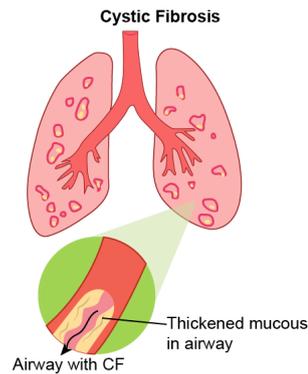
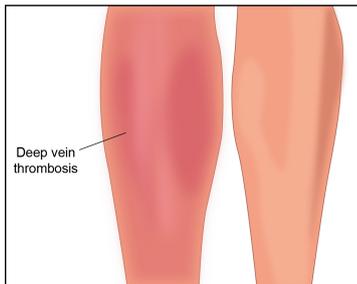
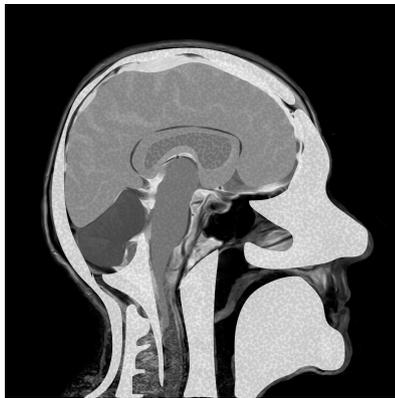




The NCLEX Tutor

KoaPine Tutoring & Test Prep



Variety Webinar

Justine Buick, MSN, RN

1. Several children were admitted yesterday to the hospital. Which client would the nurse see **first**?

1. A 10-month old infant with pneumonia and respiratory rate of 50 breaths/minute

2. A 3-year-old child with acute pyelonephritis and a temperature of 101.5F (38.6C)

3. A 6-year-old child with a recent concussion with heart rate of 140 bpm at admission

4. A 12 year-old child with a fractured femur and lacerated liver with a aPTT of 84 seconds.

→ bleeding.

2. The nurse is assessing home care needs for a group of clients. Which clients qualify for home care services? The client who: (**Select all that apply.**)

~~1.~~ requires monitoring of prothrombin time due to warfarin therapy.

~~2.~~ needs additional instruction regarding preparation of food on a low-sodium diet.

3. has episodes of vertigo that result in falls.

4. has multiple sclerosis with an open, draining lesion on a foot.

~~5.~~ needs stronger lenses for glasses.

unapproved ash ev.

3. Before cataract surgery, the nurse is to instill several types of eye drops. The healthcare provider writes prescriptions for 5 gtts of antibiotic in OD and 3 gtts of topical steroid drops in OD. - ?
The nurse should **first**:

1. contact the surgeon to rewrite the prescription.
2. administer the antibiotic in the left eye and the steroid in the right eye.
3. administer both types of drops in the right eye.
4. contact the pharmacist for clarification of the prescription.

4. When a client reports being allergic to amoxicillin even though the medication administration record and armband do not indicate medication allergies, the nurse should **first**:

- ~~1.~~ administer the prescribed medication.
2. withhold the amoxicillin.
- ~~3.~~ administer another, similarly acting antibiotic.
- ~~4.~~ call the family to verify the client's statement.

5. A nurse is administering indomethacin to a neonate. What should the nurse do to safely ensure that the nurse has identified the neonate correctly? **Select all that apply.**

~~1.~~ Ask the parents to confirm that this is their baby.

~~2.~~ Ask ~~another nurse~~ to confirm that this is the neonate for whom medication has been prescribed.

3. Check the neonate's identification band against the medical record number.

4. Verify the date of birth on the medical record with the date of birth on the neonate's identification band.

~~5.~~ Compare the number of the crib with the number on the neonate's identification band.

6. A nurse is caring for a client who is disoriented to time, place, and person and is attempting to get out of bed and pull out an intravenous line. The nurse receives orders from the healthcare provider to apply a vest restraint and bilateral soft wrist restraints. In carrying out this order, which nursing actions would be appropriate? **Select all that apply.**

1. Tie the restraints in quick-release knots.
2. Tie the restraints to the side rails of the bed.
3. Document the client's condition.
4. Document alternative methods used before the restraints were applied.
5. Document the client's response to the intervention.

7. Bacterial conjunctivitis has affected several children at a local day care center. A nurse should advise which measure to best minimize the risk of infection?

~~1.~~ Close the day care center for 1 week to control the outbreak.

~~2.~~ Restrict the infected children from returning for 48 hours after treatment.

3. Perform thorough handwashing before and after touching any child in the day care center.

~~4.~~ Set up a conference with the parents of each child to explain the situation carefully.

8. A multigravid client at 36 weeks' gestation who is visiting the clinic for a routine visit begins to sob and tells the nurse, "My boyfriend has been beating me up once in a while since I became pregnant, but I cannot bring myself to leave him because I do not have a job and I do not know how I would take care of my other children." What is the priority action by the nurse at this time?

- ~~1.~~ Contact a social worker for assistance and family counseling.
2. Help the client make concrete plans for the safety of herself and her children.
- ~~3.~~ Tell the client that she should not allow anyone to hit her or her children.
- ~~4.~~ Provide the client with brochures on the statistics about violence against women.

9. When obtaining the diet history from a client with anemia, the nurse should include questions specifically about which vitamins or minerals that are **most** likely missing in this client's diet? **Select all that apply.**

- ~~1.~~ vitamin D - Ca-
- ~~2.~~ vitamin K
- 3. vitamin B12
- 4. iron
- 5. vitamin C

10. The nurse in the wellness clinic is meeting with the parents of a child with frequent problems of otitis media in their infant. (What would be most important for the nurse to ask the parents about prevention of otitis media?)

~~1.~~ "Are you cleaning the child's ear canals with Q-tips?"

~~2.~~ "Are you administering continuous, low-dose antibiotic therapy?"

~~3.~~ "Do you instill ear drops regularly to prevent cerumen accumulation?"

4. "Is your baby getting seasonal influenza vaccinations?"

Impoment.

11. When assessing a 2-month-old infant, the nurse feels a "click" when abducting the infant's left hip. What should the nurse do next?

- ~~1.~~ Document the finding as normal for a 2-month-old.
2. Check the lengths of the femurs to determine if they are equal.
- ~~3.~~ Instruct the mother to keep the leg in an adducted position.
- ~~4.~~ Reschedule the child for a follow-up assessment in 3 weeks.

12. The nurse is giving prenatal instructions to a 32-year-old primigravida. (Which nutritional instructions would the nurse review?) **Select all that apply.**

1. Caloric intake would be increased by 300 calories/day.
2. Protein intake would be increased to more than 30 grams/day.
3. Vitamin intake would not increase from prepregnancy requirements.
4. Folic acid intake would be increased to 800 mg/day.
5. Intake of all minerals, especially iron, would be increased.
6. Water intake would be doubled.

13. A nurse is counseling a client who is depressed. What nursing actions promote trust between the client and the nurse? **Select all that apply.**

1. Acknowledge the client's feelings.
2. Listen and encourage the client to say more.
3. Acknowledge hearing what the client said.
- ~~4. Maintain eye contact with the client at all times.~~
- ~~5. Stand very close to the client.~~

don't.

14. A client in a group home is ⁵⁺⁵ very dependent on the staff but is able to make simple decisions. The client asks, "Would you do my laundry? I do not know how the machine works."
Which response would be best?

1. "Sure, I have time; I can do it for you."
2. "You will have to wait; I do not have time now."
3. "Can your family do it for you?"
4. "Get your laundry; I will show you how the machine works."

15. The nurse is teaching an unlicensed assistive personnel (UAP) about caring for a client who is actively withdrawing from alcohol and street drugs. Which communication technique, when observed by the nurse, indicates the UAP has understood the instruction? The UAP talks to the client using:

1. matter-of-fact manner and short sentences.
- ~~2. cheerful tone of voice, using humor when appropriate.~~
- ~~3. loud voice and giving general comments.~~
4. clear explanations in a ~~quiet~~ voice.

16. A client with a moderate level of anxiety is pacing quickly in the hall and tells the nurse, "Help me. I cannot take it anymore." (What would be the **best** initial response?)

1. "It would be best if you would lie down until you are calmer."

2. "Let us go to a quieter area where we can talk if you want."

3. "Try doing your relaxation exercises to calm down."

4. "I will get some medicine to help you relax."

17. A client is receiving a tube feeding through a G-tube and has developed diarrhea, cramps, and abdominal distention. What should the nurse do? **Select all that apply.**

- 1. Change the feeding tube and bag every 24 hours.
- 2. Increase the volume of formula.
- 3. Slow the administration rate.
- 4. Request a lower strength formula. -
- 5. Anticipate a possible change to a lactose-free formula.

manic -

18. The nurse is caring for a very active, talkative, and easily distracted client who is unable to sit through meals. Which intervention would be best for the nurse to include in the plan of care to ensure adequate nutrition?

- ~~1.~~ Direct the client to their room to eat.
2. Offer the client nutritious finger foods.
- ~~3.~~ Ask the client's family to bring the client's favorite foods from home.
- ~~4.~~ Ask the client about food preferences.

Handwritten: *Handwritten.*

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19. A client is admitted with severe abdominal pain, and elevated lipase and amylase levels. The client is diagnosed with acute pancreatitis. The nurse should develop a plan of care during the acute phase of pancreatitis that will involve interventions to manage which problem?

- ~~1.~~ Drug and alcohol abuse
- ~~2.~~ Risk for injury
- 3. Severe pain
- ~~4.~~ Ineffective airway clearance

20. The nurse working on an oncology unit is caring for a client receiving radiation therapy. What should the nurse teach the client?

1. Avoid shaving with straight-edge razors.
- ~~2. Clean the skin daily with antibacterial soap.~~
- ~~3. Apply moisturizing lotion before and after each treatment.~~
- ~~4. Keep the radiated area covered with sterile gauze dressing.~~

21. Post-surgery, the client is receiving morphine. Before administering morphine to the client, what should the nurse assess? **Select all that apply.**

- 1. blood pressure ↓BP
- 2. respiration rate
- 3. pain level
- 4. temperature n/r
- 5. level of consciousness

22. The nurse is caring for a client on warfarin. Which laboratory tests would be **most** important for the nurse to monitor?

- ~~1.~~ partial thromboplastin time (PTT) - hep.
- ~~2.~~ serum potassium
- ~~3.~~ arterial blood gas (ABG) values
4. prothrombin time (PT)

23. The nurse is teaching a client taking warfarin. What would be most important for the nurse to teach the client?

1. Consult the healthcare provider (HCP) before undergoing a tooth extraction.
- ~~2. Avoid the use of a toothbrush during oral hygiene.~~
- ~~3. Use rectal suppositories to treat constipation.~~
- ~~4. Eat green leafy vegetables for better health.~~

Vitamin K.

24. When developing the plan of care for a 12-year-old child who is to receive chemotherapy that is associated with nausea and vomiting, the nurse should plan to administer an antiemetic at which time?

1. Thirty minutes ~~after~~ the chemotherapy has started, then as needed.
2. Thirty minutes before the chemotherapy starts, then routinely.
3. When the 12-year-old requests medication for nausea, then as needed.
4. On starting the chemotherapy infusion, then routinely.

low.

25. A client with diabetes who takes insulin has a blood glucose level of 40 mg/dL (2.2 mmol/L). What can the nurse give the client to raise the blood glucose level? **Select all that apply.**

- 1. one-half cup (120 mL) of orange juice
- 2. one tablespoon of honey
- 3. one-quarter cup (60 mL) of tuna
- 4. one tablespoon (15 mL) of peanut butter
- 5. one cup of oatmeal
- 6. one-half cup (120 mL) of regular soda

26. A nurse is teaching a client with peptic ulcer disease about diets. Which statement indicates that the client understands the dietary modifications to follow at home?

- ~~1.~~ "I should eat a bland, soft diet."
- ~~2.~~ "It is important to eat six small meals a day."
- ~~3.~~ "I should drink several glasses of milk a day."
4. "I should avoid alcohol and caffeine."

Assess or implm.

27. The client with a nasogastric (NG) tube has abdominal distention. What should the nurse do first?

- ~~1.~~ Call the healthcare provider (HCP).
- ~~2.~~ Irrigate the NG tube.
3. Check the function of the suction equipment. - Assess.
4. Reposition the NG tube.

28. The nurse is caring for a client with chronic renal failure. The nurse should monitor the client for which adverse effects of hypermagnesemia?

508 9 mg.

- ~~1.~~ flushed skin n/r.
- 2. lethargy
- ~~3.~~ severe thirst
- ~~4.~~ tremors

29. The nurse is teaching the client who diagnosed with cirrhosis. The client is learning about diet and nutritional needs. Which instructions by the nurse are appropriate?
Select all that apply.

~~1.~~ “Limit your caloric intake so that you do not become overweight.”

2. “An adequate intake of protein is important to your health.”

3. “I encourage you to eat small, frequent meals.”

~~4.~~ “Restrict your fluid intake to 1,000 mL/day.”

~~5.~~ “Limit your alcohol intake to one glass of wine daily.”

— COPD

30. A client with emphysema is receiving continuous oxygen therapy. How should the nurse administer the oxygen to the client to prevent decreased respirations?

- ~~1.~~ Through a venturi mask
- ~~2.~~ Humidified
- 3. At a low flow rate of 2 L/minute
- ~~4.~~ Through nasal cannula

31. A 40-year-old woman and 45-year-old man has completed testing and is a candidate for invitro fertilization. The nurse is reviewing the procedure with them and realizes that **further** instruction is needed when the woman states which of the following?

- ~~1.~~ "One of the greatest risks is multiple pregnancies."
- ~~2.~~ "I will need to re-evaluate my priorities if I do become pregnant."
- 3.** "The fertilization procedure can be done anytime during my cycle."
- ~~4.~~ "We can use our own eggs and sperm or someone else's."

32. The nurse is caring for a client in the burn unit. What is the **priority** goal of nursing care during the emergent phase after a burn injury?

1. Replace lost fluids.
- ~~2. Prevent infection.~~
- ~~3. Control pain.~~
- ~~4. Promote wound healing.~~



Questions?

