client is being discharged and will continue enteral feedings at home. Which of the following statements by a family member indicates the need for further teaching?

- A. "If he develops diarrhea lasting for more than 2-3 days, I will contact the doctor or nurse."
- B. "I should anticipate that he will gain about 1 lb/day now that he is on continuous feedings."
- C. "It is important to keep the head of his bed elevated or sit him in the chair during feedings."
- D. "I should use prepared or open formula within 24 hours and store unused portions in the refrigerator."

Answer: B (LEAVE A REPLY)

(A)

Diarrhea is a complication of tube feedings that can lead to dehydration. Diarrhea may be the result of hypertonic formulas that can draw fluid into the bowel. Other causes of diarrhea may be bacterial contamination, fecal impaction, medications, and low albumin.

(B)

A consistent weight gain of more than 0.22 kg/day (12 lb/day) over several days should be reported promptly. The client should be evaluated for fluid volume excess. (C) Elevating the client's head prevents reflux and thus formula from entering the airway. (D) Bacteria proliferate rapidly in enteral formulas and can cause gastroenteritis and even sepsis.

NEW QUESTION: 251

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Answer: A ([LEAVE A REPLY](#))

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NEW QUESTION: 252

The following nursing diagnosis is written for a comatose client with cirrhosis of the liver and secondary splenomegaly-High risk for injury: Increased susceptibility to bleeding related to:

- A. Increased absorption of vitamin K
- B. Thrombocytopenia due to hypersplenism
- C. Diminished function of the Kupffer cells
- D. Increased synthesis of the clotting factors

Answer: ([SHOW ANSWER](#))

Explanation/Reference:

Explanation:

(A) There is a decreased absorption of vitamin K with cirrhosis of the liver. This decrease impairs blood coagulation and the formation of prothrombin. (B) Thrombocytopenia, an increased destruction of platelets, occurs secondary to hypersplenism. (C) A diminished function of the Kupffer cells occurs with cirrhosis of the liver, causing the client to become more susceptible to infections. (D) A decrease in the synthesis of fibrinogen and clotting factors VII, IX, and X occurs with cirrhosis of the liver and increases the susceptibility to bleeding.

NEW QUESTION: 253

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Answer: C ([LEAVE A REPLY](#))

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NEW QUESTION: 254

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 255

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 256

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 257

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- A. 1000
 - B. 10000
 - C. 10000
 - D. 1000

Answer: C (LEAVE A REPLY)

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NEW QUESTION: 258

A 24-year-old woman who is gravida 1 reports, "I can't take iron pills because they make me sick." She continues, "My bowels aren't moving either." In counseling her based on these complaints, the nurse's most appropriate response would be, "It would be beneficial for you to eat . . .

- A. prunes."
- B. green leafy vegetables."

- C. red meat."
- D. eggs."

Answer: A (LEAVE A REPLY)

Explanation

(A) Prunes provide fiber to decrease constipation and are an excellent source of dietary iron, as the prenatal client is not taking her supplemental iron and iron-deficiency anemia is common during pregnancy. (B) Green leafy vegetables provide a source of fiber and iron; however, prunes are a better source of both. (C) Red meat is a good iron source but will not address the constipation problem. (D) Eggs are a good iron source but do not address the constipation problem.

NEW QUESTION: 259

A postoperative prostatectomy client is preparing for discharge from the hospital the next morning. The nurse realizes that additional instructions are necessary when he states:

- A. "If I drink 10 to 12 glasses of fluids each day, that will help to prevent any clot formation in my urine."
- B. "The isometric exercises will help to strengthen my perineal muscles and help me control my urine."
- C. "If I feel as though I have developed a fever, I will take a rectal temperature, which is the most accurate."
- D. "I do not plan to do any heavy lifting until I visit my doctor again."

Answer: C (LEAVE A REPLY)

Explanation

(A) This is correct health teaching. Drinking 10-12 glasses of clear liquid will help increase urine volumes and prevent clot formation. (B) This is correct health teaching. These types of exercises are prescribed by physicians to assist postprostatectomy clients to strengthen their perineal muscles. (C) This action is not recommended post-TURP because of the close proximity of the prostate and rectum. (D) This is correct healthcare teaching. The client should limit walking long distances, lifting heavy objects, or driving a car until these activities are cleared by the physician at the first office visit.

NEW QUESTION: 260

- A. (Sulfamylon)
- B. (Silvadene)
- C. (Neosporin)
- D. ()

Answer: (SHOW ANSWER)

(A) Silver sulfadiazine is used for the treatment of burns. (B) Silver sulfadiazine is used for the treatment of burns. (C) Silver sulfadiazine is used for the treatment of burns. (D) Povidoneiodine is used for the treatment of burns.

NEW QUESTION: 261

A client with a colostomy is preparing for discharge from the hospital. The nurse explains to the client that to regulate the bowel, colostomy irrigation should be performed at the same time each day. The best time is:

- A. "After meals"
- B. "Before meals, 16-20 minutes before meals."
- C. "Every 2 hours."
- D. "At bedtime"

Answer: B (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) Bowel movements should be regulated at a specific time each day to prevent "accidents." Irrigating after meals takes advantage of the gastrocolic reflex and time of increased peristalsis, so better results may be produced. After meals is the normal time that peristalsis begins in most persons and evacuation of feces occurs. (B) Irrigating before meals may cause poor results because of decreased gastrocolic reflex and decreased peristalsis. (C) Irrigating every 2 hours is not practical. (D) Irrigating at bedtime is not practical.

NEW QUESTION: 262

A 65-year-old client who has a new colostomy is preparing for discharge from the hospital. As part of the instructions on colostomy care, the nurse explains to the client that to regulate the bowel, colostomy irrigation should be performed at the same time each day. The best time is:

- A. After meals
- B. Before meals
- C. Every 2 hours
- D. At bedtime

Answer: A (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) Bowel movements should be regulated at a specific time each day to prevent "accidents." Irrigating after meals takes advantage of the gastrocolic reflex and time of increased peristalsis, so better results may be produced. After meals is the normal time that peristalsis begins in most persons and evacuation of feces occurs. (B) Irrigating before meals may cause poor results because of decreased gastrocolic reflex and decreased peristalsis. (C) Irrigating every 2 hours is not practical. (D) Irrigating at bedtime is not practical.

peristalsis. (C) Irrigating a colostomy every 2 hours may produce hyperactivity of the bowel, leading to irritation and diarrhea. This would not aid in regulation of the bowel. (D) If irrigation of a colostomy were done at bedtime, there is greater chance of having an "accident" during sleep. This would not be an advantageous practice of bowel regulation.

NEW QUESTION: 263

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- A. □□□□□ 17.2g/dL
- B. □□□ 250,000/mm³
- C. □□ □□□ 30 mg/dL
- D. □□□ 18,000/mm³

Answer: C (LEAVE A REPLY)

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NEW QUESTION: 264

A 9-year-old child was in the garage with his father, who was repairing a lawnmower. Some gasoline ignited and caused an explosion. His father was killed, and the child has split-thickness and full-thickness burns over 40% of his upper body, face, neck, and arms. All of the following nursing diagnoses are included on his care plan. Which of these nursing diagnoses should have top priority during the first 24-48 hours postburn?

- A. Pain related to tissue damage from burns
- B. Potential for infection related to contamination of wounds
- C. Fluid volume deficit related to increased capillary permeability
- D. Potential for impaired gas exchange related to edema of respiratory tract

Answer: (SHOW ANSWER)

Explanation

(A, B, C) These answers are all correct; however, maintenance of airway is the top priority. (D) Persons burned about the face and neck during an explosion are also likely to suffer burns of the respiratory tract, which can lead to edema and respiratory arrest.

NEW QUESTION: 265

The nurse should know that according to current thinking, the most important prognostic factor for a client with breast cancer is:

- A. Tumor size

- B. Axillary node status
- C. Client's previous history of disease
- D. Client's level of estrogen-progesterone receptor assays

Answer: B (LEAVE A REPLY)

(A) Although tumor size is a factor in classification of cancer growth, it is not an indicator of lymph node spread. (B) Axillary node status is the most important indicator for predicting how far the cancer has spread. If the lymph nodes are positive for cancer cells, the prognosis is poorer. (C) The client's previous history of cancer puts her at an increased risk for breast cancer recurrence, especially if the cancer occurred in the other breast. It does not predict prognosis, however. (D) The estrogen-progesterone assay test is used to identify present tumors being fed from an estrogen site within the body. Some breast cancers grow rapidly as long as there is an estrogen supply such as from the ovaries. The estrogen-progesterone assay test does not indicate the prognosis.

NEW QUESTION: 266

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 267

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 268

Which of the following signs and symptoms indicates a tension pneumothorax as compared to an open pneumothorax?

- A. Ventilation-perfusion (V./Q.) mismatch
- B. Hypoxemia and respiratory acidosis
- C. Mediastinal tissue and organ shifting
- D. Decreased tidal volume and tachypnea

Answer: C (LEAVE A REPLY)

(A, B, D) These occur in both tension pneumothorax and open pneumothorax. (C) The tension pneumothorax acts like a one- way valve so that the pneumothorax increases with each breath. Eventually, it occupies enough space to shift mediastinal tissue toward the unaffected side away from the midline. Tracheal deviation, movement of point of maximum impulse, and decreased cardiac output will occur. The other three options will occur in both types of pneumothorax.

NEW QUESTION: 269

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- B. "□□ □□□ □□ □□□ □ □□□ □□□□□."
- C. "□□ □□□ □□□ □□ □□□ □□□ □□□□□ □□□□□□□."
- D. "□□□□ □□□□ □□□ □□□□□ □□□□ □□□ □□□ □□□□□."

Answer: (SHOW ANSWER)

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NEW QUESTION: 270

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- A. 3000 mL / 3000 mL
- B. 6000 mL / 3000 mL
- C. 3000 mL / 3000 mL B12
- D. 3000 mL / 3000 mL

Answer: C (LEAVE A REPLY)

(B) 3000 mL / 3000 mL. (C) 3000 mL / 3000 mL B12. (D) 3000 mL / 3000 mL.

NEW QUESTION: 271

100% Apgar 100% NG. 100% NG. 100% NG. 100% NG. 100% NG.

- A. 7
- B. 10
- C. 8
- D. 9

Answer: A (LEAVE A REPLY)

(A) 100% NG. (B) 100% NG. (C) Apgar 80% NG, 100% NG. (D) 100% NG.

NCLEX-RN 100% NG. DumpTop 100% NG. <https://www.dumptop.com/NCLEX/NCLEX-RN-dump.html> (865 Q&As Dumps, **30%OFF** Special Discount: **KrDump**)

NEW QUESTION: 272

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Answer: (SHOW ANSWER)

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NEW QUESTION: 273

Which of the following procedures is necessary to establish a definitive diagnosis of breast cancer?

- A. Diaphanography
- B. Mammography
- C. Thermography
- D. Breast tissue biopsy

Answer: D (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) Diaphanography, also known as transillumination, is a painless, noninvasive imaging technique that involves shining a light source through the breast tissue to visualize the interior. It must be used in conjunction with a mammogram and physical examination. (B) Mammography is a useful tool for screening but is not considered a means of diagnosing breast cancers. (C) Thermography is a pictorial representation of heat patterns on the surface of the breast. Breast cancers appear as a "hot spot" owing to their higher metabolic rate. (D) Biopsy either by needle aspiration or by surgical incision is the primary diagnostic technique for confirming the presence of cancer cells.

NEW QUESTION: 274

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NEW QUESTION: 275

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NEW QUESTION: 276

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Answer: [\(SHOW ANSWER\)](#)

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NEW QUESTION: 277

The nurse is in the hallway and one of the visitors faints. The nurse should:

- A. Sit the victim up and lightly slap his face
- B. Elevate the victim's legs
- C. Apply a cool cloth to the victim's neck and forehead until he recovers
- D. □□□□ □□□ □□ □□□ □□□ □□□□.

Answer: **B (LEAVE A REPLY)**

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NEW QUESTION: 278

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NEW QUESTION: 279

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NEW QUESTION: 280

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Answer: [B \(LEAVE A REPLY\)](#)

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NEW QUESTION: 281

An 80-year-old male client with a history of arteriosclerosis is experiencing severe pain in his left leg that started approximately 20 minutes ago. When performing the admission assessment, the nurse would expect to observe which of the following:

- A. Both lower extremities warm to touch with 2_pedal pulses
- B. Both lower extremities cyanotic when placed in a dependent position
- C. Decreased or absent pedal pulse in the left leg
- D. The left leg warmer to touch than the right leg

Answer: [C \(LEAVE A REPLY\)](#)

Explanation

(A) This statement describes a normal assessment finding of the lower extremities. (B) This assessment finding reflects problems caused by venous insufficiency. (C) Decreased or absent pedal pulses reflect a problem caused by arterial insufficiency. (D) The leg that is experiencing arterial insufficiency would be cool to touch due to the decreased circulation.

NEW QUESTION: 282

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 283

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Answer: (SHOW ANSWER)

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NEW QUESTION: 284

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 285

Prior to his discharge from the hospital, a cardiac client is started on digoxin (Lanoxin) 25 mg po qd. The nurse initiates discharge teaching. Which of the following statements by the client would validate an understanding of his medication?

- A. "I would notify my physician immediately if I experience nausea, vomiting, and double vision."
- B. "I could stop taking this medication when I begin to feel better."
- C. "I should only take the medication if my heart rate is greater than 100 bpm."
- D. "I should always take this medication with an antacid."

Answer: A (LEAVE A REPLY)

Explanation/Reference:
Explanation:

(A) The first signs of digoxin toxicity include abdominal pain, anorexia, nausea, vomiting, and visual disturbances. The physician should be notified if any of these symptoms are experienced. (B) The positive inotropic effects of digoxin increase cardiac output and result in an enhanced activity tolerance. "Feeling better" indicates the drug is working and medication therapy must be continued. (C) Clients should be taught to take their pulse prior to taking the digoxin. If their pulse rate becomes irregular, slows significantly, or is >100 bpm the physician should be notified. (D) Antacids decrease the effectiveness of digoxin.

NEW QUESTION: 286

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 287

A child is admitted to the emergency room with her mother. Her mother states that she has been exposed to chickenpox. During the assessment, the nurse would note a characteristic rash:

- A. That is covered with vesicular scabs all in the macular stage
- B. That appears profusely on the trunk and sparsely on the extremities
- C. That first appears on the neck and spreads downward
- D. That appears especially on the cheeks, which gives a "slapped-cheek" appearance

Answer: B (LEAVE A REPLY)

Explanation

(A) A rash with vesicular scabs in all stages (macule, papule, vesicle, and crusts). (B) A rash that appears profusely on the trunk and sparsely on the extremities. (C) A rash that first appears on the neck and spreads downward is characteristic of rubeola and rubella. (D) A rash, especially on the cheeks, that gives a "slapped-cheek" appearance is characteristic of roseola.

NEW QUESTION: 288

The nurse should facilitate bonding during the postpartum period. What should the nurse expect to observe in the taking-hold phase?

- A. Mother is concerned about her recovery.
- B. Mother calls infant by name.
- C. Mother lightly touches infant.
- D. Mother is concerned about her weight gain.

Answer: B (LEAVE A REPLY)

(A) This observation can be made during the taking-in phase when the mother's needs are more important. (B) This observation can be made during the taking-hold phase when the mother is actively involved with herself and the infant. (C, D) This observation can be made during the taking-in phase.

NEW QUESTION: 289

A 26-year-old client is diagnosed with an astrocytoma, a benign brain tumor. From the nurse's knowledge of the central nervous system, the nurse knows that benign tumors:

- A. Can be just as dangerous as malignant tumors
- B. Grow more rapidly than malignant tumors
- C. Do not warrant concern because they do not become malignant tumors
- D. Can be removed surgically

Answer: (SHOW ANSWER)

Explanation

(A) Both a benign and a malignant tumor can displace or destroy nearby structures or increase intracranial pressure. (B) Benign or malignant brain tumors grow at different rates depending on the type of tumor. (C) Some benign tumors do become malignant tumors. (D) Whether or not a tumor is operable depends on its location and the amount of damage its removal will cause.

NEW QUESTION: 290

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 291

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 292

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Answer: (SHOW ANSWER)

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NEW QUESTION: 293

An 82-year-old former restaurant owner walks to the nursing station and states, "I have to go. The restaurant opens at 11 am." Which response by the nurse is the most appropriate?

- A. "Go back to your room. You do not own a restaurant."
- B. "You are in the hospital now. Calm down."
- C. "You once owned a restaurant. Tell me about it."
- D. "It is snowing outside. The restaurant is closed."

Answer: C (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) This response cuts off communication with the client. It does not address her feelings. (B) Reality orientation frequently does not work alone. Feelings must be addressed. Telling a client to calm down is frequently ineffective. (C) Reminiscence is used here to reorient and recall past pleasant events. Talking about the restaurant will allay anxiety. (D) This response may confirm to the client that she indeed does still own a restaurant, buying into her confusion. Her feelings and anxiety require nursing intervention.

NEW QUESTION: 294

A murmur has been discovered during the routine physical examination of a 1-year-old child. The parent is extremely concerned about this diagnosis. Which of the following explanations by the nurse indicates understanding of this dysfunction?

- A. The blood shifts from the right to the left atrium.
- B. Surgical closure by suture or patch is recommended before school age.
- C. Most atrial septal defects close spontaneously.
- D. The child can be treated medically with antibiotics to prevent bacterial endocarditis.

Answer: (SHOW ANSWER)

Explanation

(A) Because the left atrial pressure is greater than right atrial pressure, oxygenated blood flows from the left to the right atria. (B) Because of the risk of pulmonary obstructive diseases and congestive heart failure later in life, surgery is usually performed between age 4 and 6 years, with essentially no operative mortality or postoperative complications. (C) Many ventricular septal defects close spontaneously (20-60%) as a result of growth and proliferation of the muscular septum or formation of a membrane across the opening. (D) This management is usually recommended with children with mild pulmonary stenosis.

NEW QUESTION: 295

A common complication of cirrhosis of the liver is prolonged bleeding. The nurse should be prepared to administer?

- A. Vitamin C
- B. Vitamin K
- C. Vitamin E
- D. Vitamin A

Answer: B (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) Vitamin C does not directly affect clotting. (B) Vitamin K is a fat-soluble vitamin that depends on liver function for absorption. Vitamin K is essential for clotting. (C) Vitamin E does not directly affect clotting. (D) Vitamin A does not directly affect clotting.

NEW QUESTION: 296

The therapeutic blood-level range for lithium is:

- A. 0.25-1.0 mEq/L
- B. 0.5-1.5 mEq/L
- C. 1.0-2.0 mEq/L
- D. 2.0-2.5 mEq/L

Answer: B (LEAVE A REPLY)

Explanation

(A) This range is too low to be therapeutic. (B) This is the therapeutic range for lithium. (C) This range is above the therapeutic level. (D) This range is toxic and may cause severe side effects.

NEW QUESTION: 297

270 mg PO qd for 10 days. 20 mg PO qd for 10 days. 40 mg PO qd for 10 days. 50 mg PO qd for 10 days. 50 mg PO bid for 10 days.

- A. 400 mg PO qd for 3 days
- B. 200 mg PO bid for 10 days
- C. 400 mg PO bid for 10 days
- D. 200 mg PO qd for 10 days

Answer: C (LEAVE A REPLY)

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(A) 400 mg PO qd for 3 days is not therapeutic. (B) 200 mg PO bid for 10 days is not therapeutic. (C) 400 mg PO bid for 10 days is therapeutic. (D) 200 mg PO qd for 10 days is not therapeutic.

NEW QUESTION: 298

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 299

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 301

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Answer: (SHOW ANSWER)

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NEW QUESTION: 302

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NEW QUESTION: 303

A male client has been hospitalized with congestive heart failure. Medical management of heart failure focuses on improving myocardial contractility. This can be achieved by administering:

- A. Digoxin (Lanoxin) 0.25 mg po every day
- B. Furosemide (Lasix) 40 mg po every morning
- C. O22 L/min via nasal cannula
- D. Nitroglycerin (Nitrol) 1 inch topically every 4 hours

Answer: **A** ([LEAVE A REPLY](#))

Section: Questions Set C

Explanation:

(A) Digoxin is a cardiac glycoside given to clients in heart failure to improve their myocardial contractility. (B) Furosemide is a loop diuretic given to clients in heart failure to promote diuresis. (C) O2 is given to clients in heart failure to increase oxygenation and to prevent or treat hypoxemia. (D) Nitroglycerin is a nitrate given to clients in heart failure to increase their cardiac output by decreasing the peripheral resistance that the left ventricle must pump against.

NEW QUESTION: 304

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Answer: B (LEAVE A REPLY)

NEW QUESTION: 305

A 16-year-old female client is admitted to the hospital because she collapsed at home while exercising with videotaped workout instructions. Her mother reports that she has been obsessed with losing weight and staying slim since cheerleader try-outs 6 months ago, when she lost out to two of her best friends. The client is 5'4" and weighs 92 lb, which represents a weight loss of 28 lb over the last 4 months. The most important initial intervention on admission is to:

- A. Obtain an accurate weight
- B. Search the client's purse for pills
- C. Assess vital signs
- D. Assign her to a room with someone her own age

Answer: C (LEAVE A REPLY)

Explanation

(A) On admission, vital signs are the highest priority. Weight is not a vital sign. (B) Belongings are routinely searched on admission to a psychiatric unit, but this search is not a high priority. (C) Vital signs are a high priority when working with selfdestructive clients. (D) Room assignment is of low priority.

NEW QUESTION: 306

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Answer: D ([LEAVE A REPLY](#))

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NEW QUESTION: 307

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Answer: B ([LEAVE A REPLY](#))

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NEW QUESTION: 308

The parents of a 9-year-old child with acute lymphocytic leukemia expressed concern about his alopecia from cranial irradiation. The nurse explains that:

- A. Alopecia is an unavoidable side effect.
- B. There are several wig makers for children.
- C. Most children select a favorite hat to protect their heads.
- D. His hair will grow back in a few months.

Answer: ([SHOW ANSWER](#))

Explanation

(A) Alopecia has occurred, and knowing it is a side effect does not address their concern. (B) Although true, it does not give them hope for the future. (C) Although true, it does not provide them with information of the temporary nature of the situation. (D) Knowing the hair will grow back provides comfort that the alopecia is temporary.

NEW QUESTION: 309

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 310

To prevent transmission of bacterial meningitis, the nurse would instruct an infected baby's mother to:

- A. Avoid touching the baby while in the room.
- B. Stay outside of the baby's room.
- C. Wear a gown and gloves and wash her hands before and after leaving the room.
- D. Wear a mask while in the room.

Answer: C (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) The mother should be allowed and encouraged to touch her baby. (B) With care, transmission can be prevented. There is no need for the mother to stay outside the room. (C) Everyone entering the baby's room should take appropriate measures to prevent transmission of pathogens. (D) Wearing a mask will not protect against transmission of pathogens.

NEW QUESTION: 311

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NEW QUESTION: 312

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Answer: C ([LEAVE A REPLY](#))

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Answer: A ([LEAVE A REPLY](#))

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NEW QUESTION: 317

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NEW QUESTION: 318

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NEW QUESTION: 321

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NEW QUESTION: 322

A male client has experienced low back pain for several years. He is the primary support of his wife and six children. Although he would qualify for disability, he plans to continue his employment as long as possible.

His back pain has increased recently, and he is unable to control it with non-steroidal anti-inflammatory agents. He refuses surgery and cannot take narcotics and remain alert enough to concentrate at work. His physician has suggested application of a transcutaneous electrical nerve stimulation (TENS) unit. Which of the following is an appropriate rationale for using a TENS unit for relief of pain?

- A. TENS units have an ultrasonic effect that relaxes muscles, decreases joint stiffness, and increases range of motion.
- B. TENS □□□ □□□□ □□□□ □□ □□□□ □□ □□□□ □□□ □□□ □□□ □□□□□ □□□□□.
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Answer: (SHOW ANSWER)

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NEW QUESTION: 323

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 324

A client has a chest tube placed in his left pleural space to re-expand his collapsed lung. In a closed-chest drainage system, the purpose of the water seal is to:

- A. Prevent air from entering the pleural space
- B. Prevent fluid from entering the pleural space
- C. Provide a means to measure chest drainage
- D. Provide an indicator of respiratory effort

Answer: A (LEAVE A REPLY)

Explanation

(A) A chest tube extends from the pleural space to a collection device. The tube is placed below the surface of the saline so that air cannot enter the pleural space. (B) Fluid may enter the pleural space as a result of injury or disease. A chest tube may drain fluid from the pleural space, but the water seal is not involved in this. (C) Chest drainage should be measured, but the water seal is not involved in this. (D) Fluctuations in the tube in the water-sealed bottle will give an indication of respiratory effort, but that is not the purpose of the water seal.

NEW QUESTION: 325

A new mother experiences strong uterine contractions while breast-feeding her baby. She excitedly rings for the nurse. When the nurse arrives the mother tells her, "Something is

wrong. This is like my labor." Which reply by the nurse identifies the physiological response of the client?

- A. "Your breasts are secreting a hormone that enters your bloodstream and causes your abdominal muscles to contract."
- B. "Prolactin increases the blood supply to your uterus, and you are feeling the effects of this blood vessel engorgement."
- C. "The same hormone that is released in response to the baby's sucking, causing milk to flow, also causes the uterus to contract."
- D. "There is probably a small blood clot or placental fragment in your uterus, and your uterus is contracting to expel it."

Answer: (SHOW ANSWER)

Explanation/Reference:

Explanation:

(A) Mammary growth as well as milk production and maintenance in the breast occur in response to hormones produced primarily by the hypothalamus and the pituitary gland. (B) Prolactin stimulates the alveolar cells of the breast to produce milk. It is important in the initiation of breast-feeding. (C) Oxytocin, which is released by the posterior pituitary, stimulates the let-down reflex by contraction of the myoepithelial cells surrounding the alveoli. In addition, it causes contractions of the uterus and uterine involution. (D) Afterpains may occur with retained placental fragments. A boggy uterus and continued bleeding are other symptoms that occur in response to retained placental fragments.

NEW QUESTION: 326

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 327

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NEW QUESTION: 328

The nurse is notified that a 27-year-old primigravida diagnosed with complete placenta previa is to be admitted to the hospital for a cesarean section. The client is now at 36 weeks' gestation and is presently having bright red bleeding of moderate amount. On admission, the nursing intervention that the nurse should give the highest priority to is:

- A. Shave the client's abdomen and arrange her lab work
- B. Determine the status of the fetus by fetal heart tones
- C. Start an IV infusion in the client's arm
- D. Insert an indwelling catheter into her bladder

Answer: (SHOW ANSWER)

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NEW QUESTION: 329

A post-lung surgery client is placed on a chest tube drainage system. When explaining to the family how the system works, the nurse states that the water-seal bottle of a three-bottle chest drainage system serves which of the following purposes?

- A. Collection bottle for drainage
- B. Pressure regulator
- C. Preventing accumulation of blood around the heart
- D. Preventing air from entering the chest upon inspiration

Answer: D (LEAVE A REPLY)

Explanation

- (A) There is a separate collection bottle for drainage as part of a chest drainage system.
- (B) In a three-bottle chest drainage system, one bottle serves only as a pressure regulator.
- (C) Mediastinal chest tubes prevent accumulation of blood around the heart immediately

following heart surgery. (D) The purpose of the water-seal bottle in any chest drainage setup is to allow air out of the chest, but not back in. This negative pressure promotes lung expansion.

NEW QUESTION: 330

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NEW QUESTION: 331

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NEW QUESTION: 332

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 333

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Answer: (SHOW ANSWER)

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NEW QUESTION: 334

The nurse has been assigned a client who delivered a 6-lb, 12-oz baby boy vaginally 40 minutes ago. The initial assessment of greatest importance for this client would be:

- A. Length of her labor
- B. Type of episiotomy
- C. Amount of IV fluid to be infused
- D. Character of the fundus

Answer: (SHOW ANSWER)

Explanation/Reference:

Explanation:

The length of labor has little bearing on the fourth stage of labor. The type of labor and delivery is significant. (B) The type of episiotomy will affect the client's comfort level. However, the nurse's assessment and implementations center on prevention of hemorrhage during the fourth stage of labor. The amount of bleeding from the episiotomy or hematoma formation is of higher priority than the type of episiotomy. (C) The amount of IV fluid to be infused is a nursing function to be attended to; however, it is lower in priority than determining if hemorrhaging is occurring. (D) Character of the fundus would be the priority nursing assessment because changes in uterine tone may identify possible postpartum hemorrhage.

NEW QUESTION: 335

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 336

A parent told the public health nurse that her 6-year-old son has been taking tetracycline for a chronic skin condition. The parent asked if this could cause any problems for the child. What should the nurse explain to the parent?

- A. Giving tetracycline to a child younger than 8 years may cause permanent staining of his teeth.
- B. If you give tetracycline with milk, it may be absorbed readily.
- C. The medication should be given to adults, not children.
- D. Secondary infections of chronic skin disorders do not respond to antibiotics.

Answer: (SHOW ANSWER)

(A) Tetracycline should be avoided during tooth development because it interferes with enamel formation and dental pigmentation. (B) Milk interferes with the absorption of tetracyclines. (C) Children older than 9 years or past the tooth development stage may be given tetracycline. (D) Secondary infections of chronic skin disorders may respond to antibiotics such as penicillin or tetracyclines.

NEW QUESTION: 337

The nurse is caring for a laboring client. Assessment data include cervical dilation 9 cm; contractions every 1-2 minutes; strong, large amount of "bloody show." The most appropriate nursing goal for this client would be:

- A. Maintain client's privacy.
- B. Assist with assessment procedures.
- C. Provide strategies to maintain client control.
- D. Enlist additional caregiver support to ensure client's safety.

Answer: C (LEAVE A REPLY)

(A) Privacy may help the laboring client feel safer, but measures that enhance coping take priority. (B) The frequency of assessments do increase in transition, but helping the client to maintain control and cope with this phase of labor takes on importance. (C) This laboring client is in transition, the most difficult part of the first stage of labor because of decreased frequency, increased duration and intensity, and decreased resting phase of the uterine contraction. The client's ability to cope is most threatened during this phase of labor, and nursing actions are directed toward helping the client to maintain control. (D) Safety is a concern throughout labor, but helping the client to cope takes on importance in transition.

NEW QUESTION: 338

14. The nurse is caring for a client who has been diagnosed with a heart condition. The client's vital signs are 100/80, 115/85, 88, 98. The nurse should monitor the client for which of the following? (Select all that apply.)

- A. 100/80
- B. 115/85
- C. 88
- D. 98

Answer: D (LEAVE A REPLY)

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NEW QUESTION: 339

A client is being treated for congestive heart failure. His medical regimen consists of digoxin (Lanoxin) 0.25 mg po daily and furosemide 20 mg po bid. Which laboratory test should the nurse monitor?

- A. Intake and output
- B. Calcium
- C. Potassium
- D. Magnesium

Answer: C (LEAVE A REPLY)

(A) Intake and output are not laboratory tests. (B) Serum calcium levels are not affected by digoxin or furosemide. (C) Furosemide is a non-potassium-sparing loop diuretic. Hypokalemia is a common side effect of furosemide and may enhance digoxin toxicity. (D) Serum magnesium levels are not affected by digoxin or furosemide.

NEW QUESTION: 340

Except for initial explosiveness on admission, a client diagnosed with schizophrenia stays in her room. She continues to believe other people are out to get her. A nursing intervention basic to improving withdrawn behavior is:

- A. Assigning her to occupational therapy
- B. Having her sit with the nurses while they chart
- C. Helping her to make friends
- D. Facilitating communication

Answer: (SHOW ANSWER)

Explanation

(A) The nurse does not make this assignment. (B) One-to-one observation is not appropriate. It does not focus on the client or encourage communication. (C) The client is too suspicious to accomplish this goal. (D) The withdrawn individual must learn to communicate on a one-to-one level before moving on to more threatening situations.

NEW QUESTION: 341

55. A client with a history of alcohol abuse is admitted to the hospital with a diagnosis of delirium tremens. The nurse should expect the client to exhibit which of the following signs and symptoms?

- A. Fluctuating level of consciousness
- B. Nystagmus
- C. Tachycardia
- D. O2 saturation of 92%

Answer: C (LEAVE A REPLY)

(A) Fluctuating level of consciousness is a sign of delirium, not delirium tremens. (B) Nystagmus is a sign of alcohol withdrawal, not delirium tremens. (C) Tachycardia is a sign of delirium tremens. (D) O2 saturation of 92% is a normal finding.

NEW QUESTION: 342

Plans for the care of a client with an ulcer caused by emotional problems need to take into consideration that:

- A. His priority needs are limited to medical management
- B. There is no real psychological basis for his illness
- C. The disorder is a threat to his physical well-being
- D. He is unable to participate in planning his care

Answer: (SHOW ANSWER)

Section: Questions Set D

Explanation:

(A) There may be a medical emergency that takes top priority; however, the basis of the problem is emotional.

(B) The problem is a physical manifestation of an emotional conflict. (C) The bleeding ulcer can be life threatening. (D) For lifestyle change to occur, the client must participate in the planning of his care so that he is committed to changes that will have positive results.

NEW QUESTION: 343

A client with a history of alcohol abuse is admitted to the hospital with a diagnosis of delirium tremens. The nurse should expect the client to exhibit which of the following signs and symptoms?

- A. Fluctuating level of consciousness
- B. Nystagmus
- C. Tachycardia
- D. O2 saturation of 92%

Answer: A (LEAVE A REPLY)

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NEW QUESTION: 344

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 345

When evaluating a client with symptoms of shock, it is important for the nurse to differentiate between neurogenic and hypovolemic shock. The symptoms of neurogenic shock differ from hypovolemic shock in that:

- A. In neurogenic shock, the skin is warm and dry
- B. In hypovolemic shock, there is a bradycardia
- C. In hypovolemic shock, capillary refill is less than 2 seconds
- D. In neurogenic shock, there is delayed capillary refill

Answer: A (LEAVE A REPLY)

Explanation

(A) Neurogenic shock is caused by injury to the cervical region, which leads to loss of sympathetic control.

This loss leads to vasodilation of the vascular beds, bradycardia resulting from the lack of sympathetic balance to parasympathetic stimuli from the vagus nerve, and the loss of the ability to sweat below the level of injury.

In neurogenic shock, the client is hypotensive but bradycardiac with warm, dry skin. (B) In hypovolemic shock, the client is hypotensive and tachycardiac with cool skin. (C) In hypovolemic shock, the capillary refill would be >5 seconds. (D) In neurogenic shock, there is no capillary delay, the vascular beds are dilated, and peripheral flow is good.

NEW QUESTION: 346

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- D. 10 00 00 00

Answer: D (LEAVE A REPLY)

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NEW QUESTION: 347

A 16-year-old client with a diagnosis of oppositional defiant disorder is threatening violence toward another child. In managing a potentially violent client, the nurse:

- A. Must use the least restrictive measure possible to control the behavior
- B. Should put the client in seclusion until he promises to behave appropriately
- C. Should apply full restraints until the behavior is under control
- D. Should allow other clients to observe the acting out so that they can learn from the experience

Answer: A (LEAVE A REPLY)

Explanation

(A) This answer is correct. Least restrictive measures should always be attempted before a client is placed in seclusion or restraints. The nurse should first try a calm verbal approach, suggest a quiet room, or request that the client take "time-out" before placing the client in seclusion, giving medication as necessary, or restraining. (B) This answer is incorrect. A calm verbal approach or requesting that a client go to his room should be attempted before restraining. (C) This answer is incorrect. Restraints should be applied only after all other measures fail to control the behavior. (D) This answer is incorrect. Other clients should be removed from the area. It is often very anxiety producing for other clients to see a peer out of control. It could also lead to mass acting-out behaviors.

NEW QUESTION: 348

A 35-weeks-pregnant client is undergoing a nonstress test (NST). During the 20-minute examination, the nurse notes three fetal movements accompanied by accelerations of the fetal heart rate, each 15 bpm, lasting 15 seconds. The nurse interprets this test to be:

- A. Nonreactive
- B. Reactive
- C. Positive
- D. Negative

Answer: B (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) In a nonreactive NST, the criteria for reactivity are not met. (B) A reactive NST shows at least two accelerations of FHR with fetal movements, each 15 bpm, lasting 15 seconds or more, over 20 minutes.

(C, D) This term is used to interpret a contraction stress test (CST), or oxytocin challenge test, not an NST.

NEW QUESTION: 349

A female client comes for her second prenatal visit. The nurse-midwife tells her, "Your blood tests reveal that you do not show immunity to the German measles." Which notation will the nurse include in her plan of care for the client? "Will need . . .

- A. Rh-immune globulin at the next visit"
- B. Rh-immune globulin within 3 days of delivery"
- C. Rubella vaccine at the next visit"
- D. Rubella vaccine after delivery on the day of discharge"

Answer: D (LEAVE A REPLY)

(A) Rh immune globulin is given to Rh-negative mothers to prevent the maternal Rh immune response. (B) Rh immune globulin is given to Rh-negative mothers to prevent the maternal Rh immune response. (C) The rubella vaccine is not given during pregnancy because of its teratogenicity. (D) Nonimmune mothers are vaccinated early in the postpartum period to prevent future infection with the rubella virus.

NEW QUESTION: 350

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 351

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 352

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NEW QUESTION: 353

A client who has been diagnosed with anorexia nervosa reluctantly agrees to eat all prescribed meals. The most important intervention in monitoring her dietary compliance would be to:

- A. Allow her privacy at mealtimes
- B. Praise her for eating everything
- C. Observe behavior for 1-2 hours after meals to prevent vomiting
- D. □□□ □□, □□□□ □□□ □□□□, □□□□ □□□ □□□□ □□□□□□.

Answer: C (LEAVE A REPLY)

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NEW QUESTION: 354

A 72-year-old client with a new colostomy is being evaluated at the clinic today for constipation. When discussing diet with the client, the nurse recognizes that which one of the following foods most likely caused this problem?

- A. Fried chicken
- B. Eggs
- C. Tapioca
- D. Cabbage

Answer: C (LEAVE A REPLY)

(A) Fried, greasy food, such as fried chicken, will produce diarrhealike stools in individuals with all types of GI ostomies. (B) Eggs will cause odor-producing stools in individuals with all types of GI ostomies. (C) Tapioca and rice products will cause constipation in individuals with all types of GI ostomies. (D) Cabbage will cause odor-producing and flatus-producing stools in individuals with all types of GI ostomies.

NEW QUESTION: 355

When a client is receiving vasoactive therapy IV, such as dopamine (Intropin), and extravasation occurs, the nurse should be prepared to administer which of the following medications directly into the site?

- A. Phentolamine (Regitine)
- B. Epinephrine
- C. Phenylephrine (Neo-Synephrine)
- D. Sodium bicarbonate

Answer: A (LEAVE A REPLY)

(A) Phentolamine is given to counteract the-adrenergic effects that cause ischemia and necrosis of local tissue. (B) Epinephrine is an endogenous catecholamine that produces vasoconstriction and increases heart rate and contractility. (C) Phenylephrine causes constriction of arterioles of skin, mucous membranes, and viscera, which in turn can cause ischemia and necrosis. (D) Sodium bicarbonate is an alkalinizing agent that is incompatible with dopamine.

NEW QUESTION: 356

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- B. 5gtt/□
- C. 50gtt/□
- D. 100gtt/□

Answer: C (LEAVE A REPLY)

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NEW QUESTION: 357

Parents of children receiving chemotherapy should be warned that alopecia is a side effect and that:

- A. Children seldom show concern about losing their hair
- B. The hair will come out gradually, and the loss will not be noticeable for some time
- C. It is best for girls to choose a wig similar to their hair style and color before the hair falls out
- D. The parents will soon get used to seeing their children without hair, and it will no longer bother them

Answer: C (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) Children may become depressed with a changed appearance and not want to look at themselves or have others see them. (B) The hair will fall out in clumps, causing patchy baldness that is quite noticeable and traumatic to children and their families. (C) Having a wig that looks like a girl's own hair can be a psychological boost to children and is helpful in fostering later adjustments to hair loss. (D) Families may become accustomed to seeing their children without hair, but the loss is traumatic to them and will continue to bother them.

NEW QUESTION: 358

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Answer: [\(SHOW ANSWER\)](#)

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NEW QUESTION: 359

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- A. 240mL/□
- B. 680mL/□
- C. 330mL/□
- D. 960mL/□

Answer: **B** ([LEAVE A REPLY](#))

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NEW QUESTION: 360

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Answer: **C** ([LEAVE A REPLY](#))

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NEW QUESTION: 361

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Answer: (SHOW ANSWER)

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NEW QUESTION: 362

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 363

A male client receives 10 U of regular human insulin SC at 9:00 AM. The nurse would expect peak action from this injection to occur at:

- A. 9:30 AM
- B. 10:30 AM
- C. 12 noon
- D. 4:00 PM

Answer: C ([LEAVE A REPLY](#))

Explanation

(A) This is too early for peak action to occur. (B) This is too early for peak action to occur. (C) Regular insulin peak action occurs 2-4 hours after administration. (D) This is too late for peak action to occur.

NEW QUESTION: 364

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Answer: ([SHOW ANSWER](#))

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NEW QUESTION: 365

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Answer: A ([LEAVE A REPLY](#))

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NEW QUESTION: 366

A 24-year-old woman who is gravida 1 reports, "I can't take iron pills because they make me sick." She continues, "My bowels aren't moving either." In counseling her based on these complaints, the nurse's most appropriate response would be, "It would be beneficial for you to eat . . .

- A. prunes."
- B. green leafy vegetables."
- C. □□ □□."
- D. □□."

Answer: A (LEAVE A REPLY)

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NEW QUESTION: 367

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 368

When a client is receiving vasoactive therapy IV, such as dopamine (Intropin), and extravasation occurs, the nurse should be prepared to administer which of the following medications directly into the site?

- A. Phentolamine (Regitine)
- B. Epinephrine
- C. Phenylephrine (Neo-Synephrine)
- D. Sodium bicarbonate

Answer: (SHOW ANSWER)

Explanation

(A) Phentolamine is given to counteract the-adrenergic effects that cause ischemia and necrosis of local tissue.

(B) Epinephrine is an endogenous catecholamine that produces vasoconstriction and increases heart rate and contractility. (C) Phenylephrine causes constriction of arterioles of skin, mucous membranes, and viscera, which in turn can cause ischemia and necrosis. (D) Sodium bicarbonate is an alkalinizing agent that is incompatible with dopamine.

NEW QUESTION: 369

A male client has a history of diverticulosis. He has questions about the foods that he should eat. His nurse gives him the following information:

- A. He should be on a high-fiber diet.
- B. He should eat a low-residue diet.
- C. He should drink minimal amounts of fluids.
- D. He does not need to make any modifications.

Answer: (SHOW ANSWER)

Section: Questions Set E

Explanation:

(A) Clients with diverticulosis should maintain a high-fiber diet and prevent constipation with bran or bulk laxatives. (B) Low residue diets lead to constipation and are contraindicated in clients with diverticulosis. (C) Clients with diverticulosis should drink at least eight glasses of water each day to prevent constipation. (D) Clients with diverticulosis should modify their diet to include high-fiber foods and bulk laxatives.

NEW QUESTION: 370

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Answer: (SHOW ANSWER)

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NEW QUESTION: 371

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 372

A 30-year-old female client is receiving antineoplastic chemotherapy. Which of the following symptoms should especially concern the nurse when caring for her?

- A. Respiratory rate of 16 breaths/min
- B. Pulse rate of 80 bpm
- C. Complaints of muscle aches
- D. A sore throat

Answer: (SHOW ANSWER)

(A) A respiratory rate of 16 breaths/min is normal and is not a cause for alarm. (B) A pulse rate of 80 bpm is normal and is not a cause for alarm. (C) Complaints of muscle aches are unrelated to her receiving chemotherapy. There may be other causes related to her hospital stay or the disease process. (D) A sore throat is an indication of a possible infection. A client receiving chemotherapy is at risk of neutropenia. An infection in the presence of neutropenia can result in a life-threatening situation.

NEW QUESTION: 373

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 374

A 22-year-old client who is being seen in the clinic for a possible asthma attack stops wheezing suddenly as the nurse is doing a lung assessment. Which one of the following nursing interventions is most important?

- A. Place the client in a supine position.
- B. Draw a blood sample for arterial blood gases.
- C. Start O2 at 4 L/min.
- D. Establish a patent airway.

Answer: (SHOW ANSWER)

Explanation

(A) During impending respiratory failure or asthmatic complications, the client is placed in the high-Fowler position to facilitate comfort and promote optimal gas exchange. (B) Arterial blood gases are monitored in the treatment of respiratory failure during an asthma attack, but it is not an initial intervention. (C) O2 therapy is used during an asthma attack, but it is not the initial intervention. The usual prescribed amount is a cautiously low flow rate of 1-2 L/min. (D) Wheezing is a characteristic clinical finding during an asthma attack. If wheezing suddenly ceases, it usually indicates a complete airway obstruction and requires immediate treatment for respiratory failure or arrest.

NEW QUESTION: 375

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Answer: D ([LEAVE A REPLY](#))

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NEW QUESTION: 376

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Answer: ([SHOW ANSWER](#))

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NEW QUESTION: 377

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 378

A client had a right below-the-knee amputation 4 days ago. He is complaining of pain in his right lower leg.

The nurse should:

- A. Remind the client that he no longer has that part of his leg and assure him he will be OK
- B. Call the physician to request a psychological consultation for the client
- C. Turn on the television to distract the client's attention from his amputated leg
- D. Give the client his order of Demerol 50 mg IM prn

Answer: D (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) The nurse is ignoring the client's pain. Telling the client that he will be OK will not relieve his phantom pain. (B) The client does not need a psychological consultation. Phantom pain is a normal sensation experienced by clients with amputations. (C) Using the television as a distractor will not relieve the client's phantom pain. (D) Phantom pain is a normal, very real experience for an amputee and should be treated with pain medication.

NEW QUESTION: 379

Early in her ninth month of pregnancy, a client has been diagnosed as having mild preeclampsia. In counseling her about her diet, the nurse must emphasize the importance of:

- A. Decreasing her sodium intake
- B. Decreasing her fluids
- C. Increasing her carbohydrate intake
- D. Eating a moderate to high-protein diet

Answer: (SHOW ANSWER)

Explanation/Reference:

Explanation:

(A) Women with pregnancy-induced hypertension have a reduced plasma volume secondary to venous vessel constriction, not hypovolemia; therefore, sodium restriction is not recommended. It is suggested that these women avoid extremely salty foods. (B) Drinking six to eight glasses of water per day facilitates optimal fluid volume and renal perfusion, but it will not decrease the venous vessel constriction of pregnancy-induced hypertension. (C) Carbohydrate needs increase during pregnancy, specifically during the second and third trimesters, but they have not been linked to pregnancy-induced hypertension. (D) Loss of urinary protein (proteinuria) is associated with increased permeability of the large protein molecules with pregnancy-induced hypertension. Additional dietary protein also helps increase the plasma colloidal osmotic pressure. Diets deficient in protein have been linked to pregnancy-induced hypertension.

NEW QUESTION: 380

66 A patient with a respiratory infection has the following arterial blood gas (ABG) results: pH 7.35; PO₂ 70mmHg; PCO₂ 55mmHg; HCO₃ 32mEq/L. The patient is also tachypneic and has a respiratory rate of 20 breaths per minute.

- A. The patient has metabolic acidosis.
- B. The patient has respiratory acidosis.
- C. The patient has metabolic alkalosis.
- D. The patient has respiratory alkalosis.

Answer: B (LEAVE A REPLY)

ABG: pH 7.35; PO₂ 70; PCO₂ 55; HCO₃ 32

Respiratory rate: 20

(A) Metabolic acidosis is characterized by a low pH and a low bicarbonate level. In this case, the pH is 7.35 (normal range 7.35-7.45) and the bicarbonate level is 32 mEq/L (normal range 22-28). (B) Respiratory acidosis is characterized by a low pH and a high PCO₂ level. In this case, the pH is 7.35 and the PCO₂ is 55 mmHg (normal range 35-45). (C) Metabolic alkalosis is characterized by a high pH and a high bicarbonate level. In this case, the pH is 7.35 and the bicarbonate level is 32 mEq/L. (D) Respiratory alkalosis is characterized by a high pH and a low PCO₂ level. In this case, the pH is 7.35 and the PCO₂ is 55 mmHg.

NEW QUESTION: 381

A patient with a respiratory infection has the following arterial blood gas (ABG) results: pH 7.35; PO₂ 70mmHg; PCO₂ 55mmHg; HCO₃ 32mEq/L. The patient is also tachypneic and has a respiratory rate of 20 breaths per minute.

- A. The patient has metabolic acidosis.

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Answer: A ([LEAVE A REPLY](#))

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NEW QUESTION: 382

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NEW QUESTION: 383

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NEW QUESTION: 384

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Answer: B (LEAVE A REPLY)

NEW QUESTION: 385

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NEW QUESTION: 386

A client experiencing delusions states, "I came here because there were people surrounding my house that wanted to take me away and use my body for science." The best response by the nurse would be:

- A. "Describe the people surrounding your house that want to take you away."
B. "I need more information on why you think others want to use your body for science."
C. "There were no people surrounding your house, your relatives brought you here, and no one really wants your body for science."
D. "I know that must be frightening for you; let the staff know when you are having thoughts that trouble you."

Answer: D (LEAVE A REPLY)

Explanation/Reference:

70% of the population is affected by this condition. The most common symptom is a 8mm diameter of the pupil. The patient is usually asymptomatic. The patient is usually asymptomatic. The patient is usually asymptomatic.

- A. 100% of the population
- B. 50%
- C. 70% of the population
- D. 20%

Answer: C (LEAVE A REPLY)

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(A) 100% of the population is affected by this condition. (B) 50% of the population is affected by this condition. (C) 70% of the population is affected by this condition. (D) 20% of the population is affected by this condition.

NEW QUESTION: 390

A 14-year-old teenager is hospitalized for anorexia nervosa. She is admitted to the adolescent mental health unit and placed on a behavior modification program. Nursing interventions for the teenager will most likely include:

- A. Establishing routine tasks and activities around mealtimes
- B. Administering medications such as lithium
- C. Requiring the client to eat more during meals
- D. Checking the client's room frequently

Answer: A (LEAVE A REPLY)

(A) Providing a more structured, supportive environment addresses safety and comfort needs, thereby helping the anorexic client develop more internal control. (B) Medications (commonly antidepressants) are frequently ordered for the anorexic client. However, lithium (used primarily with bipolar disorder) is not commonly used to treat the anorexic client. (C) Requiring and/or demanding that the anorexic client "eat more" at mealtimes increases the client's feelings of powerlessness. (D) Like the previous strategy, checking the client's room frequently contributes to the client's feelings of powerlessness.

NEW QUESTION: 391

The patient is usually asymptomatic. The patient is usually asymptomatic. The patient is usually asymptomatic.

- A. 100% of the population
- B. 50% of the population
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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 392

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 393

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 394

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Answer: (SHOW ANSWER)

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NEW QUESTION: 395

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 396

A male client is diagnosed with hypoparathyroidism. He has been on dialysis for several years. He is experiencing symptoms such as numbness of the lips, muscle weakness, carpopedal spasms, and wheezing. Given the client's symptoms, nursing assessment would focus on:

- A. Detection of tetany
- B. Detection of hypocalcemia to prevent seizures
- C. Evidence of depression
- D. Detection of premature cataract formation

Answer: A (LEAVE A REPLY)

(A) Assessment should focus on detection of tetany, which is the most common symptom of hypoparathyroidism. Left undetected and untreated, tetany resulting from hypocalcemia can progress to seizures. (B) Hypocalcemia is difficult to detect on nursing assessment alone. Abdominal cramping may be an indication of hypocalcemia, but laboratory data are required to confirm diagnosis. (C) Depression can be a symptom of hypoparathyroidism, but it is not definitive. (D) Premature cataract formation can occur, but it also is not specific to parathyroidism and poses no immediate danger to the client.

NEW QUESTION: 397

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Answer: (SHOW ANSWER)

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NEW QUESTION: 398

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Answer: ([SHOW ANSWER](#))

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NEW QUESTION: 399

The physician prescribes a medical regimen of isoniazid, rifampin, and vitamin B6 for a tuberculosis client.

The nurse instructs the client that B6 is given because it:

- A. Increases activity of isoniazid
- B. Increases activity of rifampin
- C. Improves nutritional status
- D. Reduces peripheral neuropathy

Answer: **D** ([LEAVE A REPLY](#))

Explanation/Reference:

Explanation:

(A) Vitamin B6 does not enhance the activity of isoniazid. (B) Vitamin B6 does not enhance the activity of rifampin. (C) A vitamin alone does not improve nutritional status. (D) Isoniazid leads to Vitamin B6 deficiency, which is manifested as peripheral neuropathy.

NEW QUESTION: 400

A client confides to the nurse that he tasted poison in his evening meal. This would be an example of what type of hallucination?

- A. Auditory
- B. Gustatory
- C. Olfactory
- D. Visceral

Answer: **B** ([LEAVE A REPLY](#))

Explanation

(A) Auditory hallucinations involve sensory perceptions of hearing. (B) Gustatory hallucinations involve sensory perceptions of taste. (C) Olfactory hallucinations involve sensory perceptions of smell. (D) Visceral hallucinations involve sensory perceptions of sensation.

NEW QUESTION: 401

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- A. 100 mg, 200 mg, 300 mg
- B. 100 mg, 200 mg, 300 mg, 400 mg
- C. 100 mg, 200 mg
- D. 100 mg, 200 mg, 300 mg, 400 mg

Answer: [\(SHOW ANSWER\)](#)

(A, B, D) 100 mg, 200 mg, 300 mg, 400 mg. (C) 100 mg, 200 mg. 100 mg, 200 mg, 300 mg, 400 mg. 100 mg, 200 mg, 300 mg, 400 mg. 100 mg, 200 mg, 300 mg, 400 mg.

NEW QUESTION: 402

100 mg, 200 mg, 300 mg, 400 mg, 500 mg, 600 mg, 700 mg, 800 mg, 900 mg, 1000 mg?

- A. B/P 140/90, 10mg SL
- B. 100 mg Furosemide 20 mg/PO
- C. 100 mg, 200 mg
- D. 100 mg gr 1/150

Answer: [A \(LEAVE A REPLY\)](#)

100/100:

100:

(A) 100 mg, 200 mg, 300 mg, 400 mg, 500 mg, 600 mg, 700 mg, 800 mg, 900 mg, 1000 mg. (B, C, D) 100 mg, 200 mg, 300 mg, 400 mg, 500 mg, 600 mg, 700 mg, 800 mg, 900 mg, 1000 mg.

NEW QUESTION: 403

100 mg, 200 mg, 300 mg, 400 mg, 500 mg, 600 mg, 700 mg, 800 mg, 900 mg, 1000 mg.

- A. 100 mg, 200 mg, 300 mg
- B. 100 mg, 200 mg
- C. 100 mg, 200 mg, 300 mg
- D. 100 mg, 200 mg, 300 mg, 400 mg

Answer: [D \(LEAVE A REPLY\)](#)

100/100:

100:

(A) 100 mg, 200 mg, 300 mg. (B) 100 mg, 200 mg. (C) 100 mg, 200 mg, 300 mg. (D) 100 mg, 200 mg, 300 mg, 400 mg. 100 mg, 200 mg, 300 mg, 400 mg, 500 mg, 600 mg, 700 mg, 800 mg, 900 mg, 1000 mg.

NEW QUESTION: 404

The nurse discovers that a 78-year-old client who received hydralazine (Apresoline) 20 mg 45 minutes ago has a blood pressure of 70/40 mm Hg. The client has been on this dose of the medication for 3 years. Which of the following data is most likely significant in relation to the cause of the low blood pressure?

- A. Pedal pulses 11 (weak)
- B. Twenty-four-hour intake 1000 mL/day for past 2 days
- C. Serum potassium 3.3
- D. Pulse rate 150 bpm

Answer: [\(SHOW ANSWER\)](#)

(A, D) Decreased pulse volume and increased pulse rate are signs of an acute hypotensive episode. (B) Inadequate fluid volume when taking vasodilators can result in a drop in blood pressure when vasodilation starts to physiologically occur as an action of the drug. (C) A potassium level of 3.3 would not be associated with a significant drop in blood pressure.

NEW QUESTION: 405

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Answer: [A \(LEAVE A REPLY\)](#)

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NEW QUESTION: 406

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 407

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 408

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Answer: C ([LEAVE A REPLY](#))

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NEW QUESTION: 409

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- B. □□□ □□□ □□□ □□□ □□□ □□ □□ □□□□□.
- C. □□□ □□□□ □□ □□ □□□ □□□□□□□.
- D. □□□ □□□ □□ □□ □□□ □□□□ □□□ □□□ □□□ □ □□□□.

Answer: D ([LEAVE A REPLY](#))

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NEW QUESTION: 410

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- A. □ □□
- B. □ □□
- C. □ □□
- D. □□ □□

Answer: B ([LEAVE A REPLY](#))

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NEW QUESTION: 411

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- A. □□ □□□ □□□□□.
- B. □□□ □□ Alka-Seltzer□ □□□□□□.
- C. □□□ □□ □□□□ □□□ □□□□.
- D. □□ □ □□□□.

Answer: C (LEAVE A REPLY)

(A) □ □□□□ □□ □□ □□□ □□□ □ □□□ □□□ □□□ □□□ □□□ 8□□ □□□ □ □□□ □□ □□□□. (□) Alka Seltzer□ □□□□ □□□□ □□□□□ □□□□ □□□ □ □□□ □□. (C) □□□ □□□ □□□□ □□□ □□□ □□□ □□□ □□□ □ □ □□ □□□. (D) □□ □□ □□ □□ □ □□□ □□□ □ □□ □□□ □ □□□ □□□ □ □□□□.

NEW QUESTION: 412

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- A. □□□□
- B. □□□ □□
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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 413

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- A. □□□ □ □□ FHR □□□ □□□□ □□□□.
- B. □□□ □□□□ □□□□.
- C. □□ □□□ □□ IV□ □□□□ □□□□ 6-8□□□ O2□ □□□□□.
- D. □□□ □□□□ □□□ □ □□□ □□□□□.

Answer: (SHOW ANSWER)

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NEW QUESTION: 414

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- A. "□□□□ □□□ □□ □□ 6-8□□ □□ □□□ □□□□□□."
- B. "□□□ □□□ □□□□ □□ □□□ □□□ □□□ □□□ □□ □ □□□□□."
- C. "Bactrim□ 6~7□ □□ □□□□□□□. □□□□□ □□□ □□□ □□□ □□ □□□ □□ □□□□□□□."
- D. "□□□ □□□ □□□□ □□ □ □□□ □□ □□ □□ □ □□□□□."

Answer: ([SHOW ANSWER](#))

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NEW QUESTION: 415

A 4-year-old boy is brought to the emergency room with bruises on his head, face, arms, and legs. His mother states that he fell down some steps. The nurse suspects that he may have been physically abused. In accordance with the law, the nurse must:

- A. Tell the physician her concerns
- B. Report her suspicions to the authorities
- C. Talk to the child's father

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NEW QUESTION: 418

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- A. □□□□(□□□)
- B. □□□□□
- C. □□□□□(Neo-Syneprine)
- D. □□□□□□□

Answer: (SHOW ANSWER)

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NEW QUESTION: 419

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 420

To facilitate maximum air exchange, the nurse should position the client in:

- A. High Fowler
- B. Orthopneic
- C. Prone
- D. Flat-supine

Answer: (SHOW ANSWER)

Answer: (SHOW ANSWER)

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NEW QUESTION: 423

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- C. □□□ □□ □□ □□
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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 424

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 425

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 426

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 427

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Answer: B ([LEAVE A REPLY](#))

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NEW QUESTION: 428

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Answer: B ([LEAVE A REPLY](#))

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NEW QUESTION: 429

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Answer: ([SHOW ANSWER](#))

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NEW QUESTION: 430

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- A. _____ 170bpm _____
- B. 8-10cm _____
- C. _____ 60 _____
- D. _____

Answer: D (LEAVE A REPLY)

(A) _____ . _____ 170bpm _____
_____. (B) _____ . (C) _____
_____ 60-90 _____ _____
_____ . (D) _____ . _____

NEW QUESTION: 431

The physician orders medication for a client's unpleasant side effects from the haloperidol.
The most appropriate drug at this time is:

- A. Lorazepam
- B. Triazolam (Halcion)
- C. Benztropine
- D. Thiothixene

Answer: C (LEAVE A REPLY)

Explanation

(A) Lorazepam is a benzodiazepine, or antianxiety agent, that potentiates the effects of _-aminobutyric acid in the CNS, which is not the CNS neurotransmitter EPS. (B) Triazolam is a benzodiazepine sedative-hypnotic whose action is mediated in the limbic, thalamic, and hypothalamic levels of the CNS by - aminobutyric acid.

(C) Benztropine is an anticholinergic agent, and the drug of choice for blocking CNS synaptic response, which causes EPS. (D) Thiothixene is an antipsychotic and neuroleptic drug that blocks dopamine neurotransmission at the CNS synapses, thereby causing EPS.

NEW QUESTION: 432

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Answer: C ([LEAVE A REPLY](#))

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NEW QUESTION: 433

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Answer: ([SHOW ANSWER](#))

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NEW QUESTION: 434

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(A) The client has a fever, tachycardia, stupor, and renal failure. (B) The client has lip smacking, chewing, blinking, and lateral jaw movements. (C) The client has photosensitivity, orthostatic hypotension, and dry mouth. (D) The client has constipation, blurred vision, and drowsiness.

NCLEX-RN questions and answers are available at DumpTop. Visit <https://www.dumptop.com/NCLEX/NCLEX-RN-dump.html> (865 Q&As Dumps, **30%OFF Special Discount: KrDump**)

NEW QUESTION: 437

A client suffering from schizophrenia has been taking chlorpromazine (Thorazine) for 6 months. On one of his follow-up visits to the mental health center, the nurse reports to the physician that he has developed tardive dyskinesia. Which of the following symptoms might she have observed in the client to support this conclusion?

- A. High fever, tachycardia, stupor, renal failure
- B. Lip smacking, chewing, blinking, lateral jaw movements
- C. Photosensitivity, orthostatic hypotension, dry mouth
- D. Constipation, blurred vision, drowsiness

Answer: B (LEAVE A REPLY)

Section: Questions Set F

Explanation:

(A) These symptoms are found in clients with neuroleptic malignant syndrome. (B) These symptoms are found in clients with tardive dyskinesia. (C) These are normal side effects found in clients taking antipsychotic medications. (D) These are also normal side effects found in clients taking antipsychotic medications.

NEW QUESTION: 438

24. The nurse is caring for a client who has been taking a medication for 24 hours. Which of the following symptoms might the nurse observe in the client to support this conclusion?

- A. High fever, tachycardia, stupor, renal failure
- B. Lip smacking, chewing, blinking, lateral jaw movements
- C. Photosensitivity, orthostatic hypotension, dry mouth
- D. Constipation, blurred vision, drowsiness

Answer: B (LEAVE A REPLY)

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NEW QUESTION: 439

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 440

A client who is gravida 1 para 1 vaginally delivered a 7- lb girl. She received a midline episiotomy at delivery. When assessing the level of her uterus immediately following delivery, the nurse would expect the fundus to be located:

- A. At the umbilicus
- B. At the symphysis pubis
- C. Midway between the umbilicus and the xiphoid process
- D. Midway between the umbilicus and the symphysis pubis

Answer: (SHOW ANSWER)

(A) Within 12 hours of delivery, the fundus of the uterus rises to, or slightly above or below, the umbilicus. Fundal height generally decreases 1 fingerbreadth, or 1 cm/day. (B) The uterus descends into the pelvic cavity at approximately 10-12 postpartal days and can no longer be palpated abdominally. (C) Within 12 hours of delivery, the fundus of the uterus rises to, or slightly above or below, the umbilicus. Fundal height generally decreases 1 fingerbreadth, or 1 cm/day. An enlarged uterus may indicate subinvolution or postpartal hemorrhage. (D) Immediately following delivery, the uterus lies midline, about midway between the umbilicus and the symphysis pubis.

NEW QUESTION: 441

A nasogastric (NG) tube inserted preoperatively is attached to low, intermittent suction. A client with an NG tube exhibits these symptoms: He is restless; serum electrolytes are Na 138, K 4.0, blood pH 7.53. This client is most likely experiencing:

- A. Hyperkalemia
- B. Hyponatremia
- C. Metabolic acidosis
- D. Metabolic alkalosis

Answer: D (LEAVE A REPLY)

(A) Sodium level is within normal limits. (B) Sodium level is within normal limits. (C) pH level is consistent with alkalosis. (D) With an NG tube attached to low, intermittent suction, acids are removed and a client will develop metabolic alkalosis.

NEW QUESTION: 442

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Answer: (SHOW ANSWER)

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NEW QUESTION: 443

Decreased pulmonary blood flow, right-to-left shunting, and deoxygenated blood reaching the systemic circulation are characteristic of:

- A. Tetralogy of Fallot
- B. Ventricular septal defect
- C. Patent ductus arteriosus
- D. Transposition of the great arteries

Answer: A (LEAVE A REPLY)

Section: Questions Set D

Explanation:

(A) Tetralogy of Fallot is the most common cyanotic heart defect, which includes a VSD, pulmonary stenosis, an overriding aorta, and ventricular hypertrophy. The blood flow is

obstructed because the pulmonary stenosis decreases the pulmonary blood flow and shunts blood through the VSD, creating a right-to-left shunt that allows deoxygenated blood to reach the systemic circulation. (B) A VSD alone creates a left-to-right shunt. The pressure in the left ventricle is greater than that of the right; therefore, the blood will shunt from the left ventricle to the right ventricle, increasing the blood flow to the lungs. No deoxygenated blood will reach the systemic circulation. (C) In patent ductus arteriosus, the pressure in the aorta is greater than in the pulmonary artery, creating a left-to-right shunt. Oxygenated blood from the aorta flows into the unoxygenated blood of the pulmonary artery. (D) Transposition of the great arteries results in two separate and parallel circulatory systems. The only mixing or shunting of blood is based on the presence of associated lesions.

NEW QUESTION: 444

A client is now pregnant for the second time. Her first child weighed 4536 g at delivery. The client's glucose tolerance test shows elevated blood sugar levels. Because she only shows signs of diabetes when she is pregnant, she is classified as having:

- A. Insulin-dependent diabetes
- B. Type II diabetes mellitus
- C. Type I diabetes mellitus
- D. Gestational diabetes mellitus

Answer: D (LEAVE A REPLY)

(A) Insulin-dependent diabetes mellitus, also known as type I diabetes, usually appears before the age of 30 years with an abrupt onset of symptoms requiring insulin for management. It is not related to onset during pregnancy. (B) Non-insulin-dependent diabetes (type II diabetes) usually appears in older adults. It has a slow onset and progression of symptoms. (C) This type of diabetes is the same as insulin-dependent diabetes. (D) Gestational diabetes mellitus has its onset of symptoms during pregnancy and usually disappears after delivery. These symptoms are usually mild and not life threatening, although they are associated with increased fetal morbidity and other fetal complications.

NEW QUESTION: 445

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 446

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 447

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 448

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NEW QUESTION: 449

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 450

A 26-year-old client has no children. She has had an abdominal hysterectomy. In the first 24 hours postoperatively, the nurse would be concerned if the client:

- A. Cries easily and says she is having abdominal pain
- B. Develops a temperature of 102_F
- C. Has no bowel sounds
- D. Has a urine output of 200 mL for 4 hours

Answer: (SHOW ANSWER)

(A) The client may be more tearful than normal due to the stress of the surgery and its implications for her future life. She would be expected to have pain following surgery. (B) A

temperature of 102_F indicates an infectious process. This is not a normal sequence to surgery and indicates a need for further assessment. (C) The client is expected to have no bowel sounds for 24-48 hours after surgery because of the trauma to the bowel. (D) Normal urine output is 30 mL/hr. This represents an output of 50 mL/hr, which is greater than normal.

NEW QUESTION: 451

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Answer: (SHOW ANSWER)

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NEW QUESTION: 452

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 453

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 454

A male client received a heart-lung transplant 1 month ago at a local transplant center. While visiting the nursing center to have his blood pressure taken, he complains of recent weakness and fatigue. He also tells the nurse that he is considering stopping his cyclosporine because it is expensive and is causing his face to become round. He fears he will catch viruses and be more susceptible to infections. The nurse responds to this last statement by explaining that cyclosporine:

- A. Is given to prevent rejection and makes him less susceptible to infection than other oral corticosteroids
- B. Is available at discount pharmacies for a reduced price
- C. Is usually not necessary after the first year following transplantation
- D. May initially cause weakness, dizziness, and fatigue, but these side effects will gradually resolve themselves

Answer: A (LEAVE A REPLY)

Explanation

(A) Cyclosporine is the immunosuppressive drug of choice. It provides immunosuppression but does not lower the white blood cell count; therefore, the client is less susceptible to

infection. (B) Cyclosporine is available at discount pharmacies. The cost may be absorbed by health insurance, or Medicare, if the client is eligible. However, this statement does not address the entire problem verbalized by the client. (C) Immunosuppressive agents will be taken for the client's entire life because rejection can occur at any time. (D) These side effects do not necessarily resolve in time; however, the client may adapt.

NEW QUESTION: 455

55. A client with a diagnosis of schizophrenia is being discharged from the hospital. The client's family is concerned about the client's ability to manage the medication. The nurse should provide information about the medication to the family. Which statement is most appropriate for the nurse to make?

- A. "The medication will help the client manage the symptoms of schizophrenia."
- B. "The medication will help the client manage the symptoms of schizophrenia, but it may have side effects."
- C. "The medication will help the client manage the symptoms of schizophrenia, but it may be addictive."
- D. "The medication will help the client manage the symptoms of schizophrenia, but it may be expensive."

Answer: (SHOW ANSWER)

(A) The medication will help the client manage the symptoms of schizophrenia. (B) The medication will help the client manage the symptoms of schizophrenia, but it may have side effects. (C) The medication will help the client manage the symptoms of schizophrenia, but it may be addictive. (D) The medication will help the client manage the symptoms of schizophrenia, but it may be expensive.

NEW QUESTION: 456

A client with a diagnosis of schizophrenia is being discharged from the hospital. The client's family is concerned about the client's ability to manage the medication. The nurse should provide information about the medication to the family. Which statement is most appropriate for the nurse to make?

- A. Chlorpromazine (Thorazine) is a typical antipsychotic.
- B. Risperidone (Librium) is an atypical antipsychotic.
- C. Haloperidol (Elavil) is a typical antipsychotic.
- D. Chlorpromazine (Thorazine) is an atypical antipsychotic.

Answer: B (LEAVE A REPLY)

Answer: B

Question:

(A) Chlorpromazine (Thorazine) is a typical antipsychotic. (B) Risperidone (Librium) is an atypical antipsychotic. (C) Haloperidol (Elavil) is a typical antipsychotic. (D) Chlorpromazine (Thorazine) is an atypical antipsychotic.

(D) Chlorpromazine (Thorazine) is an atypical antipsychotic. Chlorpromazine is a typical antipsychotic.

NEW QUESTION: 457

A client with a diagnosis of schizophrenia is being discharged from the hospital. The client's family is concerned about the client's ability to manage the medication. The nurse should provide information about the medication to the family. Which statement is most appropriate for the nurse to make?

- A. The medication will help the client manage the symptoms of schizophrenia, but it may have side effects.

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Answer: B ([LEAVE A REPLY](#))

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NEW QUESTION: 458

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- A. □□□□ □□□□□(Sulfamylon)
- B. □ □□□□□(Silvadene)
- C. □□□□□□□(Neosporin)
- D. □□□ □□□(□□□)

Answer: ([SHOW ANSWER](#))

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NEW QUESTION: 459

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Answer: A ([LEAVE A REPLY](#))

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NEW QUESTION: 460

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 461

A mother who is breast-feeding her newborn asks the RN, "How can I express milk from my breasts manually?" The RN tells her that the correct method for manual milk expression includes using the thumb and the index finger to:

- A. Alternately compress and release each nipple
- B. Roll the nipple and gently pull the nipple forward
- C. Slide the thumb and index finger forward from the outer border of the areola toward the end of the nipple
- D. Compress and release each breast at the outer border of the areola

Answer: D (LEAVE A REPLY)

(A) Manipulation of nipples will cause soreness and trauma. (B) Pulling the nipples will cause discomfort and soreness. (C) Sliding the thumb and index finger forward over the nipple will cause soreness. (D) The best method to express milk from the breast is to position the thumb and index finger at the outer border of the areola and compress. This is the location of the milk sinuses.

NEW QUESTION: 462

A female client is exhibiting signs of respiratory distress. Which of the following signs indicate a possible pneumothorax?

- A. Crackles or rales on the affected side
- B. Bradypnea and bradycardia
- C. Shortness of breath and sharp pain on the affected side
- D. Increased breath sounds on the affected side

Answer: C (LEAVE A REPLY)

(A) With a pneumothorax, air occupies the pleural space. Crackles or rales are heard with increased fluid or secretions and would not be present with air in the space. (B) With a pneumothorax, the client would experience tachypnea and tachycardia to compensate for the decrease in oxygenation. (C) Symptoms of pneumothorax include shortness of breath, sharp pain on the affected side with movement or coughing, asymmetrical chest expansion, and diminished or absent breath sounds on the affected side. (D) With a pneumothorax, breath sounds would be decreased on the affected side (indicates air in the pleural space).

NEW QUESTION: 463

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 464

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 465

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Answer: (SHOW ANSWER)

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NEW QUESTION: 466

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Answer: (SHOW ANSWER)

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NEW QUESTION: 467

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 468

An infant with a congenital heart defect is being discharged with an order for the administration of digoxin elixir every 12 hours. The parents need to be taught when administering digoxin to the infant that:

- A. If the infant vomits within 30 minutes of the digoxin administration, repeat the dose
- B. They need to mix it with formula so the infant swallows it easily
- C. If the infant vomits two or more consecutive doses or becomes listless or anorexic, notify the physician
- D. If a dose of digoxin is skipped for more than 6 hours, a new timetable for administration must be developed

Answer: C (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) Occasionally the child may vomit. They should not repeat the dose because the amount of digoxin that was absorbed is un-known, and serum levels of digoxin that are too high are more dangerous than those that are temporarily too low. (B) To ensure that the entire dose of digoxin is received, never mix it with food or formula. (C) Vomiting, anorexia, and listlessness are all signs of digoxin toxicity and should be reported to the physician immediately. (D) If a dose is forgotten for more than 6 hours, the nurse should advise the parents to skip that dose and to continue the next dose as scheduled.

NEW QUESTION: 469

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 470

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 471

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- C. Explain that as soon as the child goes to the operating room she will have time to answer any questions the family has

D. Tell the child and her family that there is nothing to worry about, that the operation will not take long, and she will soon be as "good as new"

Answer: B (LEAVE A REPLY)

Explanation

(A) This action does nothing to prepare the child and her family for what will happen or to relieve their anxiety and fear. (B) This action provides security by preparing the child and the family for what will happen and will help to relieve fear and anxiety. (C) This action does nothing to help prepare the child for what will happen and does not give the parents permission to ask questions until later. (D) This action provides possibly false reassurance and may prevent the child and/or the family from asking pressing questions.

NEW QUESTION: 472

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 474

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 475

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 476

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NEW QUESTION: 477

A 20-year-old client presents to the obstetrics-gynecology clinic for the first time. She tells the nurse that she is pregnant and wants to start prenatal care. After collecting some initial assessment data, the nurse measures her fundal height to be at the level of the umbilicus. The nurse estimates the fetal gestational age to be approximately:

- A. 10 weeks
- B. 16 weeks
- C. 20 weeks
- D. 30 weeks

Answer: C (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) At 10 weeks, the fundus is located slightly above the symphysis pubis. (B) At 16 weeks, the fundus is halfway between the symphysis pubis and the umbilicus. (C) At 20 weeks, the fundus is located approximately at the umbilicus. (D) At 30 weeks, the fundal height is about 30 cm, or 10 cm above the umbilicus.

NEW QUESTION: 478

A male client received a heart-lung transplant 1 month ago at a local transplant center. While visiting the nursing center to have his blood pressure taken, he complains of recent weakness and fatigue. He also tells the nurse that he is considering stopping his

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Answer: (SHOW ANSWER)

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(A) Serum albumin levels indicate the adequacy of protein stores available for tissue repair. (B) Serum albumin does not measure iron stores. (C) Serum albumin levels do not measure kidney function. (D) A decreased serum albumin level would cause fluid movement out of blood vessels, not into them.

NEW QUESTION: 481

Which of the following would have the physiological effect of decreasing intracranial pressure (ICP)?

- A. Increased core body temperature
- B. Decreased serum osmolality
- C. Administration of hypo-osmolar fluids
- D. Decreased PaCO₂

Answer: D (LEAVE A REPLY)

Explanation

(A) An increase in core body temperature increases metabolism and results in an increase in ICP. (B) Decreased serum osmolality indicates a fluid overload and may result in an increase in ICP. (C) Hypo-osmolar fluids are generally voided in the neurologically compromised. Using IV fluids such as D5W results in the dextrose being metabolized, releasing free water that is absorbed by the brain cells, leading to cerebral edema. (D) Hypercapnia and hypoventilation, which cause retention of CO₂ and lead to respiratory acidosis, both increase ICP. CO₂ is the most potent vasodilator known.

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NEW QUESTION: 482

The nurse in the mental health center is instructing a depressed client about the dietary restrictions necessary in taking her medication, which is a monoamine oxidase (MAO) inhibitor. Which of the following is she restricting from the client's diet?

- A. Cream cheese
- B. Fresh fruits

C. Aged cheese

D. Yeast bread

Answer: C (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) Cream cheese does not contain tyramine, which might cause a hypertensive crisis. (B) Fresh fruits do not contain tyramine, which might cause a hypertensive crisis. (C) Aged or matured cheese combined with a monoamine oxidase predisposes the client to a hypertensive crisis. (D) Bread products raised with yeast do not contain tyramine.

NEW QUESTION: 483

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NEW QUESTION: 484

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 485

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NEW QUESTION: 486

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Answer: D [\(LEAVE A REPLY\)](#)

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NEW QUESTION: 487

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Answer: D ([LEAVE A REPLY](#))

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NEW QUESTION: 488

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Answer: A ([LEAVE A REPLY](#))

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NEW QUESTION: 489

A client is taught to eat foods high in potassium. Which food choices would indicate that this teaching has been successful?

- A. Pork chop, baked acorn squash, brussel sprouts
- B. Chicken breast, rice, and green beans
- C. Roast beef, baked potato, and diced carrots
- D. Tuna casserole, noodles, and spinach

Answer: ([SHOW ANSWER](#))

Section: Questions Set B

Explanation:

(A) Both acorn squash and brussels sprouts are potassium-rich foods. (B) None of these foods is considered potassium rich. (C) Only the baked potato is a potassium-rich food. (D) Spinach is the only potassium-rich food in this option.

NEW QUESTION: 490

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Answer: C ([LEAVE A REPLY](#))

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NEW QUESTION: 491

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Answer: ([SHOW ANSWER](#))

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NEW QUESTION: 492

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NEW QUESTION: 493

A female client has been treated since childhood for mitral valve prolapse. The antibiotic of choice for her during pregnancy would be:

- A. Sulfa
- B. Tetracycline
- C. Hydralazine
- D. Erythromycin

Answer: D (LEAVE A REPLY)

Explanation

(A) Sulfa is a teratogen and will cause kernicterus. (B) Tetracycline is a teratogen and will effect tooth development. (C) Hydralazine is not an antibiotic but a calcium channel blocker. (D) Erythromycin is safe during pregnancy and can be used when the client is allergic to penicillin.

NEW QUESTION: 494

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 495

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 496

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NEW QUESTION: 497

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 498

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NEW QUESTION: 499

The nurse enters the playroom and finds an 8-year-old child having a grand mal seizure. Which one of the following actions should the nurse take?

- A. Place a tongue blade in the child's mouth.
- B. Restrain the child so he will not injure himself.
- C. Go to the nurses station and call the physician.
- D. Move furniture out of the way and place a blanket under his head.

Answer: (SHOW ANSWER)

Explanation

(A) The nurse should not put anything in the child's mouth during a seizure; this action could obstruct the airway. (B) Restraining the child's movements could cause constrictive injury. (C) Staying with the child during a seizure provides protection and allows the nurse

to observe the seizure activity. (D) The nurse should provide safety for the child by moving objects and protecting the head.

NEW QUESTION: 500

A client is admitted to the hospital with a diagnosis of acute myocardial infarction. The client is in the hospital for 24 hours. The client is now being discharged. The nurse is providing discharge instructions. Which of the following instructions should the nurse provide to the client?

- A. Avoid taking aspirin for the next 24 hours.
- B. Avoid taking any medications for the next 24 hours.
- C. Avoid taking any medications for the next 48 hours.
- D. Avoid taking any medications for the next 72 hours.

Answer: C (LEAVE A REPLY)

Question: 500 D

Answer:

(C) The client should avoid taking aspirin for the next 48 hours. (B) The client should avoid taking any medications for the next 48 hours. (D) The client should avoid taking any medications for the next 72 hours. (A) The client should avoid taking aspirin for the next 24 hours.

NEW QUESTION: 501

A male client is started on IV anticoagulant therapy with heparin. Which of the following laboratory studies will be ordered to monitor the therapeutic effects of heparin?

- A. Partial thromboplastin time
- B. Hemoglobin
- C. Red blood cell (RBC) count
- D. Prothrombin time

Answer: A (LEAVE A REPLY)

Section: Questions Set B

Explanation:

(A) Partial thromboplastin time is used to monitor the effects of heparin, and dosage is adjusted depending on test results. It is a screening test used to detect deficiencies in all plasma clotting factors except factors VII and XIII and platelets. (B) Hemoglobin is the main component of RBCs. Its main function is to carry O₂ from the lungs to the body tissues and to transport CO₂ back to the lungs. (C) RBC count is the determination of the number of RBCs found in each cubic millimeter of whole blood. (D) PT is used to monitor the effects of oral anticoagulants, e.g., coumarin type anticoagulants.

NEW QUESTION: 502

The nurse working in a prenatal clinic needs to be alert to the cardinal signs and symptoms of PIH because:

- A. Immediate treatment of mild PIH includes the administration of a variety of medications
- B. Psychological counseling is indicated to reduce the emotional stress causing the blood pressure elevation
- C. Self-discipline is required to control caloric intake throughout the pregnancy
- D. The client may not recognize the early symptoms of PIH

Answer: D (LEAVE A REPLY)

Explanation

(A) Mild PIH is not treated with medications. (B) Emotional stress is not the cause of blood pressure elevation in PIH. (C) Excessive caloric intake is not the cause of weight gain in PIH. (D) The client most frequently is not aware of the signs and symptoms in mild PIH.

NEW QUESTION: 503

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- A. □□□□(Valium)
- B. □□□□□(Haldol)
- C. □□□□□(Zoloft)
- D. □□□□□(Xanax)

Answer: B (LEAVE A REPLY)

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NEW QUESTION: 504

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Answer: (SHOW ANSWER)

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NEW QUESTION: 505

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- A. □□□□(Valium)
- B. □□□□□(Haldol)
- C. □□□□□(Zoloft)
- D. □□□□□(Xanax)

Answer: (SHOW ANSWER)

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NEW QUESTION: 506

The nurse is admitting a client with folic acid deficiency anemia. Which of the following questions is most important for the nurse to ask the client?

- A. "Do you take aspirin on a regular basis?"
- B. "Do you drink alcohol on a regular basis?"
- C. "Do you eat red meat?"
- D. "Have your stools been normal?"

Answer: B (LEAVE A REPLY)

(A) Aspirin does not affect folic acid absorption. (B) Folic acid deficiency is strongly associated with alcohol abuse. (C) Because folic acid is a coenzyme for single carbon transfer purines, calves liver or other purines are the meat sources. (D) Folic acid does not affect stool character.

NEW QUESTION: 507

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Answer: (SHOW ANSWER)

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NEW QUESTION: 508

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 509

A normal 3-year-old child is suspected of having meningitis. The doctor has ordered a lumbar puncture. In light of this procedure and developmental characteristics of this age group, which nursing measure is most appropriate?

- A. Emphasize those aspects of the procedure that require cooperation.
- B. Tell the child not to cry or yell.
- C. Tell the child that he will get a "stick" in his back.
- D. Use medical terminology when explaining the procedure to the client.

Answer: A (LEAVE A REPLY)

(A) The nurse should emphasize what is required to elicit cooperation and help to develop a sense of autonomy. (B) The child may express discomfort verbally and should be encouraged to express his feelings. (C) Selecting nonthreatening words to explain a procedure will prevent misinterpretation. (D) When explaining the procedure to the parent with the child present, the nurse should use words that the child can understand to avoid misunderstanding.

NEW QUESTION: 510

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Answer: ([SHOW ANSWER](#))

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NEW QUESTION: 511

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Answer: ([SHOW ANSWER](#))

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NEW QUESTION: 512

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Answer: ([SHOW ANSWER](#))

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NEW QUESTION: 513

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 514

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 515

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Answer: (SHOW ANSWER)

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NEW QUESTION: 516

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 517

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NEW QUESTION: 518

The cardiac client who exhibits the symptoms of disorientation, lethargy, and seizures may be exhibiting a toxic reaction to:

- A. Digoxin (Lanoxin)
- B. Lidocaine (Xylocaine)
- C. Quinidine gluconate or sulfate (Quinaglute,Quinidex)
- D. Nitroglycerin IV (Tridil)

Answer: B (LEAVE A REPLY)

Explanation

(A) Side effects of digoxin include headache, hypotension, AV block, blurred vision, and yellow-green halos.
(B) Side effects of lidocaine include heart block, headache, dizziness, confusion, tremor, lethargy, and convulsions. (C) Side effects of quinidine include heart block, hepatotoxicity, thrombocytopenia, and respiratory depression. (D) Side effects of nitroglycerin include postural hypotension, headache, dizziness, and flushing.

NEW QUESTION: 519

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Answer: (SHOW ANSWER)

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NEW QUESTION: 520

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 521

Which of the following should be included in discharge teaching for a client with hepatitis C?

- A. He should take aspirin as needed for muscle and joint pain.
- B. He may become a blood donor when his liver enzymes return to normal.
- C. He should avoid alcoholic beverages during his recovery period.
- D. He should use disposable dishes for eating and drinking.

Answer: (SHOW ANSWER)

Explanation

(A) Aspirin is hepatotoxic, may increase bleeding, and should be avoided. (B) Blood should not be donated by a client who has had hepatitis C because of the possibility of transmission of disease. (C) Alcohol is detoxified in the liver. (D) Hepatitis C is not spread through the oral route.

NEW QUESTION: 522

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Answer: A (LEAVE A REPLY)

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(A) 3×10^3 $\times 10^4 = 3 \times 10^7$. (B) $4 \times 10^3 \times 10^4 = 4 \times 10^7$. (C) $10 \times 10^3 \times 10^4 = 10^8$. (D) $6 \times 10^3 \times 10^4 = 6 \times 10^7$.

NEW QUESTION: 523

2000 is divided by 1000. The remainder is 1000.

1000 is divided by 1000. The remainder is 0.

- A. 1000
- B. 10000
- C. 100
- D. 100000

Answer: B (LEAVE A REPLY)

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(A) $1000 \times 1000 = 10^6$. (B) $1000 \times 10000 = 10^7$. (C) $1000 \times 100000 = 10^8$. (D) $1000 \times 1000000 = 10^9$.

NEW QUESTION: 524

9000 is divided by 1000. The remainder is 1000.

1000 is divided by 1000. The remainder is 0.

- A. 10000
- B. 100000
- C. 1000000
- D. 10000000

Answer: A (LEAVE A REPLY)

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1000:

(A) $1000 \times 10000 = 10^7$. (B) $1000 \times 100000 = 10^8$. (C) $1000 \times 1000000 = 10^9$.

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NEW QUESTION: 525

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 526

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 527

At 16 weeks' gestation, a pregnant client is admitted to the maternity unit to have a McDonald procedure (cerclage) done. She tells the RN who is admitting her to the unit that her physician had explained what this procedure was, but that she did not understand. The RN explains to the client that the purpose for this procedure is to:

- A. Reinforce an incompetent cervix
- B. Repair the amniotic sac
- C. Evaluate cephalopelvic disproportion
- D. Dilate the cervix

Answer: A (LEAVE A REPLY)

(A) The Shirodkar-Barter (McDonald) procedure is performed to reinforce an incompetent cervix. (B) The procedure is not performed to repair the amniotic sac. (C) The procedure is not performed to evaluate cephalopelvic disproportion. (D) The procedure is not performed to dilate the cervix.

NEW QUESTION: 528

A client is experiencing muscle weakness and lethargy. His serum K⁺ is 3.2. What other symptoms might he exhibit?

- A. Tetany
- B. Dysrhythmias
- C. Numbness of extremities
- D. Headache

Answer: (SHOW ANSWER)

Section: Questions Set B

Explanation:

(A) Tetany is seen with low calcium. (B) Low potassium causes dysrhythmias because potassium is responsible for cardiac muscle activity. (C) Numbness of extremities is seen with high potassium. (D) Headache is not associated with potassium excess or deficiency.

NEW QUESTION: 529

22 weeks gestation, a pregnant client is admitted to the maternity unit to have a McDonald procedure (cerclage) done. She tells the RN who is admitting her to the unit that her physician had explained what this procedure was, but that she did not understand. The RN explains to the client that the purpose for this procedure is to:

- A. Reinforce an incompetent cervix
- B. Repair the amniotic sac
- C. Evaluate cephalopelvic disproportion
- D. Dilate the cervix

Answer: (SHOW ANSWER)

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NEW QUESTION: 530

A 10-month-old infant's mother says that he takes fresh whole milk eagerly, but that when she offered him baby foods at 6 months of age, he pushed them out of his mouth. Because he has gained weight appropriately, she has quit trying to get him to eat other foods. The nurse's response is based on the knowledge that:

- A.** Milk intake should be limited to no more than four 8-oz bottles per day and should be followed by iron- enriched cereal or other solid foods or juices
- B.** Milk is an excellent food and will meet his nutritional needs adequately until he is ready to eat solid foods
- C.** It is acceptable to continue to give him whole milk and to delay giving solid foods as long as he takes a vitamin supplement daily
- D.** He should be started on iron-enriched cereal, meat, vegetables, fruits, and juices prior to bottle feeds. Milk intake should be limited to 1 qt/day

Answer: D (LEAVE A REPLY)

Section: Questions Set D

Explanation:

(A) If the infant is given the bottle first, he will be less likely to be hungry enough to eat the solid foods. (B) Milk is deficient in iron, vitamin C, zinc, and fluoride. It does not provide an adequate diet. (C) The vitamin supplement will help, but the infant needs an iron supplement. (D) Giving the solid food when the infant is hungriest will increase the likelihood that he will eat. The more solid food he takes, the less milk he will desire.

NEW QUESTION: 531

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NEW QUESTION: 532

A 30-year-old male client is admitted to the psychiatric unit with a diagnosis of bipolar disorder. For the last 2 months, his family describes him as being "on the move," sleeping 3-4 hours nightly, spending lots of money, and losing approximately 10 lb. During the initial assessment with the client, the nurse would expect him to exhibit which of the following?

- A. Short, polite responses to interview questions
- B. Introspection related to his present situation
- C. Exaggerated self-importance
- D. Feelings of helplessness and hopelessness

Answer: (SHOW ANSWER)

Explanation/Reference:

Explanation:

(A) During the manic phase of bipolar disorder, clients have short attention spans and may be abusive toward authority figures. (B) Introspection requires focusing and concentration; clients with mania experience flight of ideas, which prevents concentration. (C) Grandiosity and an inflated sense of self-worth are characteristic of this disorder. (D) Feelings of helplessness and hopelessness are symptoms of the depressive stage of bipolar disorder.

NEW QUESTION: 533

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 534

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Answer: A ([LEAVE A REPLY](#))

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NEW QUESTION: 536

A 23-year-old college student seeks medical attention at the college infirmary for complaints of severe fatigue. Her skin is pale, and she reports exertional dyspnea. She is admitted to the hospital with possible aplastic anemia. Laboratory values reflect anemia, and the client is prepared for a bone marrow biopsy. She refuses to sign the biopsy consent and states, "Can't you just get the doctor to give me a transfusion and let me go. This weekend begins spring break, and I have plans to go to Florida." At this time the nurse's greatest concern is that:

A. The client may contract an infection as a result of being exposed to large crowds at spring break

B. The client does not grasp the full impact of her illness

C. The client may require transfusion before leaving for spring break

D. The causative agent be identified and treatment begun

Answer: B ([LEAVE A REPLY](#))

(A)

The client could contract an infection, but at this point it is not the most pertinent issue.

(B)

The client's statement indicates that she does not grasp the full impact of her illness.

Further client education must be given, along with allowing her to express her feelings

regarding her illness. (C) The client may require a transfusion, but this is a temporary

measure because the causative agent has not been identified. Her feelings regarding her

illness must be addressed in order for care to continue. (D) A bone marrow is done first to

make a definitive diagnosis; then treatment may begin.

NEW QUESTION: 537

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Answer: **B** ([LEAVE A REPLY](#))

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NEW QUESTION: 538

One week ago, a 21-year-old client with a diagnosis of bipolar disorder was started on

lithium 300 mg po qid. A lithium level is ordered. The client's level is 1.3 mEq/L. The nurse

recognizes that this level is considered to be:

A. Within therapeutic range

B. Below therapeutic range

C. Above therapeutic range

D. At a level of toxic poisoning

Answer: ([SHOW ANSWER](#))

Section: Questions Set D

Explanation:

(A) This answer is correct. The therapeutic range is 1.0-1.5 mEq/L in the acute phase.

Maintenance control levels are 0.6-1.2 mEq/L. (B, C) This answer is incorrect. A level of

1.3 mEq/L is within therapeutic range. (D) This answer is incorrect. Toxic poisoning is

usually at the 2.0 level or higher.

NEW QUESTION: 539

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Answer: (SHOW ANSWER)

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NEW QUESTION: 540

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 541

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 542

A pregnant woman at 36 weeks' gestation is followed for PIH and develops proteinuria. To increase protein in her diet, which of the following foods will provide the greatest amount of protein when added to her intake of 100 mL of milk?

- A. Fifty milliliters light cream and 2 tbsp corn syrup
- B. Thirty grams powdered skim milk and 1 egg
- C. One small scoop (90 g) vanilla ice cream and 1 tbsp chocolate syrup
- D. One package vitamin-fortified gelatin drink

Answer: B (LEAVE A REPLY)

(A) This choice would provide more unwanted fat and sugar than protein. (B) Skim milk would add protein. Eggs are good sources of protein while low in fat and calories. (C) The benefit of protein from ice cream would be outweighed by the fat content. Chocolate syrup has caffeine, which is contraindicated or limited in pregnancy. (D) Although most animal proteins are higher in protein than plant proteins, gelatin is not. It loses protein during the processing for food consumption.

NEW QUESTION: 543

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- B. "100 1000 2-30000 100 10000."
- C. "1000 100 10000 4~50000 100000000."

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Answer: A ([LEAVE A REPLY](#))

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NEW QUESTION: 544

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Answer: ([SHOW ANSWER](#))

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NEW QUESTION: 545

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Answer: A ([LEAVE A REPLY](#))

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NEW QUESTION: 546

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- A. 50-100mL
- B. 200-300mL
- C. 300-500mL
- D. 1000-1200mL

Answer: C (LEAVE A REPLY)

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NEW QUESTION: 547

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 548

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Answer: [\(SHOW ANSWER\)](#)

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NEW QUESTION: 549

After the fetal activity test (nonstress test) is completed, the RN is looking at the test results on the monitor strip. The RN observes that the fetal heart accelerated 5 beats/min with each fetal movement. The accelerations lasted ≥15 seconds and occurred 3 times during the 20- minute test. The RN knows that these test results will be interpreted as:

- A. A reactive test
- B. A nonreactive test
- C. An unsatisfactory test
- D. A negative test

Answer: A (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) A nonstress test that shows at least two accelerations of the fetal heart rate of 15 bpm with fetal activity, lasting ≥15 seconds over a 20-minute period. (B) Reactive criteria are not met. The accelerations of the fetal heart rate are not at least 15 bpm and do not last 15 seconds. This could mean fetal well-being is compromised. Usually a contraction stress test is ordered if the nonstress test results are negative. (C) An unsatisfactory test means the data cannot be interpreted, or there was inadequate fetal activity. If this happens,

usually the test is ordered to be done at a later date. (D) A negative test is a term used to describe the results of a contraction stress test.

NEW QUESTION: 550

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 551

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 552

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Answer: (SHOW ANSWER)

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NEW QUESTION: 553

A male client is diagnosed with hypoparathyroidism. He has been on dialysis for several years. He is experiencing symptoms such as numbness of the lips, muscle weakness, carpopedal spasms, and wheezing.

Given the client's symptoms, nursing assessment would focus on:

- A. Detection of tetany
- B. Detection of hypocalcemia to prevent seizures
- C. Evidence of depression
- D. Detection of premature cataract formation

Answer: A (LEAVE A REPLY)

Explanation

(A) Assessment should focus on detection of tetany, which is the most common symptom of hypoparathyroidism. Left undetected and untreated, tetany resulting from hypocalcemia can progress to seizures. (B) Hypocalcemia is difficult to detect on nursing assessment alone. Abdominal cramping may be an indication of hypocalcemia, but laboratory data are required to confirm diagnosis. (C) Depression can be a symptom of hypoparathyroidism, but it is not definitive. (D) Premature cataract formation can occur, but it also is not specific to parathyroidism and poses no immediate danger to the client.

NEW QUESTION: 554

A female client is seeking counseling for personal problems. She admits to being very unhappy lately at both home and work. During the nursing assessment, she uses many defense mechanisms. Which statement or action made by the client is an example of adaptive suppression?

- A. "I did not get the raise because my boss does not like me."
- B. "I felt a lump in my breast 2 weeks ago. I put off getting it checked until after my sister's wedding."
- C. "My son died 3 years ago. I still cannot bring myself to clean out his room."
- D. "My husband told me this morning that he wants a divorce. I am upset, but I cannot discuss the matter with him until after my company's board meeting today."

Answer: D (LEAVE A REPLY)

(A) This statement is an example of adaptive rationalization. She is coping with her disappointment by rationalizing. This is adaptive because no harm is done to self or others. It is used to protect her ego. (B) This is an example of maladaptive suppression. She is suppressing the seriousness of the lump. It is maladaptive because delaying treatment will cause harm to her. (C) The client's actions are an example of maladaptive denial. She is denying her son's death by not facing his possessions. Until she faces his death, she

cannot face reality. (D) This is an example of adaptive suppression. She realizes the impact of her husband's statement but delays discussion until she can devote her full attention to the matter.

NEW QUESTION: 555

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 556

The nurse enters the room of a client on which a "do not resuscitate" order has been written and discovers that she is not breathing. Once the husband realizes what has occurred he yells, "please save her!" The nurse's action would be:

- A. Call the physician and inform him that the client has expired.
- B. Remind the husband that the physician wrote an order not to resuscitate.
- C. Discuss with the husband that these orders are written only on clients who are not likely to recover with resuscitative efforts.
- D. Call a code and proceed with cardiopulmonary resuscitation.

Answer: D (LEAVE A REPLY)

(A, B, C) The last request from the husband overrides the decision not to initiate resuscitation efforts. (D) The nurse should begin cardiopulmonary resuscitation unless a living will and durable power of attorney are in force. In the meantime, the nurse should talk with the husband and notify the doctor.

NEW QUESTION: 557

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Answer: ([SHOW ANSWER](#))

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NEW QUESTION: 558

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Answer: ([SHOW ANSWER](#))

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NEW QUESTION: 559

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NEW QUESTION: 560

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 561

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NEW QUESTION: 563

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 564

A client returns to the cardiovascular intensive care unit following his coronary artery bypass graft. In planning his care, the most important electrolyte the nurse needs to monitor will be:

- A. Chloride
- B. HCO₃
- C. Potassium
- D. Sodium

Answer: (SHOW ANSWER)

Explanation/Reference:

Explanation:

(A) Chloride, HCO₃, and sodium will need to be monitored, but monitoring these electrolytes is not as important as potassium monitoring. (B) Chloride, HCO₃, and sodium will need to be monitored, but monitoring these electrolytes is not as important as potassium monitoring. (C) Potassium will need to be closely monitored because of its effects on the heart. Hypokalemia could result in supraventricular tachyarrhythmias. (D) Chloride, HCO₃, and sodium will need to be monitored, but monitoring these electrolytes is not as important as potassium monitoring.

NEW QUESTION: 565

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 566

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 567

During burn therapy, morphine is primarily administered IV for pain management because this route:

- A. Delays absorption to provide continuous pain relief
- B. Facilitates absorption because absorption from muscles is not dependable
- C. Allows for discontinuance of the medication if respiratory depression develops
- D. Avoids causing additional pain from IM injections

Answer: B (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) Absorption would be increased, not decreased. (B) IM injections should not be used until the client is hemodynamically stable and has adequate tissue perfusion. Medications will remain in the subcutaneous tissue with the fluid that is present in the interstitial spaces in the acute phase of the thermal injury. The client will have a poor response to the medication administered, and a "dumping" of the medication can occur when the medication and fluid are shifted back into the intravascular spaces in the next phase of healing. (C) IV administration of the medication would hasten respiratory compromise, if present. (D) The desire to avoid causing the client additional pain is not a primary reason for this route of administration.

NEW QUESTION: 568

A client hospitalized with a medical diagnosis of adjustment disorder versus personality disorder states, "Nobody cares about the clients." The nurse's most effective response would be:

- A. "How can you say that I don't care? We just met."
- B. "What makes you think the nurses don't care?"
- C. "You will feel differently about us in a few days."
- D. "You seem angry. Tell me more about how you feel."

Answer: D (LEAVE A REPLY)

(A) This statement is a defensive response that places the nurse in a vulnerable countertransference position, and at the same time, fails to challenge the client's "splitting" behavior. (B) This statement is a defensive response by the nurse. In addition, this type of nontherapeutic statement requests that the client explain the reasons for her behavior, a difficult task for an individual with limited insight. (C) This statement is a nontherapeutic response that both ignores the intensity of the client's emotions and the dynamics underlying "splitting" behavior. (D) By simultaneously acknowledging the client's emotional intensity and gently challenging her "splitting" behavior, the nurse addresses the client's current distortions and prepares for further interventions with angry or ambivalent feelings.

NEW QUESTION: 569

A 45-year-old male client was admitted to a chemical dependency treatment center following legal problems related to alcohol abuse. He states, "I know that alcohol is a problem for some people, but I can stop whenever I want to. I'm never sick or miss work,

and no one can complain about me." During the initial assessment, the best response by the nurse would be:

- A. "The fact is you are an alcoholic or you wouldn't be here."
- B. "I understand it took strength to admit yourself to the unit, and I will do my part to help you to stay alcohol-free."
- C. "If you can stop drinking when you want to, why don't you stop?"
- D. "It's good that you can stop drinking when you want to."

Answer: B (LEAVE A REPLY)

Explanation

(A) Direct confrontation initially is nontherapeutic and may result in the client becoming frustrated and wanting to leave. (B) A positive, supportive attitude builds trust, and identifying positive strength raises self-esteem. Offering help allows the client to feel that he is not alone in dealing with problems. (C) Asking the client why or to give an explanation for his behavior puts him in a position of having to justify his behavior to the nurse. (D) Giving approval or placing a value on feelings or a behavior may limit the client's freedom to behave in a way that may displease another. This response may lead to seeking praise instead of progress.

NEW QUESTION: 570

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 571

Prior to his discharge from the hospital, a cardiac client is started on digoxin (Lanoxin) 25 mg po qd. The nurse initiates discharge teaching. Which of the following statements by the client would validate an understanding of his medication?

- A. "I would notify my physician immediately if I experience nausea, vomiting, and double vision."
- B. "I could stop taking this medication when I begin to feel better."
- C. "I should only take the medication if my heart rate is greater than 100 bpm."
- D. "I should always take this medication with an antacid."

Answer: A (LEAVE A REPLY)

Section: Questions Set G

Explanation:

(A) The first signs of digoxin toxicity include abdominal pain, anorexia, nausea, vomiting, and visual disturbances. The physician should be notified if any of these symptoms are experienced. (B) The positive inotropic effects of digoxin increase cardiac output and result in an enhanced activity tolerance. "Feeling better" indicates the drug is working and medication therapy must be continued. (C) Clients should be taught to take their pulse prior to taking the digoxin. If their pulse rate becomes irregular, slows significantly, or is >100 bpm the physician should be notified. (D) Antacids decrease the effectiveness of digoxin.

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NEW QUESTION: 572

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 573

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 574

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 575

A female baby was born with talipes equinovarus. Her mother has requested that the nurse assigned to the baby come to her room to discuss the baby's condition. The nurse knows that the pediatrician has discussed the baby's condition with her mother and that an orthopedist has been consulted but has not yet seen the baby. What should the nurse do first?

- A. Call the orthopedist and request that he come to see the baby now.
- B. Question the mother and find out what the pediatrician has told her about the baby's condition.
- C. Tell the mother that this is not a serious condition.

D. Tell the mother that this condition has been successfully treated with exercises, casts, and/or braces.

Answer: B (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) The nurse should call the orthopedist after assessing the mother's knowledge. (B) The nurse must first assess the knowledge of the parent before attempting any explanation. (C) The nurse should assess the mother's knowledge of the baby's condition as the first priority. (D) This answer is correct, but the priority is B.

NEW QUESTION: 576

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NEW QUESTION: 577

Early in her ninth month of pregnancy, a client has been diagnosed as having mild preeclampsia. In counseling her about her diet, the nurse must emphasize the importance of:

- A. Decreasing her sodium intake
- B. Decreasing her fluids
- C. Increasing her carbohydrate intake
- D. Eating a moderate to high-protein diet

Answer: D (LEAVE A REPLY)

Section: Questions Set F

Explanation:

(A) Women with pregnancy-induced hypertension have a reduced plasma volume secondary to venous vessel constriction, not hypovolemia; therefore, sodium restriction is not recommended. It is suggested that these women avoid extremely salty foods. (B)

Drinking six to eight glasses of water per day facilitates optimal fluid volume and renal perfusion, but it will not decrease the venous vessel constriction of pregnancy-induced hypertension. (C) Carbohydrate needs increase during pregnancy, specifically during the second and third trimesters, but they have not been linked to pregnancy-induced hypertension. (D) Loss of urinary protein (proteinuria) is associated with increased permeability of the large protein molecules with pregnancy-induced hypertension. Additional dietary protein also helps increase the plasma colloidal osmotic pressure. Diets deficient in protein have been linked to pregnancy-induced hypertension.

NEW QUESTION: 578

2. Which of the following is not a risk factor for pregnancy-induced hypertension?

- A. Nulliparity
- B. Family history of hypertension
- C. Pre-pregnancy weight gain
- D. First pregnancy

Answer: B (LEAVE A REPLY)

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(A) Nulliparity is a risk factor for pregnancy-induced hypertension. (B) Family history of hypertension is not a risk factor for pregnancy-induced hypertension. (C) Pre-pregnancy weight gain is a risk factor for pregnancy-induced hypertension. (D) First pregnancy is a risk factor for pregnancy-induced hypertension.

NEW QUESTION: 579

3. Which of the following is not a risk factor for pregnancy-induced hypertension?

- A. Nulliparity
- B. Family history of hypertension
- C. Pre-pregnancy weight gain
- D. First pregnancy

Answer: D (LEAVE A REPLY)

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(A) Nulliparity is a risk factor for pregnancy-induced hypertension. (B) Family history of hypertension is not a risk factor for pregnancy-induced hypertension. (C) Pre-pregnancy weight gain is a risk factor for pregnancy-induced hypertension. (D) First pregnancy is a risk factor for pregnancy-induced hypertension.

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NEW QUESTION: 580

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 581

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 582

A client has received preoperative teaching for the vertical partial laryngectomy that he is scheduled to have in the morning. The nurse determines that the teaching has been effective when the client states:

- A. "I know I will need special swallowing training after my surgery."
- B. "The quality of my voice will be excellent after surgery."
- C. "I will have very little difficulty swallowing after surgery."
- D. "I may also have to have a radical neck dissection done."

Answer: C (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) A client with a supraglottic (horizontal partial) laryngectomy would require special swallowing training, not a vertical partial laryngectomy. (B) The quality of the client's voice will be altered but adequate for communication. (C) The client will have minimal difficulty swallowing. (D) A radical neck dissection may be done with a total laryngectomy, but not with a partial laryngectomy.

NEW QUESTION: 583

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Answer: (SHOW ANSWER)

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NEW QUESTION: 584

A 35-weeks-pregnant client is undergoing a nonstress test (NST). During the 20-minute examination, the nurse notes three fetal movements accompanied by accelerations of the fetal heart rate, each 15 bpm, lasting 15 seconds. The nurse interprets this test to be:

- A. Nonreactive
- B. Reactive
- C. Positive
- D. Negative

Answer: (SHOW ANSWER)

(A) In a nonreactive NST, the criteria for reactivity are not met. (B) A reactive NST shows at least two accelerations of FHR with fetal movements, each 15 bpm, lasting 15 seconds or more, over 20 minutes. (C, D) This term is used to interpret a contraction stress test (CST), or oxytocin challenge test, not an NST.

NEW QUESTION: 585

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 586

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 587

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NEW QUESTION: 588

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 589

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NEW QUESTION: 590

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Answer: (SHOW ANSWER)

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NEW QUESTION: 591

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- A. Ringer's lactate
- B. D5 in water
- C. D5 with Ringer's lactate
- D. Normal saline

Answer: D (LEAVE A REPLY)

(A) Phenytoin will precipitate if mixed with Ringer's lactate and should not be administered. (B, C) Phenytoin will precipitate if mixed with D5 in Ringer's lactate and should not be administered. (D) Phenytoin is compatible only with normal saline and should be mixed only with normal saline for administration.

NEW QUESTION: 592

When providing dietary teaching to an individual who has diabetes mellitus, type II, the nurse discusses the importance of consuming the recommended daily allowance of which of the following electrolytes?

- A. Potassium
- B. Magnesium
- C. Sodium
- D. HCO₃

Answer: (SHOW ANSWER)

Section: Questions Set D

Explanation:

(A) Potassium intake that meets the recommended daily allowance is important, especially in clients who have a history of cardiac disease. (B) Low levels of magnesium can cause an increase in resistance to insulin and can lead to carbohydrate intolerance. (C) Sodium is an important electrolyte for all clients but has no direct effect on diabetes mellitus. (D) Bicarbonate plays an important role in acid-base balance. It is equally necessary for maintenance of all body functions.

NEW QUESTION: 593

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Answer: (SHOW ANSWER)

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NEW QUESTION: 594

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Answer: (SHOW ANSWER)

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NEW QUESTION: 595

A 5-year-old child was recently diagnosed as having acute lymphoid leukemia. She is hospitalized for additional tests and to begin a course of chemotherapy designed to induce a remission. She is scheduled to have a bone marrow aspiration tomorrow. She has had a bone marrow test previously and is apprehensive about having another. Which of the following interventions will be most effective in relieving her anxiety?

- A. Explain what will take place and what she will see, feel, and hear.
- B. Remind her that she has had this procedure before and that it is nothing to be afraid of.
- C. Tell her not to worry about it, that it will be over soon and she can join her friends in the playroom.
- D. Give her a big hug and tell her that she is a big girl now and that she will do just fine.

Answer: A (LEAVE A REPLY)

Section: Questions Set D

Explanation

Explanation:

- (A) Even though the child has had the procedure before, she will probably need additional explanations and emotional support. (B) The fact that the child has had the procedure before and possibly found it painful or uncomfortable may increase, not relieve, her stress. (C) This intervention does nothing to reassure the child and may well prevent her from

expressing her feelings. (D) This does not prepare the child for the test and burdens her with the expectation that she act bigger and braver than she is.

NEW QUESTION: 596

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 597

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 598

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Answer: C ([LEAVE A REPLY](#))

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NEW QUESTION: 599

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Answer: D ([LEAVE A REPLY](#))

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NEW QUESTION: 600

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Answer: A ([LEAVE A REPLY](#))

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NEW QUESTION: 601

A client diagnosed with severe anemia is to receive 2 U of packed red blood cells. Prior to starting the blood transfusion, the nurse must:

- A. Take a baseline set of vital signs
- B. Hang Ringer's lactate as the companion fluid
- C. Use microdrip tubing for the blood administration
- D. Have the registered nurse in charge assume responsibility for verifying the client and blood product information

Answer: (SHOW ANSWER)

(A) A baseline set of vital signs is necessary to determine if any transfusion reactions occur as the blood product is being administered. (B) The only companion fluid to be used during a blood transfusion is normal saline. The calcium in Ringer's lactate can cause clotting. (C) Only a blood administration set should be used. A microdrip tube would cause lysis of the red blood cells. (D) Proper identification of the recipient and the blood product must be validated by at least two people.

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NEW QUESTION: 602

The nurse is assessing and getting a history from a client treated for depression with a monoamine oxidase (MAO) antidepressant. The most serious side effect associated with this antidepressant and the ingestion of tyramine in aged foods may be:

- A. Hypertensive crisis
- B. Severe rash
- C. Severe hypotension
- D. Severe diarrhea

Answer: (SHOW ANSWER)

(A) The most serious adverse reactions of MAO inhibitors involve blood pressure and ingestion of tyramine-containing foods, which may provoke a hypertensive crisis. (B) MAO

inhibitors cause adverse reactions affecting the central nervous system and serious adverse reactions involving blood pressure. (C) MAO inhibits false neurotransmitters (phenylalanines) and may produce hypotensive reactions from gradual accumulation of these neurotransmitters. (D) The most serious adverse reactions of MAO inhibitors involve blood pressure.

NEW QUESTION: 603

10. Which of the following is a false neurotransmitter? (A) Dopamine (B) Norepinephrine (C) Serotonin (D) Epinephrine

- A. Dopamine
- B. Norepinephrine
- C. Serotonin
- D. Epinephrine

Answer: B (LEAVE A REPLY)

10/10:

10:

(A) Dopamine is a true neurotransmitter. (B) Norepinephrine is a true neurotransmitter. (C) Serotonin is a true neurotransmitter. (D) Epinephrine is a false neurotransmitter. The most serious adverse reactions of MAO inhibitors involve blood pressure.

NEW QUESTION: 604

11. Which of the following is a false neurotransmitter? (A) Dopamine (B) Norepinephrine (C) Serotonin (D) Epinephrine

- A. Dopamine
- B. FHR
- C. Serotonin
- D. Epinephrine

Answer: B (LEAVE A REPLY)

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11:

(A) Dopamine is a true neurotransmitter. (B) FHR is a false neurotransmitter. (C) Serotonin is a true neurotransmitter. (D) Epinephrine is a false neurotransmitter. The most serious adverse reactions of MAO inhibitors involve blood pressure.

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NEW QUESTION: 605

Which of the following statements relevant to a suicidal client is correct?

- A. The more specific a client's plan, the more likely he or she is to attempt suicide.
- B. A client who is unsuccessful at a first suicide attempt is not likely to make future attempts.
- C. A client who threatens suicide is just seeking attention and is not likely to attempt suicide.
- D. Nurses who care for a client who has attempted suicide should not make any reference to the word "suicide" in order to protect the client's ego.

Answer: A (LEAVE A REPLY)

Section: Questions Set A

Explanation:

(A) This is a high-risk factor for potential suicide. (B) A previous suicide attempt is a definite risk factor for subsequent attempts. (C) Every threat of suicide should be taken seriously. (D) The client should be asked directly about his or her intent to do bodily harm. The client is never hurt by direct, respectful questions.

NEW QUESTION: 606

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 607

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NEW QUESTION: 608

A 6-year-old child is attending a pediatric clinic for a routine examination. What should the nurse assess for while conducting a vision screening?

- A. Hearing test
- B. Gait
- C. Strabismus
- D. Papilledema

Answer: C (LEAVE A REPLY)

(A)

Hearing should be assessed separately. (B) Gait should be assessed separately. Client usually remains in one place for vision screening. Gait is part of neurological assessment.

(C)

Strabismus is crossing of eyes or outward deviation, which may cause diplopia or amblyopia. It is easily assessed during vision screening. (D) Papilledema is assessed by an ophthalmoscopic examination, which follows vision screening. It is part of neurological assessment.

NEW QUESTION: 609

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Answer: C ([LEAVE A REPLY](#))

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NEW QUESTION: 610

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Answer: ([SHOW ANSWER](#))

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C. $\frac{10}{100} \times 100 = 10\%$. $\frac{39}{100} \times 100 = 39\%$. $\frac{2}{100} \times 100 = 2\%$. $\frac{36}{100} \times 100 = 36\%$.

D. $\frac{10}{100} \times 100 = 10\%$, $\frac{39}{100} \times 100 = 39\%$, $\frac{2}{100} \times 100 = 2\%$.

Answer: D (LEAVE A REPLY)

(A) $\frac{10}{100} \times 100 = 10\%$. (B) $\frac{39}{100} \times 100 = 39\%$. (C) $\frac{2}{100} \times 100 = 2\%$. (D) $\frac{36}{100} \times 100 = 36\%$.

NEW QUESTION: 615

Uma mulher tem 10 filhos. Ela tem 39 filhos e 2 filhas. Ela tem 36 filhos e 2 filhas. Ela tem 39 filhos e 2 filhas. Ela tem 36 filhos e 2 filhas. Ela tem 39 filhos e 2 filhas. Ela tem 36 filhos e 2 filhas. Ela tem 39 filhos e 2 filhas. Ela tem 36 filhos e 2 filhas. Ela tem 39 filhos e 2 filhas. Ela tem 36 filhos e 2 filhas.

A. Grávida 3 vezes 1

B. Grávida 3 vezes 2

C. Grávida 2 vezes 1

D. Grávida 2 vezes 2

Answer: B (LEAVE A REPLY)

(A) $\frac{10}{100}$ grávida para $\frac{39}{100}$ filhos e $\frac{2}{100}$ filhas. (B) $\frac{10}{100}$ grávida para $\frac{39}{100}$ filhos e $\frac{2}{100}$ filhas. (C) $\frac{10}{100}$ grávida para $\frac{39}{100}$ filhos e $\frac{2}{100}$ filhas. (D) $\frac{10}{100}$ grávida para $\frac{39}{100}$ filhos e $\frac{2}{100}$ filhas.

NEW QUESTION: 616

5 filhos. Ela tem 39 filhos e 2 filhas. Ela tem 36 filhos e 2 filhas. Ela tem 39 filhos e 2 filhas. Ela tem 36 filhos e 2 filhas. Ela tem 39 filhos e 2 filhas. Ela tem 36 filhos e 2 filhas. Ela tem 39 filhos e 2 filhas. Ela tem 36 filhos e 2 filhas. Ela tem 39 filhos e 2 filhas. Ela tem 36 filhos e 2 filhas.

A. Grávida 3 vezes 1

B. Grávida 3 vezes 2

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Answer: A ([LEAVE A REPLY](#))

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NCLEX-RN □□ □□□ □□□□□ □□ DumpTop □□ □□□□ □□□ NCLEX-RN □□! DumpTop □ □□ **NCLEX-RN** □□ □□□ □□□□□□, DumpTop NCLEX-RN □□ □□□ □□□□□□□□ □□□ □□□□□□□□. □□□□ □□□ □□□□ □□ □□□□ □□□□□ □□□ □□□□□. <https://www.dumptop.com/NCLEX/NCLEX-RN-dump.html> (865 Q&As Dumps, **30%OFF Special Discount: KrDump**)

NEW QUESTION: 617

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Answer: B ([LEAVE A REPLY](#))

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NEW QUESTION: 618

A 24-year-old client presents to the emergency department protesting "I am God." The nurse identifies this as a:

A. Delusion

B. Illusion

C. Hallucination

D. Conversion

Answer: A (LEAVE A REPLY)

Explanation/Reference:

Explanation:

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NEW QUESTION: 619

The nurse is caring for a 2-year-old girl with a subdural hematoma of the temporal area as a result of falling out of bed and notices that she has a runny nose. The nurse should:

- A. Call the doctor immediately
- B. Help her to blow her nose carefully
- C. Test the discharge for sugar
- D. Turn her to her side

Answer: C (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) The nasal discharge could be due to a cold. It is necessary to gather additional assessment data to identify a possible cerebrospinal fluid leak. (B) If the discharge is cerebrospinal fluid, it would not be safe to encourage the girl to blow her nose. (C) Cerebrospinal fluid is positive for sugar; mucus is not. (D) Turning her to her side will have no effect on her "runny nose." It is necessary to gather further assessment data.

NEW QUESTION: 620

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 621

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 622

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Answer: A (LEAVE A REPLY)

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(A) Tetracycline □ □□□ □□□ □□ □□□□□ □□□□ □□□ □□ □□ □□□ □□ □ □□□. (B) □□□ □□□□□□□□ □□□ □□□□□. (C) 9□ □□□□□ □□ □□ □□□ □□ □□□□□□ □□□□□□□□ □□□ □ □□□□. (D) □□ □□ □□□ □ □□□□ □□□□□□ □□□□□□□□ □□ □□□□ □□□ □ □□□□.

NEW QUESTION: 623

75% of patients with community-acquired pneumonia are treated with oral antibiotics. Which of the following is the most appropriate antibiotic for the treatment of community-acquired pneumonia?

- A. amoxicillin
- B. amoxicillin-clavulanate
- C. ceftriaxone
- D. clindamycin

Answer: B (LEAVE A REPLY)

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(A) Amoxicillin is a penicillin-class antibiotic that is effective against many common pathogens causing community-acquired pneumonia. (B) Amoxicillin-clavulanate is a combination of a penicillin-class antibiotic and a beta-lactamase inhibitor, which is effective against many common pathogens causing community-acquired pneumonia. (C) Legionella pneumophila pneumoniae is a gram-negative bacterium that causes Legionnaires' disease. (D) E. coli pneumoniae is a gram-negative bacterium that causes pneumonia.

NEW QUESTION: 624

47% of patients with community-acquired pneumonia are treated with oral antibiotics. Which of the following is the most appropriate antibiotic for the treatment of community-acquired pneumonia?

- A. amoxicillin
- B. amoxicillin-clavulanate
- C. ceftriaxone
- D. clindamycin

Answer: B (LEAVE A REPLY)

□□

(A) Amoxicillin is a penicillin-class antibiotic that is effective against many common pathogens causing community-acquired pneumonia. (B) Amoxicillin-clavulanate is a combination of a penicillin-class antibiotic and a beta-lactamase inhibitor, which is effective against many common pathogens causing community-acquired pneumonia. (C) Legionella pneumophila pneumoniae is a gram-negative bacterium that causes Legionnaires' disease. (D) E. coli pneumoniae is a gram-negative bacterium that causes pneumonia.

NEW QUESTION: 625

The nurse observes a client crying quietly. She has just experienced a spontaneous abortion at nine weeks' gestation. An appropriate response by the nurse would be:

- A. "It must be God's will and probably is for the best."
- B. "This must be a difficult time for you. Would you like to talk about it?"
- C. "I'm sure your other children will be a comfort for you."
- D. "Don't worry, you're still young. If I were you I'd just try again."

Answer: (SHOW ANSWER)

Section: Questions Set E

Explanation:

(A) This response is nontherapeutic because it belittles the client's response and gives a meaningless rationalization. (B) This response acknowledges the client's feelings and

demonstrates the therapeutic offering of self by the nurse. (C) This response is nontherapeutic because it does not focus on the client's feelings and offers false reassurance. (D) This response is nontherapeutic because it belittles the client's feelings and offers her advice.

NEW QUESTION: 626

The medication that best penetrates eschar is:

- A. Mafenide acetate (Sulfamylon)
- B. Silver sulfadiazine (Silvadene)
- C. □□□□□□□(Neosporin)
- D. □□□ □□□(□□□)

Answer: A (LEAVE A REPLY)

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NEW QUESTION: 627

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 628

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Answer: (SHOW ANSWER)

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NEW QUESTION: 629

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 630

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NEW QUESTION: 631

The healthcare team determines that an elderly client has had progressive changes in memory over the last 2 years that have interfered with her personal, social, or occupational functioning. Her memory, learning, attention, and judgment have all been affected in some way. These symptoms describe which of the following conditions?

- A. Dementia
- B. Parkinsonism
- C. Delirium
- D. Mania

Answer: A (LEAVE A REPLY)

Explanation

(A) These changes are common characteristics of dementia. (B) Parkinson's disease affects the muscular system. Progressive memory changes are not presenting symptoms. (C) Delirium includes an altered level of consciousness, which is not found in dementia. (D) Mania includes symptoms of hyperactivity, flight of ideas, and delusions of grandeur.

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NEW QUESTION: 632

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 633

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Answer: (SHOW ANSWER)

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NEW QUESTION: 634

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 635

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NEW QUESTION: 638

A 26-year-old client is in a treatment center for alprazolam (Xanax) abuse and continues to manifest moderate levels of anxiety 3 weeks into the rehabilitation program, often requesting medication for "his nerves." Included in the client's plan of care is to identify alternate methods of coping with stress and anxiety other than use of medication. After intervening with assistance in stress reduction techniques, identifying feelings and past coping, the nurse evaluates the outcome as being met if:

- A. Client promises that he will not abuse alprazolam after discharge
- B. Client demonstrates use of exercise or physical activity to handle nervous energy following conflicts of everyday life
- C. Client is able to verbalize effects of substance abuse on the body
- D. Client has remained substance free during hospitalization and is discharged

Answer: B (LEAVE A REPLY)

Section: Questions Set B

Explanation:

(A) This client response does not address stress reduction techniques. Verbal response focuses only on the problem. (B) Exercise or physical activity is a common strategy or coping technique used to reduce stress and anxiety. (C) Verbalizing effects of substance abuse on the body may help with insight and break through denial, but it is not a strategy to reduce anxiety. (D) Remaining substance-free does indicate motivation to change lifestyle of substance abuse or dependence, and it is not a stress reduction strategy in itself.

NEW QUESTION: 639

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Answer: (SHOW ANSWER)

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NEW QUESTION: 640

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 641

On assessment, the nurse learns that a chronic paranoid schizophrenic has been taking "the blue pill" (haloperidol) in the morning and evening, and "the white pill" (benztropine) right before bedtime. The nurse might suggest to the client that she try:

- A. Doubling the daily dose of benztropine
- B. Decreasing the haloperidol dosage for a few days
- C. Taking the benztropine in the morning
- D. Taking her medication with food or milk

Answer: C (LEAVE A REPLY)

Explanation

(A) Suggesting that a client increase a medication dosage is an inappropriate (and illegal) nursing action. This action requires a physician's order. (B) To suggest that a client decrease a medication dosage is an inappropriate (and illegal) nursing action. This action requires a physician's order. (C) This response is an appropriate independent nursing action. Because motorrestlessness can also be a side effect of cogentin, the nurse may suggest that the client try taking the drug early in the day rather than at bedtime. (D) Certain medications can cause gastric irritation and may be taken with food or milk to prevent this side effect.

NEW QUESTION: 642

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Answer: (SHOW ANSWER)

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NEW QUESTION: 643

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 644

A 30-year-old client has a history of several recent traumatic experiences. She presents at the physician's office with a complaint of blindness. Physical exam and diagnostic testing reveal no organic cause. The nurse recognizes this as:

- A. Delusion
- B. Illusion
- C. Hallucination
- D. Conversion

Answer: D (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) The client's blindness is real. Delusion is a false belief. (B) Illusion is the misrepresentation of a real, external sensory experience. (C) Hallucination is a false sensory perception involving any of the senses. (D) Conversion is the expression of intrapsychic conflict through sensory or motor manifestations.

NEW QUESTION: 645

In working with a manipulative client, which of the following nursing interventions would be most appropriate?

- A. Bargaining with the client as a strategy to control the behavior
- B. Redirecting the client
- C. Providing a consistent set of guidelines and rules
- D. Assigning the client to different staff persons each day

Answer: C (LEAVE A REPLY)

Explanation

(A) This answer is incorrect. Bargaining is a manipulative act, which the nurse could expect from the client.

(B) This answer is incorrect. Confrontation is an effective nursing strategy with manipulative behavior.

Redirection is appropriate for the client who is out of touch with reality. (C) This answer is correct.

Manipulative clients must abide by consistent rules. (D) This answer is incorrect.

Manipulation is kept at a minimum if the same staff person is assigned to the client. Often the client will attempt to play staff persons against each other.

NEW QUESTION: 646

6. A client with a history of alcohol abuse is admitted to the hospital. The client is currently in the middle of a withdrawal syndrome. Which of the following nursing interventions is most appropriate?

A. "I will be with you throughout the withdrawal process." B. "I will be with you throughout the withdrawal process." C. "I will be with you throughout the withdrawal process." D. "I will be with you throughout the withdrawal process."

A. "I will be with you throughout the withdrawal process."

B. "I will be with you throughout the withdrawal process."

C. "I will be with you throughout the withdrawal process, and I will be with you throughout the withdrawal process."

D. "I will be with you throughout the withdrawal process, and I will be with you throughout the withdrawal process."

Answer: C (LEAVE A REPLY)

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(A) The client is currently in the middle of a withdrawal syndrome. The client is currently in the middle of a withdrawal syndrome. (B) The client is currently in the middle of a withdrawal syndrome. (C) The client is currently in the middle of a withdrawal syndrome. (D) The client is currently in the middle of a withdrawal syndrome.

NEW QUESTION: 647

A client with a prescription for 800 mg of a medication is prescribed to take the medication every 8 hours. The client has been taking the medication as prescribed. The nurse is monitoring the client for signs of toxicity. Which of the following signs and symptoms would indicate toxicity?

- A. Nausea and vomiting
- B. NPH
- C. Drowsiness
- D. Tremor and blurred vision

Answer: A (LEAVE A REPLY)

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(A) Nausea and vomiting are signs of toxicity. (B, C) NPH and Lente are types of insulin. (D) Tremor and blurred vision are signs of hypoglycemia.

NEW QUESTION: 648

A female client was recently diagnosed with gastric cancer. She entered the hospital and had a total gastrectomy with esophagojejunostomy. Her postoperative recovery was uneventful. On conducting discharge teaching, the nurse discusses changes in bodily function and lifestyle changes with the client. In order to prevent pernicious anemia, the nurse stresses that the client must:

- A. Receive monthly blood transfusions
- B. Increase the amount of iron in her diet
- C. Eat small quantities several times daily until she is able to tolerate food in moderate portions
- D. Understand the need for Vitamin B12 replacement therapy

Answer: D (LEAVE A REPLY)

(A) Monthly blood transfusions are not indicated postgastrectomy. (B) Increasing iron in the client's diet may cause irritation and will not alleviate pernicious anemia. (C) It may be necessary that the client eat small meals several times per day, but this measure has no relevance to prevention of pernicious anemia. (D) Pernicious anemia is caused by lack of Vitamin B12, and replacement therapy will be necessary because the client's stomach has been removed.

NEW QUESTION: 649

A client is prescribed 200 mg of a medication every 8 hours. The client has been taking the medication as prescribed. The nurse is monitoring the client for signs of toxicity. Which of the following signs and symptoms would indicate toxicity? (Cogentin) 00/00. 00/00 00/00 00/00 00/00 00/00 00/00 00/00 00/00 00/00 00/00?

- A. Tremor and blurred vision
- B. Drowsiness

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Answer: (SHOW ANSWER)

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(A) Benztropine □ □□ □□□□ □□□□ □□□□ □□□□ □□ □□□□□. □□□□ □□□□ □□□ □□□□ □□□□ □□□□ □□□□□. (B) □□□ □□□□ □□□□□□. (C) □□□ □□□□ □□□□□□. (D) □□ □□□ □□□□ □□ □□□□.

NEW QUESTION: 650

A 34-year-old client who is gravida 1, para 0 has a history of infertility and conceived this pregnancy while taking fertility drugs. She is at 32 weeks' gestation and is carrying triplets. She is complaining of low back pain and a feeling of pelvic pressure. Her cervical exam reveals a long, closed cervix. The nurse notes that the client is experiencing mild uterine contractions every 7-8 minutes after the nurse has placed her on the fetal monitor. Her condition should indicate that:

- A. Her cervix shows she will likely deliver soon
- B. The nurse should not be alarmed because mild uterine activity is common at 32 weeks' gestation
- C. She may be in preterm labor because this is more common with multiple pregnancies
- D. She most likely has a urinary tract infection (UTI) because this is common with pregnancy

Answer: C (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) Her cervical exam is normal. There are no cervical changes at this time. (B) Braxton Hicks contractions may be common throughout pregnancy, but they are not regular. (C) Rhythmical contractions in conjunction with low back pain and pelvic pressure at 32 weeks in a woman carrying triplets are of great concern. She may be in preterm labor. (D) UTIs are common in pregnancy due to the enlarging uterus compressing the ureters and the stasis of urine. The woman would be more likely to complain of urinary frequency and urgency, fever or chills, and malodorous urine with a UTI.

NEW QUESTION: 651

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 652

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 653

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NEW QUESTION: 654

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Answer: (SHOW ANSWER)

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(A) Reaction formation is the development and demonstration of attitudes and/or behaviors opposite to what an individual actually feels. The client's comment does reveal her anger and hostility. (B) Rationalization, another ego defense mechanism, is offering a socially acceptable or seemingly logical explanation to justify one's feelings, behaviors, or motives. The client's comment does not reflect rationalization. (C) Splitting, the viewing of people or situations as either all good or all bad, is frequently used by persons experiencing a disruption in self-concept. This ego defense mechanism is reflective of the individual's inability to integrate the positive and negative aspects of self. (D) Sublimation, the channeling of socially unacceptable impulses and behaviors into more acceptable patterns of behavior, is another ego defense mechanism. The client's comment reveals that she is not engaging in sublimation.

NEW QUESTION: 655

On the third postpartum day, a client complains of extremely tender breasts. On palpation, the nurse notes a very firm, shiny appearance to the breasts and some milk leakage. She is bottle feeding. The nurse should initially recommend to her to:

- A. Take 2 ibuprofen (Motrin) tablets by mouth now because the baby will be returning for feeding in 20 minutes
- B. Allow the infant to breast-feed at the next feeding time to empty the breasts
- C. Apply ice packs to the breasts and wear a supportive, well-fitting bra
- D. Take a warm shower and express milk from both breasts until empty

Answer: (SHOW ANSWER)

Explanation/Reference:
Explanation:

(A) Judicious use of analgesics is appropriate with breast engorgement; however, mechanical suppression would be the initial recommendation. (B) Breast-feeding every 1 1/2-3 hours will reduce and/or prevent breast engorgement. Breast-feeding will promote milk production, which will compound the distention and stasis of the venous circulation of engorgement in a bottlefeeding mother. (C) Ice packs reduce milk flow while the snug, supportive bra provides mechanical suppression and decreases pulling on Cooper's ligament. In addition, breast binders or ace bandages may be used for some women. (D) Warmth promotes milk production and may stimulate the let-down reflex. These measures would contribute to the venous congestion of engorgement.

NEW QUESTION: 656

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NEW QUESTION: 657

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 658

A client with severe PIH receiving MgSO₄ is placed in a quiet, darkened room. The nurse bases this action on the following understanding:

- A. The client is restless.
- B. The elevated blood pressure causes photophobia.
- C. Noise or bright lights may precipitate a convulsion.
- D. External stimuli are annoying to the client with PIH.

Answer: C (LEAVE A REPLY)

(A)

The client may be anxious and hyperresponsive to stimuli but not necessarily restless.

(B)

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NEW QUESTION: 659

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NEW QUESTION: 661

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 662

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Answer: D (LEAVE A REPLY)

(A) Immediately following membrane rupture, the fetus is at risk for complications, not necessarily the mother. (B) The physician is notified after the nurse completes an assessment of the mother's and fetus's conditions. (C) Rupture of membranes facilitates fetal descent. A potential complication is cord prolapse, which is assessed by auscultating fetal heart rate. (D) Rupture of membranes does not necessarily indicate readiness to deliver.

NEW QUESTION: 663

When planning care for the passive-aggressive client, the nurse includes the following goal:

- A. Allow the client to use humor, because this may be the only way this client can express self.
- B. Allow the client to express anger by using "I" messages, such as "I was angry when . . .," etc.
- C. Allow the client to have time away from therapeutic responsibilities.
- D. Allow the client to give excuses if he forgets to give staff information.

Answer: (SHOW ANSWER)

(A) Ceasing to use humor and sarcasm is a more appropriate goal, because this client uses these behaviors covertly to express aggression instead of being open with anger. (B) Use of "I" messages demonstrates proper use of assertive behavior to express anger instead of passive-aggressive behavior. (C) Client is expected to complete share of work in therapeutic community because he has often obstructed other's efforts by failing to do his share. (D) Client has used conveniently forgetting or withholding information as a passive-aggressive behavior, which is not acceptable.

NEW QUESTION: 664

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- B. Allow the client to express anger by using "I" messages, such as "I was angry when . . .," etc.
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- D. Allow the client to give excuses if he forgets to give staff information.

Answer: (SHOW ANSWER)

Explanation

(A) Ceasing to use humor and sarcasm is a more appropriate goal, because this client uses these behaviors covertly to express aggression instead of being open with anger. (B) Use of "I" messages demonstrates proper use of assertive behavior to express anger instead of passive-aggressive behavior. (C) Client is expected to complete share of work in therapeutic community because he has often obstructed other's efforts by failing to do his share. (D) Client has used conveniently forgetting or withholding information as a passive-aggressive behavior, which is not acceptable.

NEW QUESTION: 665

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 666

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 667

While changing the dressing on a client's central line, the nurse notices redness and warmth at the needle insertion site. Which of the following actions would be appropriate to implement based on this finding?

- A. Discontinue the central line.
- B. Begin a peripheral IV.
- C. Document in the nurse's notes and notify the physician after redressing the site.
- D. Clean the site well and redress.

Answer: C (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) The nurse may never discontinue a central line without a physician's order. (B) The nurse may never initiate a peripheral IV without a physician's order except in an emergency situation. (C) The nurse should always document findings and alert the physician to the findings as well. The physician may then initiate a new central line and order the current central line to be discontinued. (D) Besides cleaning and redressing, the nurse should always document the findings.

NEW QUESTION: 668

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 669

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 670

A 1-year-old child is to receive an IM injection ordered by his pediatrician. He has fallen asleep in his mother's arms when the nurse approaches. Which approach is most appropriate at this time?

- A. Give the injection in the vastus lateralis site before the child awakens.
- B. Awaken the child first and give the injection in the ventrogluteal site.
- C. Awaken the child first and give the injection in the dorsogluteal site.
- D. Ask the mother to place the child on the examination table and leave the room, and then give the injection in an appropriate site.

Answer: B (LEAVE A REPLY)

Explanation

(A) If awakened first, the child will know that nothing painful will be done without the child being alerted. (B) The ventrogluteal site is a safe site for children because it is a large muscle free of major nerves and blood vessels. (C) The dorsogluteal site is not recommended in children who have not been walking for at least 1 year because the muscle is not fully developed. (D) The parent will be able to offer support and comfort during and after the injection.

NEW QUESTION: 671

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 672

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 673

Cystic fibrosis is transmitted as an autosomal recessive trait. This means that:

- A. Mothers carry the gene and pass it to their sons
- B. Fathers carry the gene and pass it to their daughters
- C. Both parents must have the disease for a child to have the disease
- D. Both parents must be carriers for a child to have the disease

Answer: D (LEAVE A REPLY)

(A) Cystic fibrosis is not an X-linked or sex-linked disease. (B) The only characteristic on the Y chromosome is the trait for hairy ears. (C) Both parents do not need to have the disease but must be carriers. (D) If a trait is recessive, two genes (one from each parent) are necessary to produce an affected child.

NEW QUESTION: 674

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Answer: (SHOW ANSWER)

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NEW QUESTION: 675

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Answer: B ([LEAVE A REPLY](#))

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NEW QUESTION: 676

When assessing residual volume in tube feeding, the feeding should be delayed if the amount of gastric contents (residual) exceeds:

- A. 20 mL
- B. 25 mL
- C. 30 mL
- D. 50 mL

Answer: ([SHOW ANSWER](#))

Explanation/Reference:

Explanation:

(A) A residual volume of 20 mL is not excessive. (B) A residual volume of 25 mL is not excessive. (C) A residual volume of 30 mL is not excessive. (D) Tube feedings should be withheld and physician notified for residual volumes of 50-100 mL.

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NEW QUESTION: 677

A client takes warfarin (Coumadin) 15 mg po daily. To evaluate the medication's effectiveness, the nurse should monitor the:

- A. prothrombin time (PT)
- B. partial thromboplastin time (PTT)
- C. PTT-C

D. Fibrin split products

Answer: A (LEAVE A REPLY)

Explanation

(A) PT evaluates adequacy of extrinsic clotting pathway. Adequacy of warfarin therapy is monitored by PT.

(B) PTT evaluates adequacy of intrinsic clotting pathway. Adequacy of heparin therapy is monitored by PTT.

(C) There is no such laboratory test. (D) Fibrin split products indicate fibrinolysis. This is a screening test for disseminated intravascular coagulation. Heparin therapy may increase fibrin split products.

NEW QUESTION: 678

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 679

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NEW QUESTION: 680

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Answer: B ([LEAVE A REPLY](#))

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NEW QUESTION: 681

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Answer: C ([LEAVE A REPLY](#))

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NEW QUESTION: 682

A client's physician has prescribed theophylline (Theo- Dur) to help control the bronchospasm associated with the client's COPD. Instructions that should be given to the client include:

A. "Call your physician if you develop palpitations, dizziness, or restlessness."

B. "Cigarette smoking may significantly increase the risk for theophylline toxicity."

C. "Take this medication on an empty stomach."

D. "Do not take your medicine if your pulse is less than 60 beats per minute."

Answer: A ([LEAVE A REPLY](#))

(A) Indications of theophylline toxicity include palpitations, dizziness, restlessness, nausea, vomiting, shakiness, and anorexia. (B) Cigarette smoking significantly lowers theophylline plasma levels. (C) Theophylline should be taken with food to decrease stomach upset. (D) These instructions are appropriate for someone taking digoxin.

NEW QUESTION: 683

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- B. Lochia serosa, □□
- C. Lochia granulosa, □□□
- D. Lochia rubra, □□

Answer: D (LEAVE A REPLY)

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NEW QUESTION: 684

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NEW QUESTION: 685

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NEW QUESTION: 686

Often children are monitored with pulse oximeter. The pulse oximeter measures the:

- A. O₂ content of the blood
- B. Oxygen saturation of arterial blood
- C. PO₂
- D. Affinity of hemoglobin for O₂

Answer: [\(SHOW ANSWER\)](#)

Explanation/Reference:

Explanation:

(A) The O₂ content of whole blood is determined by the partial pressure of oxygen (PO₂) and the oxygen saturation. The pulse oximeter does not measure the PO₂. (B) The pulse oximeter is a noninvasive method of measuring the arterial oxygen saturation. (C) The PO₂ is the amount of O₂ dissolved in plasma, which the pulse oximeter does not measure. (D) The affinity of hemoglobin for O₂ is the relationship between oxygen saturation and PO₂ and is not measured by the pulse oximeter.

NEW QUESTION: 687

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NEW QUESTION: 688

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NEW QUESTION: 689

Which classification of drugs is contraindicated for the client with hypertrophic cardiomyopathy?

- A. Positive inotropes
- B. Vasodilators
- C. Diuretics
- D. Antidysrhythmics

Answer: A (LEAVE A REPLY)

Explanation

(A) Positive inotropic agents should not be administered owing to their action of increasing myocardial contractility. Increased ventricular contractility would increase outflow tract obstruction in the client with hypertrophic cardiomyopathy. (B) Vasodilators are not typically prescribed but are not contraindicated. (C) Diuretics are used with caution to avoid causing hypovolemia. (D) Antidysrhythmics are typically needed to treat both atrial and ventricular dysrhythmias.

NEW QUESTION: 690

The nurse is teaching a client how to perform monthly testicular self-examination (TSE) and states that it is best to perform the procedure right after showering. This statement is made by the nurse based on the knowledge that:

- A. The client is more likely to remember to perform the TSE when in the nude

- B. When the scrotum is exposed to cool temperatures, the testicles become large and bulky
- C. The scrotum will be softer and more relaxed after a warm shower, making the testicles easier to palpate
- D. The examination will be less painful at this time

Answer: C (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) Nudity is not a trigger for reminding males to perform TSE. (B) Testicles become more firm when exposed to cool temperatures, but not large and bulky. (C) The testicles will be lower and more easily palpated with warmer temperatures. A protective mechanism of the body to protect sperm production is for the scrotum to pull closer to the body when exposed to cooler temperatures. (D) The examination should not be painful.

NEW QUESTION: 691

A 30-year-old male client is admitted to the psychiatric unit with a diagnosis of bipolar disorder. For the last 2 months, his family describes him as being "on the move," sleeping 3-4 hours nightly, spending lots of money, and losing approximately 10 lb. During the initial assessment with the client, the nurse would expect him to exhibit which of the following?

- A. Short, polite responses to interview questions
- B. Introspection related to his present situation
- C. Exaggerated self-importance
- D. Feelings of helplessness and hopelessness

Answer: C (LEAVE A REPLY)

Explanation

(A) During the manic phase of bipolar disorder, clients have short attention spans and may be abusive toward authority figures. (B) Introspection requires focusing and concentration; clients with mania experience flight of ideas, which prevents concentration. (C) Grandiosity and an inflated sense of self-worth are characteristic of this disorder. (D) Feelings of helplessness and hopelessness are symptoms of the depressive stage of bipolar disorder.

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NEW QUESTION: 692

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NEW QUESTION: 695

A client's behavior is annoying other clients on the unit. He is meddling with their belongings and dominating the group. The best approach by the nurse is to:

- A. Seclude him in his room.
- B. Set limits on his behavior.
- C. Have his medication increased.
- D. Ignore him and tell the other clients that these behaviors are due to his illness and that they should understand.

Answer: B (LEAVE A REPLY)

Explanation

(A) This action by the nurse would be punitive. (B) Consistent limit setting will help the client to know what is acceptable behavior. (C) This action is not within the nurse's scope of practice. (D) This could be dangerous to the client and to others and violates other clients' rights.

NEW QUESTION: 696

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NEW QUESTION: 698

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 699

A client with a C-3-4 fracture has just arrived in the emergency room. The primary nursing intervention is:

- A. Stabilization of the cervical spine
- B. Airway assessment and stabilization
- C. Confirmation of spinal cord injury
- D. Normalization of intravascular volume

Answer: (SHOW ANSWER)

Explanation/Reference:

Explanation:

(A) If cervical spine injury is suspected, the airway should be maintained using the jaw thrust method that also protects the cervical spine. (B) Primary intervention is protection of the airway and adequate ventilation. (C, D) All other interventions are secondary to adequate ventilation.

NEW QUESTION: 700

36 weeks gestation 4 weeks gestation 4 weeks gestation. 36 weeks gestation 4 weeks gestation 4 weeks gestation. 36 weeks gestation 4 weeks gestation 4 weeks gestation. (L/S) ratio 2 weeks gestation (PG) 4 weeks gestation. 36 weeks gestation 4 weeks gestation 4 weeks gestation.

- A. Placental maturity
- B. Suspected chronic asphyxia
- C. Cord compression
- D. Fetal lung maturity

Answer: (SHOW ANSWER)

Explanation

(A) Placental maturity is assessed by a biophysical profile. (B) L/S ratio and presence of phosphatidylglycerol are not used to determine fetal asphyxia. A biophysical profile score of 6 may indicate this condition. (C) Cord compression is not reflected by the L/S ratio or presence of phosphatidylglycerol. Variable decelerations observed through electronic fetal monitoring could reflect umbilical cord compression. (D) An L/S ratio > 2 and the presence of phosphatidylglycerol in amniotic fluid indicate fetal lung maturity.

NEW QUESTION: 701

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- B. 2 weeks gestation
- C. 4 weeks gestation

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Answer: D ([LEAVE A REPLY](#))

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NEW QUESTION: 702

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Answer: C ([LEAVE A REPLY](#))

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NEW QUESTION: 703

Which of the following blood gas parameters primarily reflects respiratory function?

A. PCO₂

B. CO₂ content of the blood

C. HCO₃

D. Base excess

Answer: ([SHOW ANSWER](#))

Explanation

(A) The lungs are responsible for regulation of CO₂, and this parameter primarily reflects respiratory function.

(B) CO₂ content of the blood is an indirect measure of respiratory function. (C) HCO₃ is a measure of kidney function only and is important in acid-base balance. (D) Base excess represents the excess of HCO₃ and is not reflective of respiratory function.

NEW QUESTION: 704

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Answer: (SHOW ANSWER)

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NEW QUESTION: 705

The nurse practitioner determines that a client is approximately 9 weeks' gestation. During the visit, the practitioner informs the client about symptoms of physical changes that she will experience during her first trimester, such as:

- A. Nausea and vomiting
- B. Quickening
- C. A 6-8 lb weight gain
- D. Abdominal enlargement

Answer: A (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) Nausea and vomiting are experienced by almost half of all pregnant women during the first 3 months of pregnancy as a result of elevated human chorionic gonadotropin levels and changed carbohydrate metabolism. (B) Quickening is the mother's perception of fetal movement and generally does not occur until 18-20 weeks after the last menstrual period in primigravidas, but it may occur as early as 16 weeks in multigravidas. (C) During the first trimester there should be only a modest weight gain of 2-4 lb. It is not uncommon for women to lose weight during the first trimester owing to nausea and/or vomiting. (D) Physical changes are not apparent until the second trimester, when the uterus rises out of the pelvis.

NEW QUESTION: 706

82. A nurse is caring for a client who has a new pressure ulcer. The nurse notes that the ulcer is 11 cm in diameter. The nurse should expect the ulcer to be in which stage?

- A. Stage I
- B. Stage II
- C. Stage III
- D. Stage IV

Answer: (SHOW ANSWER)

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(A) The ulcer is 11 cm in diameter. The nurse should expect the ulcer to be in Stage IV. (B) The ulcer is 11 cm in diameter. The nurse should expect the ulcer to be in Stage III. (C) The ulcer is 11 cm in diameter. The nurse should expect the ulcer to be in Stage II. (D) The ulcer is 11 cm in diameter. The nurse should expect the ulcer to be in Stage I.

NEW QUESTION: 709

In evaluating the laboratory results of a client with severe pressure ulcers, the nurse finds that her albumin level is low. A decrease in serum albumin would contribute to the formation of pressure ulcers because:

- A. The proteins needed for tissue repair are diminished.
- B. The iron stores needed for tissue repair are inadequate.
- C. A decreased serum albumin level indicates kidney disease.
- D. A decreased serum albumin causes fluid movement into the blood vessels, causing dehydration.

Answer: A (LEAVE A REPLY)

(A)

Serum albumin levels indicate the adequacy of protein stores available for tissue repair.

(B)

Serum albumin does not measure iron stores. (C) Serum albumin levels do not measure kidney function. (D) A decreased serum albumin level would cause fluid movement out of blood vessels, not into them.

NEW QUESTION: 710

A nurse is caring for a client who has a new pressure ulcer. The nurse notes that the ulcer is 11 cm in diameter. The nurse should expect the ulcer to be in which stage?

- A. Stage I
- B. Stage II
- C. Stage III
- D. Stage IV

Answer: (SHOW ANSWER)

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NEW QUESTION: 711

Nursing care for the substance abuse client experiencing alcohol withdrawal delirium includes:

- A. Maintaining seizure precautions
- B. Restricting fluid intake
- C. Increasing sensory stimuli
- D. Applying ankle and wrist restraints

Answer: (SHOW ANSWER)

Explanation/Reference:

Explanation:

(A) These clients are at high risk for seizures during the 1st week after cessation of alcohol intake. (B) Fluid intake should be increased to prevent dehydration. (C) Environmental stimuli should be decreased to prevent precipitation of seizures. (D) Application of restraints may cause the client to increase his or her physical activity and may eventually lead to exhaustion.

NEW QUESTION: 712

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 713

The postpartum nurse should include which of the following instructions to breast-feeding mothers?

- A. Limit feeding times for several days to avoid nipple soreness.
- B. Wash the nipples with soap and water before and after each feeding.
- C. Daily caloric intake should be increased by 500 cal.
- D. Breast milk is totally digestible by the baby because it contains lactose.

Answer: C (LEAVE A REPLY)

Section: Questions Set E

Explanation:

(A) Limiting initial feeding times will only delay nipple soreness as well as the establishment of the letdown reflex, thus encouraging engorgement from clogged ducts and ductules. (B) Soap should be avoided because it may be excessively drying, predisposing nipples to cracking. (C) For optimal milk production, an additional 500 kcal over maintenance levels are needed daily. (D) Lipase, not lactose, emulsifies the fat in breast milk, making it almost totally digestible by infants.

NEW QUESTION: 714

A 30-year-old client is exhibiting auditory hallucinations. In working with this client, the nurse would be most effective if the nurse:

- A. Encourages the client to discuss the voices
- B. Attempts to direct the client's attention to the here and now
- C. Exhibits sincere interest in the delusional voices
- D. Gives the medication as necessary for the acting-out behavior

Answer: B (LEAVE A REPLY)

Explanation

(A) This answer is incorrect. Encouraging discussion of the voices will reinforce the delusion. (B) This answer is correct. The nurse should appropriately present reality. (C) This answer is incorrect. Showing interest would reinforce the delusional system. (D) This answer is incorrect. The statement only indicates that the client is hearing voices. It does not state that the client is acting out.

NEW QUESTION: 715

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NEW QUESTION: 716

A client returns for her 6-month prenatal checkup and has gained 10 lb in 2 months. The results of her physical examination are normal. How does the nurse interpret the effectiveness of the instruction about diet and weight control?

- A. She is compliant with her diet as previously taught.
- B. She needs further instruction and reinforcement.
- C. She needs to increase her caloric intake.
- D. She needs to be placed on a restrictive diet immediately.

Answer: B (LEAVE A REPLY)

(A) She is probably not compliant with her diet and exercise program. Recommended weight gain during second and third trimesters is approximately 12 lb. (B) Because of her excessive weight gain of 10 lb in 2 months, she needs re-evaluation of her eating habits and reinforcement of proper dietary habits for pregnancy. A 2200-calorie diet is recommended for most pregnant women with a weight gain of 27-30 lb over the 9-month period. With rapid and excessive weightgain, PIH should also be suspected. (C) She does not need to increase her caloric intake, but she does need to re-evaluate dietary habits. Ten pounds in 2 months is excessive weight gain during pregnancy, and health teaching is warranted. (D) Restrictive dieting is not recommended during pregnancy.

NEW QUESTION: 717

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Answer: (SHOW ANSWER)

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NEW QUESTION: 718

A young child has been placed in a spica cast. The chief concern of the nurse during the first few hours is:

- A. Prevention of neurovascular complications
- B. Prevention of loss of muscle tone
- C. Immobilization of the affected limb
- D. Using heated fans to dry the cast

Answer: (SHOW ANSWER)

(A) Because the extremity may continue to swell and the cast could constrict circulation, the nurse should elevate the limb and observe for capillary refill, warmth, mobility of toes and circulation. (B) Although muscle tone may diminish over time in the affected limb, this is not the immediate concern. (C) The limb has been immobilized already by the cast, and therefore immobilization is not a concern. (D) Heated fans and dryers are discouraged because the outside cast will dry quickly, yet the area beneath the cast remains wet and could cause burns.

NEW QUESTION: 719

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 720

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NEW QUESTION: 722

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 723

When teaching a mother of a 4-month-old with diarrhea about the importance of preventing dehydration, the nurse would inform the mother about the importance of feeding her child:

- A. Fruit juices
- B. Diluted carbonated drinks
- C. Soy-based, lactose-free formula
- D. Regular formulas mixed with electrolyte solutions

Answer: C (LEAVE A REPLY)

Explanation

(A) Diluted fruit juices are not recommended for rehydration because they tend to aggravate the diarrhea. (B) Diluted soft drinks have a high-carbohydrate content, which aggravates the diarrhea. (C) Soy-based, lactose-free formula reduces stool output and duration of diarrhea in most infants. (D) Regular formulas contain lactose, which can increase diarrhea.

NEW QUESTION: 724

A schizophrenic is admitted to the psychiatric unit. What affect would the nurse expect to observe?

- A. Anger
- B. Apathy and flatness
- C. Smiling
- D. Hostility

Answer: B (LEAVE A REPLY)

(A) Anger is an emotion that is not necessarily present in schizophrenia. (B) Lack of response to or involvement with environment and distancing are characteristic of schizophrenia. (C) Euphoria is more characteristic of manic-depressive disorder (bipolar disorder). (D) Hostility is an emotion that is not necessarily present in schizophrenia.

NEW QUESTION: 725

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 726

After an infant is delivered by cesarean delivery and placed on the warmer, the RN dries and assesses the infant. At 1 and 5 minutes after birth, the RN does the Apgar scoring of the infant. The RN knows that because this infant was delivered by cesarean section, he is at increased risk for having which one of the following:

- A. Cold stress
- B. Cyanosis
- C. Respiratory distress syndrome
- D. Seizures

Answer: C (LEAVE A REPLY)

(A) The infant is placed on the warmer and dried after birth. Cold stress occurs when the infant is not dried and kept warm. (B) The fact that this infant was born by cesarean delivery does not place him at a greater risk for cyanosis than an infant delivered vaginally. Cyanosis occurs when infants cannot oxygenate their blood after the umbilical cord is severed. (C) Infants born by cesarean delivery are at a higher risk for developing

respiratory distress syndrome because these infants do not pass through the pelvis, where the chest is compressed and fluid is able to escape from the lungs. (D) Cesarean-delivered infants are not at greater risk for seizures than infants delivered vaginally.

NEW QUESTION: 727

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 728

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 729

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 735

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 736

A parent told the public health nurse that her 6-year-old son has been taking tetracycline for a chronic skin condition. The parent asked if this could cause any problems for the child. What should the nurse explain to the parent?

- A. Giving tetracycline to a child younger than 8 years may cause permanent staining of his teeth.
- B. If you give tetracycline with milk, it may be absorbed readily.
- C. The medication should be given to adults, not children.
- D. Secondary infections of chronic skin disorders do not respond to antibiotics.

Answer: A (LEAVE A REPLY)

Explanation

(A) Tetracycline should be avoided during tooth development because it interferes with enamel formation and dental pigmentation. (B) Milk interferes with the absorption of tetracyclines. (C) Children older than 9 years or past the tooth development stage may be given tetracycline. (D) Secondary infections of chronic skin disorders may respond to antibiotics such as penicillin or tetracyclines.

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NEW QUESTION: 737

A client is prescribed furosemide (Lasix) 80mg bid. The client has a serum potassium level of 3.0 mEq/L. The nurse should monitor for which of the following?

- A. Increased heart rate
- B. Increased serum potassium
- C. Decreased serum potassium
- D. Decreased heart rate

Answer: A (**LEAVE A REPLY**)

(A) Increased heart rate. (B) Increased serum potassium. (C) Decreased serum potassium. (D) Decreased heart rate.

NEW QUESTION: 738

A 32-year-old female client is being treated for Guillain-Barre syndrome. She complains of gradually increasing muscle weakness over the past several days. She has noticed an increased difficulty in ambulating and fell yesterday. When conducting a nursing assessment, which finding would indicate a need for immediate further evaluation?

- A. Complaints of a headache
- B. Loss of superficial and deep tendon reflexes
- C. Complaints of shortness of breath
- D. Facial paralysis

Answer: C (**LEAVE A REPLY**)

Section: Questions Set D

Explanation:

(A) Headaches are not associated with Guillain-Barre syndrome. (B) Loss of superficial and deep tendon reflexes is expected with this diagnosis. (C) Complaints of shortness of breath must be further evaluated. Forty percent of all clients have some detectable respiratory weakness and should be prepared for a possible tracheostomy. Pneumonia is also a common complication of this syndrome. (D) Facial paralysis is expected and is not considered abnormal.

NEW QUESTION: 739

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 740

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Answer: (SHOW ANSWER)

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NEW QUESTION: 741

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 742

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 743

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 744

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Answer: A ([LEAVE A REPLY](#))

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NEW QUESTION: 745

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A. □□□(Lanoxin)

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D. □□□□□□□□ IV(Tridil)

Answer: ([SHOW ANSWER](#))

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NEW QUESTION: 746

A client is in early labor. Her fetus is in a left occipitoanterior (LOA) position; fetal heart sounds are best auscultated just:

A. Below the umbilicus toward left side of mother's abdomen

B. Below the umbilicus toward right side of mother's abdomen

C. At the umbilicus

D. Above the umbilicus to the left side of mother's abdomen

Answer: A ([LEAVE A REPLY](#))

Explanation

(A) LOA identifies a fetus whose back is on its mother's left side, whose head is the presenting part, and whose back is toward its mother's anterior. It is easiest to auscultate

fetal heart tones (FHTs) through the fetus's back. (B) The identified fetus's back is on its mother's left side, not right side. It is easiest to auscultate FHTs through the fetus's back. (C) In an LOA position, the fetus's head is presenting with the back to the left anterior side of the mother. The umbilicus is too high of a landmark for auscultating the fetus's heart rate through its back. (D) This is the correct auscultation point for a fetus in the left sacroanterior position, where the sacrum is presenting, not LOA.

NEW QUESTION: 747

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Answer: (SHOW ANSWER)

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NEW QUESTION: 748

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Answer: (SHOW ANSWER)

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NEW QUESTION: 749

A client was admitted to the hospital after falling in her home. At the time of admission, her blood alcohol level was 0.27 mg%. Her family indicates that she has been drinking a fifth of vodka a day for the past 9 months.

She had her last drink 30 minutes prior to admission. Alcohol withdrawal symptoms would most likely be exhibited by her:

- A. Two to 4 hours after the last drink
- B. Six to 8 hours after the last drink
- C. Immediately on admission
- D. Twenty-four hours after the last drink

Answer: B (LEAVE A REPLY)

Section: Questions Set D

Explanation:

(A) This answer is incorrect. Alcohol withdrawal usually begins approximately 6-8 hours after the last drink. (B) This answer is correct. It takes approximately 6-8 hours for metabolism of alcohol. (C) This answer is incorrect.

The alcohol is still in the system, as indicated by the high blood alcohol level. (D) This answer is incorrect.

Symptoms of alcohol withdrawal usually begin within 6-8 hours of the last drink.

NEW QUESTION: 750

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 751

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Answer: C ([LEAVE A REPLY](#))

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NEW QUESTION: 752

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Answer: ([SHOW ANSWER](#))

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NEW QUESTION: 753

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 754

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 755

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Answer: (SHOW ANSWER)

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NEW QUESTION: 756

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 757

A client undergoes a transurethral resection, prostate (TURP). He returns from surgery with a three-way continuous Foley irrigation of normal saline in progress. The purpose of this bladder irrigation is to prevent:

- A. Bladder spasms
- B. Clot formation
- C. Scrotal edema
- D. Prostatic infection

Answer: B (LEAVE A REPLY)

(A) The purpose of bladder irrigation is not to prevent bladder spasms, but to drain the bladder and decrease clot formation and obstruction. (B) A three-way system of bladder irrigation will cleanse the bladder and prevent formation of blood clots. A catheter obstructed by clots or other debris will cause prostatic distention and hemorrhage. (C)

Scrotal edema seldom occurs after TURP. Bladder irrigation will not prevent this complication. (D) Prostatic infection seldom occurs after TURP. Bladder irrigation will not prevent this complication.

NEW QUESTION: 758

A 62-year-old male with a history of hypertension and hyperlipidemia presents with a 3-day history of lower extremity edema. He reports a weight gain of 8 lb (3.6 kg) over the past 2 weeks. His physical examination shows bilateral lower extremity edema extending up to the mid-thighs. His vital signs are: T 99.6°F, P 88, R 22, BP 140/90 mmHg. His laboratory values are: Na 132, K 3.8, Cl 100, HCO₃⁻ 24, BUN 18, Cr 1.2, and albumin 3.5 g/dL. His chest X-ray is unremarkable. What is the most likely cause of his edema?

- A. Hypoalbuminemia
- B. Heart failure
- C. Kidney disease
- D. Liver disease

Answer: (SHOW ANSWER)

(A) Hypoalbuminemia is a common cause of edema, but the patient's albumin level is within normal limits. (B) Heart failure is the most likely cause of his edema, given his history of hypertension and hyperlipidemia, and his physical examination findings. (C) Kidney disease is a possible cause, but his renal function is normal. (D) Liver disease is a possible cause, but his liver function tests are normal.

NEW QUESTION: 759

A 65-year-old male with a history of chronic obstructive pulmonary disease (COPD) presents with shortness of breath and fatigue. His physical examination shows hyperinflation of the lungs and a barrel chest. His vital signs are: T 99.0°F, P 100, R 24, BP 130/80 mmHg. His laboratory values are: pH 7.2, PaO₂ 90, PaCO₂ 45, HCO₃⁻ 16. What is the most likely cause of his acidemia?

- A. Anion gap metabolic acidosis
- B. Lactic acidosis
- C. Respiratory acidosis
- D. Metabolic alkalosis

Answer: D (LEAVE A REPLY)

Na: 138, Cl: 102, HCO₃⁻: 16, BUN: 18, Cr: 1.2

(A) Anion gap metabolic acidosis is a possible cause, but the patient's anion gap is normal. (B) Lactic acidosis is a possible cause, but his lactate level is normal. (C) Respiratory acidosis is a possible cause, but his PaCO₂ is normal. (D) Metabolic alkalosis is the most likely cause of his acidemia, given his history of COPD and his physical examination findings.

NEW QUESTION: 760

The nurse is assessing and getting a history from a client treated for depression with a monoamine oxidase (MAO) antidepressant. The most serious side effect associated with this antidepressant and the ingestion of tyramine in aged foods may be:

- A. Hypertensive crisis
- B. Severe rash
- C. Severe hypotension
- D. Severe diarrhea

Answer: A (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) The most serious adverse reactions of MAO inhibitors involve blood pressure and ingestion of tyramine-containing foods, which may provoke a hypertensive crisis. (B) MAO inhibitors cause adverse reactions affecting the central nervous system and serious adverse reactions involving blood pressure. (C) MAO inhibits false neurotransmitters (phenylalanines) and may produce hypotensive reactions from gradual accumulation of these neurotransmitters. (D) The most serious adverse reactions of MAO inhibitors involve blood pressure.

NEW QUESTION: 761

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Answer: (SHOW ANSWER)

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NEW QUESTION: 762

The nurse notes multiple bruises on the arms and legs of a newly admitted client with lupus. The client states, "I get them whenever I bump into anything." The nurse would expect to note a decrease in which of the following laboratory tests?

- A. Number of platelets
- B. WBC count
- C. Hemoglobin level
- D. Number of lymphocytes

Answer: A (LEAVE A REPLY)

(A) Thrombocytopenia, a decrease in platelets, occurs in lupus and causes a decrease in blood coagulation and thrombus formation. (B) Clients with lupus will have a decrease in the WBC count decreasing their resistance to infection. (C) Clients with lupus may have a decrease in the hemoglobin level causing anemia. (D) Leukopenia, a decrease in white blood cells, is seen in lupus and decreases resistance to infection.

NEW QUESTION: 763

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Answer: [\(SHOW ANSWER\)](#)

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NEW QUESTION: 764

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Answer: [B \(LEAVE A REPLY\)](#)

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NEW QUESTION: 765

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Answer: B ([LEAVE A REPLY](#))

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(A) Wiping toward the urinary meatus would transport microorganisms from the external tubing to the urethra, thereby increasing the risk of bladder infection. (B) Wiping away from the urinary meatus would remove microorganisms from the point of insertion of the catheter, thereby decreasing the risk of bladder infection. (C) Talcum powder should not be applied following catheter care, because powders contribute to moisture retention and infection likelihood. (D) The catheter should never be inserted further into the urethra, because this would serve no useful purpose and would increase the risk of infection.

NEW QUESTION: 766

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Answer: C ([LEAVE A REPLY](#))

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NEW QUESTION: 767

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B. 100 mg 1000 mg 100 mg

C. 100 mg 1000 mg 100 mg 1000 mg 100 mg 1000 mg.

D. 100 mg 100 mg

Answer: D (LEAVE A REPLY)

100

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NEW QUESTION: 768

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A. 0.5ng/mL

B. 1.0ng/mL

C. 2.0ng/mL

D. 3.0ng/mL

Answer: D (LEAVE A REPLY)

100/100:

100:

(A) 0.5 ng/mL 1000 mg 100 mg 1000 mg 1000 mg 1000 mg. (B) 1.0ng/mL 100 mg 1000 mg. (C)

2.0ng/mL 100 mg 1000 mg. (D) 1000 mg 100 mg 1000 0.8-2.0 ng/mL 1000 mg. 1000 mg 1000 mg

>2.0ng/mL.

NEW QUESTION: 769

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A. 1000 mg 1000 mg

B. 1000 mg 1000 mg 1000 mg 1000 mg

C. 1000 mg 1000 mg

D. 1000 mg 1000 mg(Dilantin) 1000 mg.

Answer: A (LEAVE A REPLY)

100/100:

100:

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(B) 100 mg 1000 mg 1000 mg 1000 mg 1000 mg. (C) 1000 mg 1000 mg 1000 mg 1000 mg 1000 mg 1000 mg. (D) 1000 mg 1000 mg 1000 mg 1000 mg 1000 mg.

NEW QUESTION: 770

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Answer: (SHOW ANSWER)

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NEW QUESTION: 771

A chronic alcoholic client's condition deteriorates, and he begins to exhibit signs of hepatic coma. Which of the following is an early sign of impending hepatic coma?

- A. Hiccups
- B. Anorexia
- C. Mental confusion
- D. Feter hepaticus

Answer: C (LEAVE A REPLY)

Explanation

(A) Hiccups are not a sign of impending hepatic coma. (B) Anorexia is not a sign of impending hepatic coma. (C) One of the earliest symptoms of hepatic coma is mental confusion. Asterixis, a flapping tremor of the hand, may also be seen. (D) This sign is associated with the later stages of hepatic coma. Feter hepaticus, a characteristic odor on the breath that smells like acetone, may sometimes be noted when the liver fails.

NEW QUESTION: 772

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- C. □□, □□□□ □□ □□□ □□□□ □□ □□□□ □□□□□□.
- D. □□□ □□ □□□□ 50 mg po q4-6h prn □□

Answer: C (LEAVE A REPLY)

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NEW QUESTION: 773

The nurse discovers that a 78-year-old client who received hydralazine (Apresoline) 20 mg 45 minutes ago has a blood pressure of 70/40 mm Hg. The client has been on this dose of the medication for 3 years. Which of the following data is most likely significant in relation to the cause of the low blood pressure?

- A. Pedal pulses 11 (weak)
- B. Twenty-four-hour intake 1000 mL/day for past 2 days
- C. Serum potassium 3.3
- D. Pulse rate 150 bpm

Answer: (SHOW ANSWER)

Explanation

(A, D) Decreased pulse volume and increased pulse rate are signs of an acute hypotensive episode. (B) Inadequate fluid volume when taking vasodilators can result in a drop in blood pressure when vasodilation starts to physiologically occur as an action of the drug. (C) A potassium level of 3.3 would not be associated with a significant drop in blood pressure.

NEW QUESTION: 774

The nurse will be alert to the most potentially lifethreatening side effect associated with the administration of monoamine oxidase (MAO) inhibitor. This is:

- A. Oculogyric crisis
- B. Hypertensive crisis
- C. Orthostatic hypotension
- D. Tardive dyskinesia

Answer: B (LEAVE A REPLY)

Explanation

(A) Oculogyric crisis, involuntary upward deviation and fixation of the eyeballs, is usually associated with either postencephalitic parkinsonian or drug-induced extrapyramidal symptoms (EPS). (B) Hypertensive crisis is a potentially life-threatening side effect. This may occur if the client ingests foods, beverages, or medications containing tyramine. (C) Orthostatic hypotension, a drop in blood pressure resulting from a rapid change of body position, can occur with the administration of antidepressants. (D) Tardive dyskinesia,

characterized by slow, rhythmical, automatic or stereotyped muscular movements, usually is associated with the administration of certain antipsychotic medications.

NEW QUESTION: 775

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 776

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 777

On admission to the inpatient unit, a 34-year-old client is able to follow simple directions, but with great difficulty.

He is worried about how he can keep clean in such a public place and repeatedly dusts his bureau, straightens his bed, and adjusts the clothes in his closet. The client is experiencing a severe level of anxiety. Which response by the nurse would be most therapeutic in initially attempting to reduce his anxiety?

- A. "You will not be allowed to remain in your room if you continue to bother things."
- B. "I can see how uncomfortable you are, but I would like you to walk with me so I can show you around the unit."
- C. "Tell me why your room needs to be so clean."
- D. "I've inspected this room and it is perfectly clean."

Answer: B (LEAVE A REPLY)

Explanation

(A) This statement is punitive. (B) Acknowledging the anxiety and channeling it into some positive activity is therapeutic. (C) The client cannot say "why"; this statement puts the client on the defensive. (D) A rational approach, especially a judgmental one, is nontherapeutic.

NEW QUESTION: 778

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 779

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NEW QUESTION: 782

Three weeks following discharge, a male client is readmitted to the psychiatric unit for depression. His wife stated that he had threatened to kill himself with a handgun. As the nurse admits him to the unit, he says, "I wish I were dead because I am worthless to everyone; I guess I am just no good." Which response by the nurse is most appropriate at this time?

- A. "I don't think you are worthless. I'm glad to see you, and we will help you."
- B. "Don't you think this is a sign of your illness?"
- C. "I know with your wife and new baby that you do have a lot to live for."
- D. "You've been feeling sad and alone for some time now?"

Answer: D (LEAVE A REPLY)

Explanation

- (A) This response does not acknowledge the client's feelings.
- (B) This is a closed question and does not encourage communication.
- (C) This response negates the client's feelings and does not require a response from the client.
- (D) This acknowledges the client's implied thoughts and feelings and encourages a response.

NEW QUESTION: 783

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Answer: (SHOW ANSWER)

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NEW QUESTION: 784

14. A client is admitted to the hospital with a diagnosis of type 1 diabetes mellitus. The client's serum potassium level is 3.1 mEq/L. The nurse should anticipate the physician's order for potassium replacement.

- A. 10 mEq IV push
- B. 10 mEq PO
- C. 10 mEq IV over 1 hour
- D. 10 mEq PO

Answer: A (LEAVE A REPLY)

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(A) The potassium level is within acceptable limits. (B) The sodium level is within acceptable limits. (C) This value indicates hypokalemia, rather than the hyperkalemia that occurs during diabetic ketoacidosis. (D) When diabetic ketoacidosis exists, intracellular dehydration occurs and potassium leaves the cells and enters the vascular system, thus increasing the serum level beyond an acceptable range. When insulin and fluids are administered, cell walls are repaired and potassium is transported back into the cells. Normal serum potassium levels range from 3.5-5.0 mEq/L.

NEW QUESTION: 785

15. A client with type 1 diabetes mellitus is admitted to the hospital with a diagnosis of diabetic ketoacidosis. The client's serum potassium level is 3.1 mEq/L. The nurse should anticipate the physician's order for potassium replacement.

- A. 99mEq/L IV push
- B. 136mEq/L IV push
- C. 3.1mEq/L IV push
- D. 6.3mEq/L IV push

Answer: D (LEAVE A REPLY)

(A) The chloride level is within acceptable limits. (B) The sodium level is within acceptable limits. (C) This value indicates hypokalemia, rather than the hyperkalemia that occurs during diabetic ketoacidosis. (D) When diabetic ketoacidosis exists, intracellular dehydration occurs and potassium leaves the cells and enters the vascular system, thus increasing the serum level beyond an acceptable range. When insulin and fluids are administered, cell walls are repaired and potassium is transported back into the cells. Normal serum potassium levels range from 3.5-5.0 mEq/L.

NEW QUESTION: 786

A client is to have a coronary artery bypass graft performed in the morning using a saphenous vein. He wants to know why the physician does not use the internal mammary artery for his bypass graft because his friend's physician uses this artery. The nurse tells the client that the internal mammary artery:

- A. Takes more time to remove
- B. Has a greater risk of becoming reoccluded

- C. Is smaller in diameter
- D. Has too many valves

Answer: (SHOW ANSWER)

Explanation

(A) It does take more time to remove the internal mammary artery, and this is one reason why some physicians do not use it. (B) There is not a greater risk of reocclusion. In fact, it may actually stay patent longer. (C) The internal mammary artery is actually larger in diameter than the saphenous vein. (D) The internal mammary artery does not have too many valves.

NEW QUESTION: 787

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Answer: (SHOW ANSWER)

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NEW QUESTION: 788

The nurse is assessing breath sounds in a bronchovesicular client. She should expect that:

- A. Inspiration is longer than expiration
- B. Breath sounds are high pitched
- C. Breath sounds are slightly muffled
- D. Inspiration and expiration are equal

Answer: D (LEAVE A REPLY)

Explanation

(A) Inspiration is normally longer in vesicular areas. (B) Highpitched sounds are normal in bronchial area. (C) Muffled sounds are considered abnormal. (D) Inspiration and expiration are equal normally in this area, and sounds are medium pitched.

NEW QUESTION: 789

A client with a head injury asks why he cannot have something for his headache. The nurse's response is based on the understanding that analgesics could:

- A. Counteract the effects of antibiotics

- B. Elevate the blood pressure
- C. Mask symptoms of increasing intracranial pressure
- D. Stimulate the central nervous system

Answer: C (LEAVE A REPLY)

(A) Analgesic medication does not counteract the effects of antibiotics. (B) Analgesic medication may lower blood pressure elevated due to anxiety. (C) Analgesic medication, especially CNS depressants, is not given if there is danger of increasing ICP, because neurological changes may not be apparent. Also, further depression of the CNS is contraindicated. (D) Analgesics do not stimulate the CNS.

NEW QUESTION: 790

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 791

A 42-year-old male client has been treated at an alcoholic rehabilitation center for physiological alcohol dependence. The nurse will be able to determine that he is preparing for discharge and is effectively coping with his problem when he shares with her the following information:

- A. "I know that I will not ever be able to socially drink alcohol again and will need the support of the AA group."
- B. "I know that I can only drink one or two drinks at social gatherings in the future, but at least I don't have to continue AA."
- C. "I really wasn't addicted to alcohol when I came here, I just needed some help dealing with my divorce."
- D. "It really wasn't my fault that I had to come here. If my wife hadn't left, I wouldn't have needed those drinks."

Answer: A (LEAVE A REPLY)

Explanation

Explanation:

(A) The client has insight into the severity of his alcohol addiction and has chosen one of the most effective treatment strategies to support him - Alcoholics Anonymous. (B) The client is still using denial and is not dealing with his alcohol addiction. (C) The client is exhibiting denial about his alcohol addiction and projecting blame on his divorce. (D) The client is projecting blame onto his wife for being in the hospital while still denying his alcohol addiction.

NEW QUESTION: 792

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 793

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NEW QUESTION: 794

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 795

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Answer: B (LEAVE A REPLY)

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NEW QUESTION: 796

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NEW QUESTION: 797

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NEW QUESTION: 798

A 55-year-old client is unconscious, and his physician has decided to begin tube feeding him using a smallbore silicone feeding tube (Keofeed, Duo-Tube). After the tube is inserted, the nurse identifies the most reliable way to confirm appropriate placement is to:

- A. Aspirate gastric contents
- B. Auscultate air insufflated through the tube
- C. Obtain a chest x-ray
- D. Place the tip of the tube under water and observe for air bubbles

Answer: C (LEAVE A REPLY)

(A) Aspiration of gastric contents is usually a reliable way to verify tube placement. However, if the client has dark respiratory secretions from bleeding, tube feedings could be mistaken for respiratory secretions; in other words, aspirating an empty stomach is less reliable in this instance. In addition, it is common for small-bore feeding tubes to collapse when suction pressure is applied. (B) Insufflation of air into large-bore nasogastric tubes can usually be clearly heard. In small-bore tubes, it is more difficult to hear air, and it is difficult to distinguish between air in the stomach and air in the esophagus. (C) A chest x-ray is the most reliable means to determine placement of small-bore nasogastric tubes. (D) Observing for air bubbles when the tip is held under water is an unreliable means to determine correct tube placement for all types of nasogastric tubes. Air may come from both the respiratory tract and the stomach, and the client who is breathing shallowly may not force air out of the tube into the water.

NEW QUESTION: 799

A 74-year-old client seen in the emergency room is exhibiting signs of delirium. His family states that he has not slept, eaten, or taken fluids for the past 24 hours. The planning of nursing care for a delirious client is based on which of the following premises?

- A. The delirious client is capable of returning to his previous level of functioning.
- B. The delirious client is incapable of returning to his previous level of functioning.
- C. Delirium entails progressive intellectual and behavioral deterioration.
- D. Delirium is an insidious process.

Answer: (SHOW ANSWER)

Section: Questions Set D

Explanation:

(A) This answer is correct. If the cause is removed, the delirious client will recover completely. (B) This answer is incorrect. The demented client is incapable of returning to previous level of functioning. The delirious client is capable of returning to previous functioning. (C) This answer is incorrect. The demented client, not the delirious client, has progressive intellectual and behavioral deterioration. (D) This answer is incorrect. Delirium develops rapidly, whereas dementia is insidious.

NEW QUESTION: 800

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Answer: [\(SHOW ANSWER\)](#)

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NEW QUESTION: 801

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NEW QUESTION: 802

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NEW QUESTION: 803

A 25-year-old lawyer who is married with three young children works long hours in an effort to become a partner in the law firm. Following a recent hospitalization for a bleeding ulcer, he was referred for therapy to treat this psychophysiological disorder. On meeting with the therapist, he informed him or her that he was a busy man and did not have much time for this "psych stuff." When guiding the client to ventilate his feelings, the therapist can expect him to express feelings of:

- A. Guilt
- B. Shame
- C. Despair
- D. Anger

Answer: D (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) Guilt relates to depression. (B) Shame is not associated with psychophysiological disorders. (C) Despair relates to depression. (D) Repressed anger is associated with psychophysiological disorders.

NEW QUESTION: 804

Which of the following would indicate the need for further teaching for the client with COPD? The client verbalizes the need to:

- A. Eat high-calorie, high-protein foods
- B. Take vitamin supplementation
- C. Eliminate intake of milk and milk products
- D. Eat small, frequent meals

Answer: (SHOW ANSWER)

Explanation

(A) Protein is vital for the maintenance of muscle to aid in breathing. A high-calorie diet using higher fat than carbohydrate content is given because clients are unable to breathe off the excess CO₂ that is an end product of carbohydrate metabolism. (B) Inadequate nutritional status, in particular, deficiencies in vitamins A and C, decreases resistance to infection. (C) Milk does not make mucus thicker. It may coat the back of the throat and make it feel thicker. Rinsing the mouth with water after drinking milk will prevent this

problem. (D) Small, frequent meals minimize a fullness sensation and reduce pressure on the diaphragm. The work of breathing and SOB are also reduced.

NEW QUESTION: 805

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Answer: (SHOW ANSWER)

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NEW QUESTION: 806

When teaching a sex education class, the nurse identifies the most common STDs in the United States as:

- A. Chlamydia
- B. Herpes genitalis
- C. Syphilis
- D. Gonorrhea

Answer: A (LEAVE A REPLY)

Explanation

(A) Chlamydia trachomatis infection is the most common STD in the United States. The Centers for Disease Control and Prevention recommend screening of all high-risk women, such as adolescents and women with multiple sex partners. (B) Herpes simplex genitalia is estimated to be found in 5-20 million people in the United States and is rising in occurrence yearly. (C) Syphilis is a chronic infection caused by Treponema pallidum. Over the last several years the number of people infected has begun to increase. (D) Gonorrhea is a bacterial infection caused by the organism Neisseria gonorrhoeae. Although gonorrhea is common, chlamydia is still the most common STD.

NEW QUESTION: 807

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 808

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- A. "I understand you're depressed, but killing yourself is not a reasonable option."
- B. "We need to discuss this further, but right now let's complete these forms."
- C. "Don't do that, you have so much to live for. You have a wonderful wife and children. The client in the next room has no one."
- D. "This is very serious. I do not want any harm to come to you. I will have to report this to the rest of the staff."

Answer: D (LEAVE A REPLY)

(A) To the client, suicide may be a reasonable action and the only one he can cope with at this time. (B) This response indicates to the client that his intention to commit suicide is not important to the nurse at this time. (C) The client is so depressed that he is not able to see the positive aspects of his life. At no time should the nurse discuss another client's problems in conversation. (D) This statement tells the client that the nurse recognizes his problem is of a serious nature and will take all steps necessary to help him.

NEW QUESTION: 809

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 810

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 811

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 812

A 60-year-old male client was hospitalized 3 days ago with the diagnosis of acute anterior wall myocardial infarction. Today he has been complaining of increasing weakness and shortness of breath. Crackles in both lung bases are audible on auscultation. He is developing:

- A. An extension of his myocardial infarction
- B. Pneumonia
- C. Pulmonary edema
- D. Pulmonary emboli

Answer: C (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) Extensions of his myocardial infarction would be chest pain unrelieved with nitroglycerin, cardiac enzyme elevations, and electrocardiographic changes. (B) Persons with pneumonia may complain of weakness and shortness of breath and have crackles in their lung bases. However, they would also have sputum production and leukocytosis. (C) Persons who have had myocardial infarctions (especially anterior wall) are at risk of developing left ventricular heart failure, which is a major cause of pulmonary edema. Pulmonary edema is manifest by shortness of breath, weakness, and crackles on auscultation of the lung fields. (D) Pulmonary emboli may be accompanied by shortness of breath, weakness, and crackles. However, the pulmonary hypertension that accompanies pulmonary emboli results in signs of increased systemic venous pressure as well.

NEW QUESTION: 813

A 40-year-old client has lived for 8 years with an abusive spouse. She married her husband in her senior year of high school after becoming pregnant. Shortly after the baby was born, he began to physically abuse her. She has attempted to leave him several times, but she has always returned. She is unable to support herself financially, and her husband threatens to kill her if she leaves him. This time, her husband has beaten her so badly she cannot stop the bleeding from the gash above her eye. She admits her husband caused her injury. In assessing a person after experiencing spousal abuse, which need has the highest priority?

- A. Assess the level of anxiety, coping responses, and support systems.
- B. Assess the history of physical abuse.
- C. Assess suicide potential.
- D. Assess drug and alcohol use.

Answer: C (LEAVE A REPLY)

Section: Questions Set E

Explanation:

(A) Assessing the level of anxiety, coping responses, and support systems is very important, but not of highest priority at this time. (B) A history of physical abuse is an important part of assessment. The nurses must also always ask if there is abuse of the children. (C) Although all of these answers are very important in assessment, the highest priority is assessment of suicide potential, because this could cause the greatest harm to the client. Feeling there is no other way out, abused spouses may consider suicide. (D) The spouse may be self-medicating herself with alcohol or drugs to escape an awful situation. The abuser may also be abusing drugs or alcohol. If this is so, the nurse should encourage the spouse to seek counseling and not to return to the home.

NEW QUESTION: 814

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- B. 136/90□□ 148/100
- C. 150/96 ~ 160/104
- D. 118/70 ~ 130/88

Answer: D (LEAVE A REPLY)

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NEW QUESTION: 815

A 43-year-old client is admitted to the hospital with a diagnosis of peripheral vascular disorder. She arrives in her room via stretcher and requires assistance to move to her bed. The nurse notes that her left leg is cold to touch. She complains of having recently experienced muscle spasms in that leg. To determine if these muscle spasms are indicative of intermittent claudication, the nurse would begin her assessment with the following question:

- A. "Would you describe the intensity, duration, and symptoms associated with your pain?"
- B. "Do you experience swelling at the end of the day in the affected and unaffected leg?"
- C. "Have you had any lesions of the affected leg that have been difficult to heal?"
- D. "Do your muscle spasms occur following rest, walking, or exercising?"

Answer: D (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) Describing pain is an important aspect of the assessment; however, assessing activity preceding muscle spasms is equally important. (B) Edema may occur with peripheral

vascular disease, but it is not of particular importance in assessing intermittent claudication. (C) Lesions may be present with peripheral vascular disease, but they are not an indication of intermittent claudication. (D) With intermittent claudication, muscle spasms occur intermittently, mainly with walking and after exercising. Rest may relieve muscle spasms.

NEW QUESTION: 816

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 817

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 818

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Answer: A (LEAVE A REPLY)

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NEW QUESTION: 819

A 40-year-old client is admitted to the hospital for tests to diagnose cancer. Since his admission, he has become dependent and demanding to the nursing staff. The nurse identifies this behavior as which defense mechanism?

- A. Denial
- B. Displacement
- C. Regression
- D. Projection

Answer: C (LEAVE A REPLY)

Section: Questions Set C

Explanation:

(A) Denial is the disowning of consciously intolerable thoughts. (B) Displacement is the referring of a feeling or emotion from one person, object, or idea to another. (C) Regression is returning to an earlier stage of development. (D) Projection is attributing one's own thoughts, feelings, or impulses to another person.

NEW QUESTION: 820

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- D. 00000000

Answer: C (LEAVE A REPLY)

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(A) MgSO_4 is a salt of a strong acid and a weak base. (B) MgSO_4 is a salt of a strong acid and a strong base. (C) MgSO_4 is a salt of a weak acid and a strong base. (D) MgSO_4 is a salt of a weak acid and a weak base.

NEW QUESTION: 821

Which of the following is a strong acid? (A) HCl (B) H_2SO_4 (C) HNO_3 (D) H_2CO_3

- A. HCl
- B. H_2SO_4
- C. HNO_3
- D. H_2CO_3

Answer: [\(SHOW ANSWER\)](#)

HCl is a strong acid.

(A) HCl is a strong acid. (B) H_2SO_4 is a strong acid. (C) HNO_3 is a strong acid. (D) H_2CO_3 is a weak acid.

NEW QUESTION: 822

Which of the following is a strong base? (A) NaOH (B) KOH (C) Ca(OH)_2 (D) NH_4OH

- A. NaOH
- B. KOH
- C. Ca(OH)_2
- D. NH_4OH

Answer: [A \(LEAVE A REPLY\)](#)

NaOH is a strong base.

(A) NaOH is a strong base. (B) KOH is a strong base. (C) Ca(OH)_2 is a strong base. (D) NH_4OH is a weak base.

NEW QUESTION: 823

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NEW QUESTION: 828

A 12-year-old girl has been diagnosed with insulin-dependent diabetes mellitus. Which of these principles would best guide her nutritional management?

- A. Concentrated sweets are taken during increased activity.
- B. Food restriction is imposed to reduce weight.
- C. Caloric distribution should be calculated to fit activity patterns.
- D. Fat requirements are increased owing to the possibility of ketoacidosis.

Answer: C (LEAVE A REPLY)

(A) Concentrated sweets are eliminated from diet planning. Complex carbohydrates may be taken at the time of increased activity. (B) Food restriction is not used for diabetic control of growing children. Caloric restriction may be imposed for weight control if necessary. (C) Total caloric intake and proportions of basic nutrients should be consistent from day to day. Distribution of these calories should fit the activity pattern. Extra food is needed for increased activity. A balance of food, exercise, and insulin should be maintained. (D) Because of the increased risk of atherosclerosis, the fat percentage of the total caloric intake is reduced.

NEW QUESTION: 829

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Answer: (SHOW ANSWER)

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NEW QUESTION: 830

When the nurse is evaluating lab data for a client 18-24 hours after a major thermal burn, the expected physiological changes would include which of the following?

- A. Elevated serum sodium
- B. Elevated serum calcium
- C. Elevated serum protein
- D. Elevated hematocrit

Answer: (SHOW ANSWER)

(A) Sodium enters the edema fluid in the burned area, lowering the sodium content of the vascular fluid. Hyponatremia may continue for days to several weeks because of sodium loss to edema, sodium shifting into the cells, and later, diuresis. (B) Hypocalcemia occurs because of calcium loss to edema fluid at the burned site (third space fluid). (C) Protein loss occurs at the burn site owing to increased capillary permeability. Serum protein levels remain low until healing occurs. (D) Hematocrit level is elevated owing to hemoconcentration from hypovolemia. Anemia is present in the postburn stage owing to blood loss and hemolysis, but it cannot be assessed until the client is adequately hydrated.

NEW QUESTION: 831

A 3-year-old child is admitted with a diagnosis of possible noncommunicating hydrocephalus. What is the first symptom that indicates increased intracranial pressure?

- A. Bulging fontanelles
- B. Seizure
- C. Headache
- D. Ataxia

Answer: (SHOW ANSWER)

Explanation/Reference:

Explanation:

(A) Bulging fontanelles are a symptom of increased intracranial pressure in infants. (B) Seizure is a late sign of increased intracranial pressure. (C) Headache is a very early symptom of increased intracranial pressure in the child. (D) Ataxia is a late sign of increased intracranial pressure.

NEW QUESTION: 832

Three hours postoperatively, a 27-year-old client complains of right leg pain after knee reduction. The first action by the nurse will be to:

- A. Assess vital signs
- B. Elevate the extremity
- C. Perform a lower extremity neurovascular check
- D. Remind the client that he has a client-controlled analgesic pump, and reinstruct him on its use

Answer: C (LEAVE A REPLY)

Explanation

(A) Vital signs may be altered if there is acute pain or complications related to bleeding or swelling, but they should not be assessed before checking the affected extremity. (B) The

extremity will be elevated if ordered by the doctor. (C) Assessment of the postoperative area is important to determine if bleeding, swelling, or decreased circulation is occurring. (D) Reinforcement of teaching on use of the client-controlled analgesic pump is important, but not the first action.

NEW QUESTION: 833

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NEW QUESTION: 834

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NEW QUESTION: 836

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NEW QUESTION: 837

A male infant is to be discharged home this morning. Which instruction related to his cord care should be included in his mother's discharge teaching plan?

- A. Keep the umbilical area moist with Vaseline until the stump falls off.
- B. Keep the umbilical area covered at all times with the diaper.
- C. Clean the umbilical cord with alcohol at each diaper change.
- D. Clean the umbilical cord daily with soap and water during the bath.

Answer: C (LEAVE A REPLY)

- (A) The umbilical area should be kept dry for healing to occur. Moisture is conducive to bacterial growth and therefore could lead to infection at the site. (B) The diaper should be

folded below the cord to allow the cord stump to be exposed to the air for healing. (C) The umbilical cord should be swabbed with alcohol at each diaper change to remove urine and stool and to facilitate the desiccation process through drying. (D) Soap and water should not be used to clean the umbilical area because the area could retain moisture, thus making it susceptible to bacterial growth and infection.

NEW QUESTION: 838

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NEW QUESTION: 839

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NEW QUESTION: 840

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NEW QUESTION: 841

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NEW QUESTION: 842

Iron dextran (Imferon) is a parenteral iron preparation.

The nurse should know that it:

- A. Is also called intrinsic factor
- B. Must be given in the abdomen
- C. Requires use of the Z-track method
- D. Should be given SC

Answer: C (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) Intrinsic factor is needed to absorb vitamin B12. (B) Iron dextran is given parenterally, but Z-track in a large muscle. (C) A Z-track method of injection is required to prevent staining and irritation of the tissue. (D) An SC injection is not deep enough and may cause subcutaneous fat abscess formation.

NEW QUESTION: 843

While the RN is assessing a mother's perineum on her 2nd postpartum day after having a vaginal delivery, the RN notes a large ecchymotic area located to the left of the mother's perineum. Which one of the following interventions should the RN initiate at this time?

- A. Have the client expose the area to air.
- B. Apply ice to the perineum.
- C. Encourage the client to take warm sitz baths.
- D. Inform the physician.

Answer: (SHOW ANSWER)

(A) The area is bruised and painful. This action would do nothing to help with the healing process of the perineum or to provide comfort. (B) Ice is effective immediately after birth to reduce edema and discomfort, but not on the 2nd postpartum day. (C) Sitz baths are useful if the perineum has been traumatized, because the moist heat increases circulation to the area to promote healing, relaxes tissue, and decreases edema. (D) The physician is not notified of bruising, but if a hematoma is present, then the physician is notified.

NEW QUESTION: 844

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NEW QUESTION: 845

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NEW QUESTION: 846

A 40-year-old client is admitted to the hospital for tests to diagnose cancer. Since his admission, he has become dependent and demanding to the nursing staff. The nurse identifies this behavior as which defense mechanism?

- A. Denial
- B. Displacement
- C. Regression
- D. Projection

Answer: C (LEAVE A REPLY)

(A) Denial is the disowning of consciously intolerable thoughts. (B) Displacement is the referring of a feeling or emotion from one person, object, or idea to another. (C) Regression is returning to an earlier stage of development. (D) Projection is attributing one's own thoughts, feelings, or impulses to another person.

NEW QUESTION: 847

A client has just been transferred to the floor from the labor and delivery unit following delivery of a stillborn term infant. She is very despondent. When the nurse attempts to take her vital signs, she responds in anger, stating, "You leave me alone. You don't care

anything about me. It's people like you who let my baby die." The nurse's best course of action is to:

- A. Quietly leave her room, allowing her more private time to deal with her loss.
- B. Tell her that what happened was for the best and that she is still young and can have other children.
- C. Tell her how sorry you are, and let her know that her child is now a little angel in heaven.
- D. Tell her how sorry you are about the loss of her baby, and acknowledge her anger as being a normal stage of grief. Assure her that you are there to help her in any way you can.

Answer: [\(SHOW ANSWER\)](#)

Section: Questions Set D

Explanation:

(A) Parents do need their privacy following a loss, but the nurse still has a responsibility to provide postpartum physical care. (B) This is a negative statement, which is not therapeutic. The client is not concerned about future children but is in the first stages of grief, denial, and anger. (C) This is a negative statement, which is not therapeutic. The client does not want to hear about her baby in heaven. She cannot believe that God could love or want her child more than she could. (D) Acknowledging that anger is normal and beneficial will help the client to understand the normal stages of grief. Expressing sorrow over her loss and assuring her that the support is there to take care of her physical and emotional needs will help to promote a trusting relationship.

NEW QUESTION: 848

The nurse assesses a postoperative mastectomy client and notes that breath sounds are diminished in both posterior bases. The nurse's action should be to:

- A. Encourage coughing and deep breathing each hour
- B. Obtain arterial blood gases
- C. Increase O₂ from 2-3 L/min
- D. Remove the postoperative dressing to check for bleeding

Answer: [A \(LEAVE A REPLY\)](#)

Explanation/Reference:

Explanation:

(A) Decreased or absent breath sounds are frequently indicators of postoperative atelectasis. (B) Arterial blood gases are not indicated because there is no other information indicating impending danger. (C) Increasing O₂ rate is not indicated without additional information. (D) Removing the dressing is not indicated without additional information.

NEW QUESTION: 849

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Answer: [\(SHOW ANSWER\)](#)

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NEW QUESTION: 850

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- A. Methylprednisolone sodium succinate (Solu-Medrol)
- B. □□□□□(Imodium)
- C. □□□□
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Answer: [D \(LEAVE A REPLY\)](#)

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NEW QUESTION: 851

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Answer: [D \(LEAVE A REPLY\)](#)

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NEW QUESTION: 852

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Answer: (SHOW ANSWER)

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NEW QUESTION: 853

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Answer: C (LEAVE A REPLY)

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NEW QUESTION: 854

The mother of a preschooler reports to the nurse that he frequently tells lies. The admission assessment of the child indicates possible child abuse. The nurse knows that his:

- A. Behavior is not normal, and a child psychiatrist should be consulted.
- B. Mother is lying to protect herself.
- C. Lying is normal behavior for a preschool child who is learning to separate fantasy from reality.
- D. Behavior indicates a developmental delay, because preschoolers should be able to tell right from wrong.

Answer: C (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) Because preschoolers often tell "stories" as they learn to differentiate fantasy from reality, the child's behavior is normal. (B) The nurse has no reason to believe the child's mother is lying, because children of his age often tell lies. (C) The child's lying is actually "storytelling" as he learns to separate fantasy from reality, a normal developmental task for his age group. (D) The child's behavior is consistent with his age and does not indicate a developmental delay.

NEW QUESTION: 855

A client reports to the nurse that the voices are practically nonstop and that he needs to leave the hospital immediately to find his girlfriend and kill her. The best verbal response to the client by the nurse at this time is:

- A. "I understand that the voices are real to you, but I want you to know I don't hear them. They are a symptom of your illness."
- B. "Just don't pay attention to the voices. They'll go away after some medication."
- C. "You can't leave here. This unit is locked and the doctor has not ordered your discharge."
- D. "We will have to put you in seclusion and restraints for a while. You could hurt someone with thoughts like that."

Answer: A (LEAVE A REPLY)

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NEW QUESTION: 856

A newborn is admitted to the newborn nursery with tremors, apnea periods, and poor sucking reflex. The nurse should suspect:

The doctor has ordered a restricted fluid intake for a 2- year-old child with a head injury. Normal fluid intake for a child of 2 years is:

- A. 900 mL/24 hr
- B. 1300 mL/24 hr
- C. 1600 mL/24 hr
- D. 2000 mL/24 hr

Answer: C (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A, B, D) These values are incorrect. Normal intake for a child of 2 years is about 1600 mL in 24 hours. (C) This value is correct. Normal intake for a child of 2 years is about 1600 mL in 24 hours.

NEW QUESTION: 859

At 30 weeks' gestation, a client is admitted to the unit in premature labor. Her physician orders that an IV be started with 500 mL D5W mixed with 150 mg of ritodrine stat. The RN prepares the IV solution with the medication. The RN knows that clients receiving the medication ritodrine IV should be observed closely for which one of the following side effects:

- A. Hypoglycemia
- B. Hyperkalemia
- C. Tachycardia
- D. Increase in hematocrit and hemoglobin

Answer: (SHOW ANSWER)

Section: Questions Set C

Explanation:

(A) Ritodrine is a sympathomimetic α_2 -adrenergic agonist that can cause an elevation of blood glucose and plasma insulin in pregnant women. Hyperglycemia can occur in women with abnormal carbohydrate metabolism because of their inability to release more insulin. (B) Hypokalemia can occur resulting from the action of the β -mimetics. It results from a displacement of the extracellular potassium into the intracellular space. (C) Ritodrine causes vasodilation of vessel walls, which can lead to hypotension. The body compensates by increasing heart rate and pulse pressure. (D) There is a lowering of serum iron resulting from the action of β -mimetics to activate hematopoiesis.

NEW QUESTION: 860

A 42-year-old male client has been treated at an alcoholic rehabilitation center for physiological alcohol dependence. The nurse will be able to determine that he is preparing for discharge and is effectively coping with his problem when he shares with her the following information:

- A. "I know that I will not ever be able to socially drink alcohol again and will need the support of the AA group."
- B. "I know that I can only drink one or two drinks at social gatherings in the future, but at least I don't have to continue AA."
- C. "I really wasn't addicted to alcohol when I came here, I just needed some help dealing with my divorce."
- D. "It really wasn't my fault that I had to come here. If my wife hadn't left, I wouldn't have needed those drinks."

Answer: A (LEAVE A REPLY)

(A) The client has insight into the severity of his alcohol addiction and has chosen one of the most effective treatment strategies to support him-Alcoholics Anonymous. (B) The client is still using denial and is not dealing with his alcohol addiction. (C) The client is exhibiting denial about his alcohol addiction and projecting blame on his divorce. (D) The client is projecting blame onto his wife for being in the hospital while still denying his alcohol addiction.

NEW QUESTION: 861

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 862

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NEW QUESTION: 863

A client was admitted to the hospital after falling in her home. At the time of admission, her blood alcohol level was 0.27 mg%. Her family indicates that she has been drinking a fifth of vodka a day for the past 9 months. She had her last drink 30 minutes prior to admission. Alcohol withdrawal symptoms would most likely be exhibited by her:

- A. Two to 4 hours after the last drink
- B. Six to 8 hours after the last drink
- C. Immediately on admission
- D. Twenty-four hours after the last drink

Answer: B (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) This answer is incorrect. Alcohol withdrawal usually begins approximately 6-8 hours after the last drink. (B) This answer is correct. It takes approximately 6-8 hours for metabolism of alcohol. (C) This answer is incorrect. The alcohol is still in the system, as indicated by the high blood alcohol level. (D) This answer is incorrect. Symptoms of alcohol withdrawal usually begin within 6-8 hours of the last drink.

NEW QUESTION: 864

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Answer: D (LEAVE A REPLY)

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NEW QUESTION: 865

The nurse explains perineal hygiene self-care postpartum to the client. She should be instructed to:

- A. Wear gloves for the procedure
- B. Place and adjust the pad from back to front
- C. Cleanse and wipe the perineum from front to back
- D. Protect the outer surface of the pad from contamination

Answer: C (LEAVE A REPLY)

(A) Perineal hygiene is a clean procedure and does not require the client to wear gloves. A care provider should wear gloves to adhere to universal precautions. (B) The pad should be applied from front to back to prevent contamination of the birth canal or urinary tract from rectal bacteria. (C) Wiping from front to back and discarding the wipe prevents contamination of the urinary tract and birth canal from rectal bacteria. (D) The inner surface of the pad should not be touched to maintain asepsis.

NEW QUESTION: 866

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- B. O2at >40% □□
- C. □□ O2at >40% □□
- D. 100% O2 □□ □□

Answer: A (LEAVE A REPLY)

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NEW QUESTION: 867

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- A. Methylprednisolone sodium succinate (Solu-Medrol)
- B. □□□□□(Imodium)
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Answer: D (LEAVE A REPLY)

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(A) Methylprednisolone sodium succinate □ □□ □□□ □□ □□□□□. (B) Loperamide □ □□□ □□□□ □ □□□□□. (C) □□□□□ □□□ □□□□ □□□ □□□□ □□ □□ □ □□□□. (D) 6-□□□□□□□□ □□ □□□□□□ □□□□ □□□ □□□□ □ □□□□.

(A) $\text{pH} < 7.35$, $\text{pCO}_2 < 35$ mmHg, $\text{HCO}_3^- < 22$ mEq/L. (B) $\text{pH} < 7.35$, $\text{pCO}_2 > 45$ mmHg, $\text{HCO}_3^- < 22$ mEq/L. (C) $\text{pH} > 7.45$, $\text{pCO}_2 < 35$ mmHg, $\text{HCO}_3^- < 22$ mEq/L. (D) $\text{pH} > 7.45$, $\text{pCO}_2 > 45$ mmHg, $\text{HCO}_3^- < 22$ mEq/L.

NEW QUESTION: 871

Which of the following is the primary respiratory component of the bicarbonate buffer system?

- A. PCO_2
- B. CO_2
- C. HCO_3^-
- D. H_2O

Answer: (SHOW ANSWER)

(A) CO_2 is the primary respiratory component of the bicarbonate buffer system. (B) CO_2 is the primary metabolic component of the bicarbonate buffer system. (C) HCO_3^- is the primary metabolic component of the bicarbonate buffer system. (D) HCO_3^- is the primary respiratory component of the bicarbonate buffer system.

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NEW QUESTION: 872

Which of the following serum laboratory values would the nurse monitor during gentamicin therapy?

- A. Creatinine
- B. Sodium
- C. Calcium
- D. Potassium

Answer: A (LEAVE A REPLY)

Explanation/Reference:

Explanation:

(A) A common side effect of gentamicin is nephrotoxicity. The serum laboratory test that best reflects kidney function is serum creatinine. (B) Serum sodium has no relationship to gentamicin. (C) Serum calcium has no relationship to gentamicin. (D) Serum potassium has no relationship to gentamicin. If a client has impaired renal function secondary to gentamicin administration, he or she may also have hyperkalemia as a secondary disorder.

NEW QUESTION: 873

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- A. □□□□(V./Q.) □□□
- B. □□□□□ □ □□□ □□
- C. □□□ □□ □ □□ □□
- D. □□ □□□ □□ □ □□□

Answer: C (LEAVE A REPLY)

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(A, B, D) □□□ □□□ □□□ □□ □□□□ □□□□□. (C) □□□ □□□ □□□ □□ □□ □□□□ □□□ □□□ □□□ □□□□□. □□ □□□ □□□ □□□□□ □□□ □□ □□ □□□ □□□□□□ □□□ □□□ □□□□□. □□ □□, □□ □□□ □□ □□, □□□□ □□□ □□□□□. □□ □ □□ □□□ □ □ □ □□□ □□ □□□□ □□□□□.

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