

NCLEX-PN Practice Questions Second Edition

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Introduction

Welcome to the NCLEX-PN® Practice Questions Exam Cram

This book helps you get ready to take and pass the Licensure Exam for Practical Nurses. This chapter discusses the NCLEX® exam in general and how the Exam Cram books can help you prepare for the test. It doesn't matter whether this is the first time you're going to take the exam or whether you have taken it previously; this book gives you the necessary information and techniques to obtain licensure.

The *NCLEX-PN® Practice Questions Exam Cram* helps you practice taking questions written in the NCLEX® format. Used with the Exam Cram review book *NCLEX-PN® Exam Cram*, it helps you understand and appreciate the subjects and materials you need to pass. The books are aimed at test preparation and review. They do not teach you everything you need to know about the subject of nursing. Instead, they present you with materials that you are likely to encounter on the exam. Using a simple approach, we help you understand the “need to know” information.

To pass the NCLEX®, you must understand how the exam is developed. The NCLEX-PN® consists of questions from the cognitive levels of knowledge, comprehension, application, and analysis. The majority of questions are written at the application and analysis level. Questions incorporate the five stages of the nursing process (assessment, diagnosis, planning, implementation, and evaluation) and the four categories of client needs. Client needs are divided into subcategories that define the content within each of the four major categories. These categories and subcategories are

- ▶ A. Safe, effective care environment:
 - ▶ Coordinated care: 12%–18%
 - ▶ Safety and infection control: 8%–14%
- ▶ B. Health promotion and maintenance: 7%–13%
- ▶ C. Psychosocial integrity: 8%–14%

- ▶ D. Physiological integrity:
 - ▶ Basic care and comfort: 11%–17%
 - ▶ Pharmacological and parenteral therapy: 9%–15%
 - ▶ Reduction of risk: 10%–16%
 - ▶ Physiological adaptation: 11%–17%

Taking the Computerized Adaptive Test

Computer-adaptive testing, commonly known as CAT, offers the candidate several advantages. First, the graduate can schedule the exam at a time that is convenient. It's also possible that you will not be tested on the entire 205-question set; if you answer the beginning questions correctly, the CAT might stop early in the session, with far fewer than the 205 questions you were expecting. When the engine has determined your ability level and it is satisfied that you are qualified to be a practical nurse, it will stop. The disadvantage of a CAT is that you cannot go back and change answers. When you make a decision and move on, that's it—no second guessing, like on a paper exam!

The Pearson Vue testing group is responsible for administering the exam. You can locate the center nearest you by visiting www.pearsonvue.com. If you are not familiar with the Pearson Vue testing centers, we recommend that you arrive at least 30 minutes early. If you are late, you will not be allowed to take the test. Bring two forms of identification with you, one of which must be a picture ID. Be sure that your form of identification matches your application. You will be photographed and fingerprinted upon entering the testing site, so don't let this increase your stress. The allotted time is 5 hours, and the candidate can receive results within approximately 7 days (in some states, even sooner). Remember, the exam is written at approximately the tenth-grade reading level, so keep a good dictionary handy during your studies.

The Cost of the Exam

A candidate wanting to write the licensure exam must fill out two applications: one to the National Council, and one to the state in which the candidate wants to be licensed. A separate fee must accompany each application. The fee required by the National Council is \$200. State licensing fees vary. Licensure

applications can be obtained on the National Council's website at www.ncsbn.org. Several states are members of the multistate licensure compact. This means that if you are issued a multistate license, you pay only one fee. This information also can be obtained by visiting the National Council's website.

How to Prepare for the Exam

Judicious use of this book, the *NCLEX® Exam Prep* book, and/or the *NCLEX-PN® Exam Cram* book, alone or with a review seminar such as that provided by Rinehart and Associates, can help you achieve your goal of becoming a licensed practical nurse. As you review for the NCLEX® exam, we suggest that you find a location where you can concentrate on the material each day. A minimum of 2 hours per day for at least 2 weeks is suggested. In *NCLEX-PN® Exam Cram*, we provide you with exam alerts, tips, notes, and sample questions, both multiple choice and alternate items. These questions will acquaint you with the type of questions that you will have during the exam. We have also formulated a mock exam with those difficult management and delegation questions that you can score to determine your readiness to test. Pay particular attention to the helpful hints and the Cram Sheet. Using these will help you gain and retain knowledge and will help reduce your stress as you prepare to test.

What Will You Find in This Book?

As seems obvious from the title, this book is all about practice questions! There are five full exams in this book, totaling 1,000 questions. Each chapter is set up with the questions and their possible answers first; the correct answers and rationales appear at the end of each chapter. In the margins next to each question, you will see a quick key to finding the location of its answer and rationales. Here's exactly what you will find in the chapters:

- ▶ **Practice Questions**—These are the numerous questions to help you learn, drill, and review.
- ▶ **Quick Check Answers**—When you finish answering the questions, you can quickly grade your exam from this section. Only correct answers are given here—no rationales are offered yet.
- ▶ **Answers and Rationales**—This section offers you the correct answers, as well as further explanation about the content posed in that question. Use this information to learn why an answer is correct and to reinforce the content in your mind for exam day.

You also will find a Cram Sheet at the beginning of this book specifically written for this exam. This is a very popular element that is also found in *NCLEX-PN® Exam Cram* (Que Publishing, ISBN 0-7897-3267-X). This item condenses all the necessary facts found in this exam into one easy-to-handle tearcard. The Cram Sheet is something you can carry with you to the exam location and use as a last-second study aid. Be aware that you can't take it into the exam room, though.

Hints for Using This Book

Because this book is a paper practice product, you might want to take advantage of the answer sheets in each chapter. These can be copied for multiple practice sessions. We suggest that you score your exam by subtracting the missed items from the total and then dividing the total answered correctly by the total number of questions. This gives you the percentage answered correctly. We also suggest that you achieve a score of at least 77% before you schedule your exam. If you do not, take the exam again until you do. The higher the score, the better your chance to do well on the NCLEX® exam!

You also will want to take advantage of the CD exam engine; it provides you with a computer-adaptive test very similar to the one you will experience during the NCLEX® exam. Every question in this book is on the CD, including the answer rationales.

Aside from being a test-preparation book, this book is useful if you are brushing up on your nursing knowledge. It is an excellent quick reference for the licensed nurse.

Need Further Study?

If you are having a hard time correctly answering questions, be sure to see this book's companion volume, the *NCLEX-PN® Exam Cram* (Que Publishing, ISBN 0-7897-3706-X). If you still need further study, you might want to take a class or look at one of the many other books available at your local bookstore.

Contact the Authors

The authors of this text are interested in you and want you to pass on the first attempt. If after reviewing with this text you would like to contact the authors, you may do so at Rinehart and Associates, PO Box 124, Booneville, MS 38829, or by visiting www.nclexreview.net. You can also contact us by phone at 662-728-4622.

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CHAPTER THREE

Practice Exam 3 and Rationales

Quick Check

1. A client hospitalized with severe depression and suicidal ideation refuses to talk with the nurse. The nurse recognizes that the suicidal client has difficulty:
 - A. Expressing feelings of low self-worth
 - B. Discussing remorse and guilt for actions
 - C. Displaying dependence on others
 - D. Expressing anger toward others
2. A client receiving hydrochlorothiazide is instructed to increase her dietary intake of potassium. The best snack for the client requiring increased potassium is:
 - A. Pear
 - B. Apple
 - C. Orange
 - D. Banana
3. The nurse is caring for a client following removal of the thyroid. Immediately post-op, the nurse should:
 - A. Maintain the client in a semi-Fowler's position with the head and neck supported by pillows
 - B. Encourage the client to turn her head side to side, to promote drainage of oral secretions
 - C. Maintain the client in a supine position with sandbags placed on either side of the head and neck
 - D. Encourage the client to cough and breathe deeply every 2 hours, with the neck in a flexed position

Quick Answers: **187**
Detailed Answer: **190**

Quick Answers: **187**
Detailed Answer: **190**

Quick Answers: **187**
Detailed Answer: **190**

4. A client hospitalized with chronic dyspepsia is diagnosed with gastric cancer. Which of the following is associated with an increased incidence of gastric cancer?
- A. Dairy products
 - B. Carbonated beverages
 - C. Refined sugars
 - D. Luncheon meats
5. A client is sent to the psychiatric unit for forensic evaluation after he is accused of arson. His tentative diagnosis is antisocial personality disorder. In reviewing the client's record, the nurse could expect to find:
- A. A history of consistent employment
 - B. A below-average intelligence
 - C. A history of cruelty to animals
 - D. An expression of remorse for his actions
6. The licensed vocational nurse may not assume the primary care for a client:
- A. In the fourth stage of labor
 - B. Two days post-appendectomy
 - C. With a venous access device
 - D. With bipolar disorder
7. The physician has ordered dressings with Sulfamylon cream for a client with full-thickness burns of the hands and arms. Before dressing changes, the nurse should give priority to:
- A. Administering pain medication
 - B. Checking the adequacy of urinary output
 - C. Requesting a daily complete blood count
 - D. Obtaining a blood glucose by finger stick
8. The nurse is teaching a group of parents about gross motor development of the toddler. Which behavior is an example of the normal gross motor skill of a toddler?
- A. She can pull a toy behind her.
 - B. She can copy a horizontal line.
 - C. She can build a tower of eight blocks.
 - D. She can broad-jump.

Quick Check

Quick Answers: **187**
Detailed Answer: **190**

Quick Check

9. A client hospitalized with a fractured mandible is to be discharged. Which piece of equipment should be kept on the client with a fractured mandible?
- A. Wire cutters
 - B. Oral airway
 - C. Pliers
 - D. Tracheostomy set
10. The nurse is to administer digoxin elixir to a 6-month-old with a congenital heart defect. The nurse auscultates an apical pulse rate of 100. The nurse should:
- A. Record the heart rate and call the physician
 - B. Record the heart rate and administer the medication
 - C. Administer the medication and recheck the heart rate in 15 minutes
 - D. Hold the medication and recheck the heart rate in 30 minutes
11. A mother of a 3-year-old hospitalized with lead poisoning asks the nurse to explain the treatment for her daughter. The nurse's explanation is based on the knowledge that lead poisoning is treated with:
- A. Gastric lavage
 - B. Chelating agents
 - C. Antiemetics
 - D. Activated charcoal
12. An 18-month-old is scheduled for a cleft palate repair. The usual type of restraints for the child with a cleft palate repair are:
- A. Elbow restraints
 - B. Full arm restraints
 - C. Wrist restraints
 - D. Mummy restraints
13. A client with glaucoma has been prescribed Timoptic (timolol) eyedrops. Timoptic should be used with caution in the client with a history of:
- A. Diabetes
 - B. Gastric ulcers
 - C. Emphysema
 - D. Pancreatitis
- Quick Answers: **187**
Detailed Answer: **190**
- Quick Answers: **187**
Detailed Answer: **190**
- Quick Answers: **187**
Detailed Answer: **191**
- Quick Answers: **187**
Detailed Answer: **191**

Quick Check

14. An elderly client who experiences nighttime confusion wanders from his room into the room of another client. The nurse can best help decrease the client's confusion by:

- A. Assigning a nursing assistant to sit with him until he falls asleep
- B. Allowing the client to room with another elderly client
- C. Administering a bedtime sedative
- D. Leaving a nightlight on during the evening and night shifts

Quick Answers: **187**
Detailed Answer: **191**

15. Which of the following is a common complaint of the client with end-stage renal failure?

- A. Weight loss
- B. Itching
- C. Ringing in the ears
- D. Bruising

Quick Answers: **187**
Detailed Answer: **191**

16. Which of the following medication orders needs further clarification?

- A. Darvocet 65mg PO q 4–6 hrs. PRN
- B. Nembutal 100mg PO at bedtime
- C. Coumadin 10mg PO
- D. Estrace 2mg PO q day

Quick Answers: **187**
Detailed Answer: **191**

17. The best diet for the client with Meniere's syndrome is one that is:

- A. High in fiber
- B. Low in sodium
- C. High in iodine
- D. Low in fiber

Quick Answers: **187**
Detailed Answer: **191**

18. Which of the following findings is associated with right-sided heart failure?

- A. Shortness of breath
- B. Nocturnal polyuria
- C. Daytime oliguria
- D. Crackles in the lungs

Quick Answers: **187**
Detailed Answer: **191**

Quick Check

19. An 8-year-old admitted with an upper-respiratory infection has an order for O₂ saturation via pulse oximeter. To ensure an accurate reading, the nurse should:
- A. Place the probe on the child's abdomen
 - B. Recalibrate the oximeter at the beginning of each shift
 - C. Apply the probe and wait 15 minutes before obtaining a reading
 - D. Place the probe on the child's finger
20. An infant with Tetralogy of Fallot is discharged with a prescription for lanoxin elixir. The nurse should instruct the mother to:
- A. Administer the medication using a nipple
 - B. Administer the medication using the calibrated dropper in the bottle
 - C. Administer the medication using a plastic baby spoon
 - D. Administer the medication in a baby bottle with 1oz. of water
21. The client scheduled for electroconvulsive therapy tells the nurse, "I'm so afraid. What will happen to me during the treatment?" Which of the following statements is most therapeutic for the nurse to make?
- A. "You will be given medicine to relax you during the treatment."
 - B. "The treatment will produce a controlled grand mal seizure."
 - C. "The treatment might produce nausea and headache."
 - D. "You can expect to be sleepy and confused for a time after the treatment."
22. Which of the following skin lesions is associated with Lyme's disease?
- A. Bull's eye rash
 - B. Papular crusts
 - C. Bullae
 - D. Plaques

Quick Answers: **187**
Detailed Answer: **191**

Quick Check

23. Which of the following snacks would be suitable for the child with gluten-induced enteropathy?

- A. Soft oatmeal cookie
- B. Buttered popcorn
- C. Peanut butter and jelly sandwich
- D. Cheese pizza

24. A client with schizophrenia is receiving chlorpromazine (Thorazine) 400mg twice a day. An adverse side effect of the medication is:

- A. Photosensitivity
- B. Elevated temperature
- C. Weight gain
- D. Elevated blood pressure

25. Which information should be given to the client taking phenytoin (Dilantin)?

- A. Taking the medication with meals will increase its effectiveness.
- B. The medication can cause sleep disturbances.
- C. More frequent dental appointments will be needed for special gum care.
- D. The medication decreases the effects of oral contraceptives.

26. A client has returned to his room following an esophagoscopy. Before offering fluids, the nurse should give priority to assessing the client's:

- A. Level of consciousness
- B. Gag reflex
- C. Urinary output
- D. Movement of extremities

27. Which instruction should be included in the discharge teaching for the client with cataract surgery?

- A. Over-the-counter eyedrops can be used to treat redness and irritation.
- B. The eye shield should be worn at night.
- C. It will be necessary to wear special cataract glasses.
- D. A prescription for medication to control post-operative pain will be needed.

Quick Answers: **187**
Detailed Answer: **192**

Quick Check

- 28.** An 8-year-old is admitted with drooling, muffled phonation, and a temperature of 102°F. The nurse should immediately notify the doctor because the child's symptoms are suggestive of:
- A. Strep throat
 - B. Epiglottitis
 - C. Laryngotracheobronchitis
 - D. Bronchiolitis
- 29.** Phototherapy is ordered for a newborn with physiologic jaundice. The nurse caring for the infant should:
- A. Offer the baby sterile water between feedings of formula
 - B. Apply an emollient to the baby's skin to prevent drying
 - C. Wear a gown, gloves, and a mask while caring for the infant
 - D. Place the baby on enteric isolation
- 30.** A teen hospitalized with anorexia nervosa is now permitted to leave her room and eat in the dining room. Which of the following nursing interventions should be included in the client's plan of care?
- A. Weighing the client after she eats
 - B. Having a staff member remain with her for 1 hour after she eats
 - C. Placing high-protein foods in the center of the client's plate
 - D. Providing the client with child-size utensils
- 31.** According to Erickson's stage of growth and development, the developmental task associated with middle childhood is:
- A. Trust
 - B. Initiative
 - C. Independence
 - D. Industry
- 32.** The nurse should observe for side effects associated with the use of bronchodilators. A common side effect of bronchodilators is:
- A. Tinnitus
 - B. Nausea
 - C. Ataxia
 - D. Hypotension

Quick Answers: **187**
Detailed Answer: **192**

Quick Check

33. The 5-minute Apgar of a baby delivered by C-section is recorded as 9. The most likely reason for this score is:

- A. The mottled appearance of the trunk
- B. The presence of conjunctival hemorrhages
- C. Cyanosis of the hands and feet
- D. Respiratory rate of 20–28 per minute

34. A 5-month-old infant is admitted to the ER with a temperature of 103.6°F and irritability. The mother states that the child has been listless for the past several hours and that he had a seizure on the way to the hospital. A lumbar puncture confirms a diagnosis of bacterial meningitis. The nurse should assess the infant for:

- A. Periorbital edema
- B. Tenseness of the anterior fontanel
- C. Positive Babinski reflex
- D. Negative scarf sign

35. A client with a bowel resection and anastomosis returns to his room with an NG tube attached to intermittent suction. Which of the following observations indicates that the nasogastric suction is working properly?

- A. The client's abdomen is soft.
- B. The client is able to swallow.
- C. The client has active bowel sounds.
- D. The client's abdominal dressing is dry and intact.

36. The nurse is teaching the client with insulin-dependent diabetes the signs of hypoglycemia. Which of the following signs is associated with hypoglycemia?

- A. Tremulousness
- B. Slow pulse
- C. Nausea
- D. Flushed skin

37. Which of the following symptoms is associated with exacerbation of multiple sclerosis?

- A. Anorexia
- B. Seizures
- C. Diplopia
- D. Insomnia

Quick Answers: **187**
Detailed Answer: **193**

Quick Check

38. Which of the following conditions is most likely related to the development of renal calculi?

- A. Gout
- B. Pancreatitis
- C. Fractured femur
- D. Disc disease

Quick Answers: **187**
Detailed Answer: **193**

39. A client with AIDS is admitted for treatment of wasting syndrome. Which of the following dietary modifications can be used to compensate for the limited absorptive capability of the intestinal tract?

- A. Thoroughly cooking all foods
- B. Offering yogurt and buttermilk between meals
- C. Forcing fluids
- D. Providing small, frequent meals

Quick Answers: **187**
Detailed Answer: **193**

40. The treatment protocol for a client with acute lymphatic leukemia includes prednisone, methotrexate, and cimetadine. The purpose of the cimetadine is to:

- A. Decrease the secretion of pancreatic enzymes
- B. Enhance the effectiveness of methotrexate
- C. Promote peristalsis
- D. Prevent a common side effect of prednisone

Quick Answers: **187**
Detailed Answer: **193**

41. Which of the following meal choices is suitable for a 6-month-old infant?

- A. Egg white, formula, and orange juice
- B. Apple juice, carrots, whole milk
- C. Rice cereal, apple juice, formula
- D. Melba toast, egg yolk, whole milk

Quick Answers: **187**
Detailed Answer: **193**

42. The LPN is preparing to administer an injection of vitamin K to the newborn. The nurse should administer the injection in the:

- A. Rectus femoris muscle
- B. Vastus lateralis muscle
- C. Deltoid muscle
- D. Dorsogluteal muscle

Quick Answers: **187**
Detailed Answer: **193**

Quick Check

- 43.** The physician has prescribed Cytoxan (cyclophosphamide) for a client with nephrotic syndrome. The nurse should:
- A.** Encourage the client to drink extra fluids
 - B.** Request a low-protein diet for the client
 - C.** Bathe the client using only mild soap and water
 - D.** Provide additional warmth for swollen, inflamed joints
- 44.** The nurse is caring for a client with detoxification from alcohol. Which medication is used in the treatment of alcohol withdrawal?
- A.** Antabuse (disulfiram)
 - B.** Romazicon (flumazenil)
 - C.** Dolophine (methadone)
 - D.** Ativan (lorazepam)
- 45.** A client with insulin-dependent diabetes takes 20 units of NPH insulin at 7 a.m. The nurse should observe the client for signs of hypoglycemia at:
- A.** 8 a.m.
 - B.** 10 a.m.
 - C.** 3 p.m.
 - D.** 5 a.m.
- 46.** The licensed practical nurse is assisting the charge nurse in planning care for a client with a detached retina. Which of the following nursing diagnoses should receive priority?
- A.** Alteration in comfort
 - B.** Alteration in mobility
 - C.** Alteration in skin integrity
 - D.** Alteration in O₂ perfusion
- 47.** The primary purpose for using a CPM machine for the client with a total knee repair is to help:
- A.** Prevent contractures
 - B.** Promote flexion of the artificial joint
 - C.** Decrease the pain associated with early ambulation
 - D.** Alleviate lactic acid production in the leg muscles

Quick Answers: **187**
Detailed Answer: **193**

Quick Answers: **187**
Detailed Answer: **194**

Quick Check

48. Which of the following statements reflects Kohlberg's theory of the moral development of the preschool-age child?

- A. Obeying adults is seen as correct behavior.
- B. Showing respect for parents is seen as important.
- C. Pleasing others is viewed as good behavior.
- D. Behavior is determined by consequences.

Quick Answers: **187**
Detailed Answer: **194**

49. A toddler with otitis media has just completed antibiotic therapy. A recheck appointment should be made to:

- A. Determine whether the ear infection has affected her hearing
- B. Make sure that she has taken all the antibiotic
- C. Document that the infection has completely cleared
- D. Obtain a new prescription in case the infection recurs

Quick Answers: **187**
Detailed Answer: **194**

50. A factory worker is brought to the nurse's office after a metal fragment enters his right eye. The nurse should:

- A. Cover the right eye with a sterile 4x4
- B. Attempt to remove the metal with a cotton-tipped applicator
- C. Flush the eye for 10 minutes with running water
- D. Cover both eyes and transport the client to the ER

Quick Answers: **187**
Detailed Answer: **194**

51. The nurse is caring for a client with systemic lupus erythematosus (SLE). The major complication associated with systemic lupus erythematosus is:

- A. Nephritis
- B. Cardiomegaly
- C. Desquamation
- D. Meningitis

Quick Answers: **187**
Detailed Answer: **194**

52. Which diet is associated with an increased risk of colorectal cancer?

- A. Low protein, complex carbohydrates
- B. High protein, simple carbohydrates
- C. High fat, refined carbohydrates
- D. Low carbohydrates, complex proteins

Quick Answers: **187**
Detailed Answer: **194**

Quick Check

- 53.** The nurse is caring for an infant following a cleft lip repair. While comforting the infant, the nurse should avoid:
- A. Holding the infant
 - B. Offering a pacifier
 - C. Providing a mobile
 - D. Offering sterile water
- 54.** The physician has ordered Amoxil (amoxicillin) 500mg capsules for a client with esophageal varices. The nurse can best care for the client's needs by:
- A. Giving the medication as ordered
 - B. Providing extra water with the medication
 - C. Giving the medication with an antacid
 - D. Requesting an alternate form of the medication
- 55.** The nurse is providing dietary instructions for a client with iron-deficiency anemia. Which food is a poor source of iron?
- A. Tomatoes
 - B. Legumes
 - C. Dried fruits
 - D. Nuts
- 56.** The nurse is teaching a client with Parkinson's disease ways to prevent curvatures of the spine associated with the disease. To prevent spinal flexion, the nurse should tell the client to:
- A. Periodically lie prone without a neck pillow
 - B. Sleep only in dorsal recumbent position
 - C. Rest in supine position with his head elevated
 - D. Sleep on either side but keep his back straight
- 57.** The nurse is planning dietary changes for a client following an episode of pancreatitis. Which diet is suitable for the client?
- A. Low calorie, low carbohydrate
 - B. High calorie, low fat
 - C. High protein, high fat
 - D. Low protein, high carbohydrate

Quick Answers: **187**
Detailed Answer: **194**

Quick Answers: **187**
Detailed Answer: **195**

Quick Check

- 58.** A client with hypothyroidism frequently complains of feeling cold. The nurse should tell the client that she will be more comfortable if she:
- A. Uses an electric blanket at night
 - B. Dresses in extra layers of clothing
 - C. Applies a heating pad to her feet
 - D. Takes a hot bath morning and evening
- 59.** A client has been hospitalized with a diagnosis of laryngeal cancer. Which factor is most significant in the development of laryngeal cancer?
- A. A family history of laryngeal cancer
 - B. Chronic inhalation of noxious fumes
 - C. Frequent straining of the vocal cords
 - D. A history of alcohol and tobacco use
- 60.** The nurse is completing an assessment history of a client with pernicious anemia. Which complaint differentiates pernicious anemia from other types of anemia?
- A. Difficulty in breathing after exertion
 - B. Numbness and tingling in the extremities
 - C. A faster-than-usual heart rate
 - D. Feelings of lightheadedness
- 61.** The chart of a client with schizophrenia states that the client has echolalia. The nurse can expect the client to:
- A. Speak using words that rhyme
 - B. Repeat words or phrases used by others
 - C. Include irrelevant details in conversation
 - D. Make up new words with new meanings
- 62.** Which early morning activity helps to reduce the symptoms associated with rheumatoid arthritis?
- A. Brushing the teeth
 - B. Drinking a glass of juice
 - C. Drinking a cup of coffee
 - D. Brushing the hair
- Quick Answers: **187**
Detailed Answer: **195**

Quick Check

- 63.** A newborn weighed 7 pounds at birth. At 6 months of age, the infant could be expected to weigh:
- A.** 14 pounds
 - B.** 18 pounds
 - C.** 25 pounds
 - D.** 30 pounds
- 64.** A client with nontropical sprue has an exacerbation of symptoms. Which meal selection is responsible for the recurrence of the client's symptoms?
- A.** Tossed salad with oil and vinegar dressing
 - B.** Baked potato with sour cream and chives
 - C.** Cream of tomato soup and crackers
 - D.** Mixed fruit and yogurt
- 65.** A client with congestive heart failure has been receiving Digoxin (lanoxin). Which finding indicates that the medication is having a desired effect?
- A.** Increased urinary output
 - B.** Stabilized weight
 - C.** Improved appetite
 - D.** Increased pedal edema
- 66.** Which play activity is best suited to the gross motor skills of the toddler?
- A.** Coloring book and crayons
 - B.** Ball
 - C.** Building cubes
 - D.** Swing set
- 67.** The physician has ordered Basalgel (aluminum carbonate gel) for a client with recurrent indigestion. The nurse should teach the client common side effects of the medication, which include:
- A.** Constipation
 - B.** Urinary retention
 - C.** Diarrhea
 - D.** Confusion

Quick Answers: **187**
Detailed Answer: **195**

Quick Answers: **187**
Detailed Answer: **196**

Quick Check

68. A client is admitted with suspected abdominal aortic aneurysm (AAA). A common complaint of the client with an abdominal aortic aneurysm is:

- A. Loss of sensation in the lower extremities
- B. Back pain that lessens when standing
- C. Decreased urinary output
- D. Pulsations in the periumbilical area

69. A client is admitted with acute adrenal crisis. During the intake assessment, the nurse can expect to find that the client has:

- A. Low blood pressure
- B. Slow, regular pulse
- C. Warm, flushed skin
- D. Increased urination

70. An elderly client is hospitalized for a transurethral prostatectomy. Which finding should be reported to the doctor immediately?

- A. Hourly urinary output of 40–50cc
- B. Bright red urine with many clots
- C. Dark red urine with few clots
- D. Requests for pain med q 4 hrs.

71. A 9-year-old is admitted with suspected rheumatic fever. Which finding is suggestive of polymigratory arthritis?

- A. Irregular movements of the extremities and facial grimacing
- B. Painless swelling over the extensor surfaces of the joints
- C. Faint areas of red demarcation over the back and abdomen
- D. Swelling, inflammation, and effusion of the joints

72. A child with croup is placed in a cool, high-humidity tent connected to room air. The primary purpose of the tent is to:

- A. Prevent insensible water loss
- B. Provide a moist environment with oxygen at 30%
- C. Prevent dehydration and reduce fever
- D. Liquefy secretions and relieve laryngeal spasm

Quick Answers: **187**
Detailed Answer: **196**

Quick Check

- 73.** A client is admitted with a diagnosis of hypothyroidism. An initial assessment of the client would reveal:
- A.** Slow pulse rate, weight loss, diarrhea, and cardiac failure
 - B.** Weight gain, lethargy, slowed speech, and decreased respiratory rate
 - C.** Rapid pulse, constipation, and bulging eyes
 - D.** Decreased body temperature, weight loss, and increased respirations
- 74.** Which statement describes the contagious stage of varicella?
- A.** The contagious stage is 1 day before the onset of the rash until the appearance of vesicles.
 - B.** The contagious stage lasts during the vesicular and crusting stages of the lesions.
 - C.** The contagious stage is from the onset of the rash until the rash disappears.
 - D.** The contagious stage is 1 day before the onset of the rash until all the lesions are crusted.
- 75.** A client admitted to the psychiatric unit claims to be the Son of God and insists that he will not be kept away from his followers. The most likely explanation for the client's delusion is:
- A.** A religious experience
 - B.** A stressful event
 - C.** Low self-esteem
 - D.** Overwhelming anxiety
- 76.** The nurse is caring for an 8-year-old following a routine tonsillectomy. Which finding should be reported immediately?
- A.** Reluctance to swallow
 - B.** Drooling of blood-tinged saliva
 - C.** An axillary temperature of 99°F
 - D.** Respiratory stridor

Quick Answers: **187**
Detailed Answer: **196**

Quick Answers: **187**
Detailed Answer: **197**

Quick Answers: **187**
Detailed Answer: **197**

Quick Answers: **187**
Detailed Answer: **197**

Quick Check

77. The nurse is admitting a client with a suspected duodenal ulcer. The client will most likely report that his abdominal discomfort lessens when he:

- A. Skips a meal
- B. Rests in recumbent position
- C. Eats a meal
- D. Sits upright after eating

78. Which of the following meal selections is appropriate for the client with celiac disease?

- A. Toast, jam, and apple juice
- B. Peanut butter cookies and milk
- C. Rice Krispies bar and milk
- D. Cheese pizza and Kool-Aid

79. A client with hyperthyroidism is taking lithium carbonate to inhibit thyroid hormone release. Which complaint by the client should alert the nurse to a problem with the client's medication?

- A. The client complains of blurred vision.
- B. The client complains of increased thirst and increased urination.
- C. The client complains of increased weight gain over the past year.
- D. The client complains of changes in taste.

80. A 2-month-old infant has just received her first Tetramune injection. The nurse should tell the mother that the immunization:

- A. Will need to be repeated when the child is 4 years of age
- B. Is given to determine whether the child is susceptible to pertussis
- C. Is one of a series of injections that protects against dpt and Hib
- D. Is a one-time injection that protects against MMR and varicella

Quick Answers: **187**
Detailed Answer: **197**

Quick Check

81. The nurse is caring for a client hospitalized with bipolar disorder, manic phase. Which of the following snacks would be best for the client with mania?

- A. Potato chips
- B. Diet cola
- C. Apple
- D. Milkshake

Quick Answers: **187**
Detailed Answer: **197**

82. A 2-year-old is hospitalized with suspected intussusception. Which finding is associated with intussusception?

- A. "Currant jelly" stools
- B. Projectile vomiting
- C. "Ribbonlike" stools
- D. Palpable mass over the flank

Quick Answers: **187**
Detailed Answer: **197**

83. A client is being treated for cancer with linear acceleration radiation. The physician has marked the radiation site with a blue marking pen. The nurse should:

- A. Remove the unsightly markings with acetone or alcohol
- B. Cover the radiation site with loose gauze dressing
- C. Sprinkle baby powder over the radiated area
- D. Refrain from using soap or lotion on the marked area

Quick Answers: **187**
Detailed Answer: **197**

84. The nurse is caring for a client with acromegaly. Following a transphenoidal hypophysectomy, the nurse should:

- A. Monitor the client's blood sugar
- B. Suction the mouth and pharynx every hour
- C. Place the client in low Trendelenburg position
- D. Encourage the client to cough

Quick Answers: **187**
Detailed Answer: **197**

85. A client newly diagnosed with diabetes is started on Precose (acarbose). The nurse should tell the client that the medication should be taken:

- A. 1 hour before meals
- B. 30 minutes after meals
- C. With the first bite of a meal
- D. Daily at bedtime

Quick Answers: **187**
Detailed Answer: **198**

Quick Check

- 86.** A client with a deep decubitus ulcer is receiving therapy in the hyperbaric oxygen chamber. Before therapy, the nurse should:
- A.** Apply a lanolin-based lotion to the skin
 - B.** Wash the skin with water and pat dry
 - C.** Cover the area with a petroleum gauze
 - D.** Apply an occlusive dressing to the site
- 87.** A client with a laryngectomy returns from surgery with a nasogastric tube in place. The primary reason for placement of the nasogastric tube is to:
- A.** Prevent swelling and dysphagia
 - B.** Decompress the stomach via suction
 - C.** Prevent contamination of the suture line
 - D.** Promote healing of the oral mucosa
- 88.** The chart indicates that a client has expressive aphasia following a stroke. The nurse understands that the client will have difficulty with:
- A.** Speaking and writing
 - B.** Comprehending spoken words
 - C.** Carrying out purposeful motor activity
 - D.** Recognizing and using an object correctly
- 89.** A camp nurse is applying sunscreen to a group of children enrolled in swim classes. Chemical sunscreens are most effective when applied:
- A.** Just before sun exposure
 - B.** 5 minutes before sun exposure
 - C.** 15 minutes before sun exposure
 - D.** 30 minutes before sun exposure
- 90.** A post-operative client has an order for Demerol (meperidine) 75mg and Phenergan (promethazine) 25mg IM every 3–4 hours as needed for pain. The combination of the two medications produces a/an:
- A.** Agonist effect
 - B.** Synergistic effect
 - C.** Antagonist effect
 - D.** Excitatory effect

Quick Answers: **187**
Detailed Answer: **198**

Quick Answers: **187**
Detailed Answer: **198**

Quick Answers: **188**
Detailed Answer: **198**

Quick Answers: **188**
Detailed Answer: **198**

Quick Answers: **188**
Detailed Answer: **198**

Quick Check

91. Before administering a client's morning dose of Lanoxin (digoxin), the nurse checks the apical pulse rate and finds a rate of 54. The appropriate nursing intervention is to:
- A. Record the pulse rate and administer the medication
 - B. Administer the medication and monitor the heart rate
 - C. Withhold the medication and notify the doctor
 - D. Withhold the medication until the heart rate increases
92. What information should the nurse give a new mother regarding the introduction of solid foods for her infant?
- A. Solid foods should not be given until the extrusion reflex disappears, at 8–10 months of age.
 - B. Solid foods should be introduced one at a time, with 4- to 7-day intervals.
 - C. Solid foods can be mixed in a bottle or infant feeder to make feeding easier.
 - D. Solid foods should begin with fruits and vegetables.
93. A client with schizophrenia is started on Zyprexa (olanzapine). Three weeks later, the client develops severe muscle rigidity and elevated temperature. The nurse should give priority to:
- A. Withholding all morning medications
 - B. Ordering a CBC and CPK
 - C. Administering prescribed anti-Parkinsonian medication
 - D. Transferring the client to a medical unit
94. A client with human immunodeficiency syndrome has gastrointestinal symptoms, including diarrhea. The nurse should teach the client to avoid:
- A. Calcium-rich foods
 - B. Canned or frozen vegetables
 - C. Processed meat
 - D. Raw fruits and vegetables
95. A 4-year-old is admitted with acute leukemia. It will be most important to monitor the child for:
- A. Abdominal pain and anorexia
 - B. Fatigue and bruising
 - C. Bleeding and pallor
 - D. Petechiae and mucosal ulcers

Quick Answers: **188**
Detailed Answer: **198**

Quick Answers: **188**
Detailed Answer: **199**

Quick Check

- 96.** A 5-month-old is diagnosed with atopic dermatitis. Nursing interventions will focus on:
- A. Preventing infection
 - B. Administering antipyretics
 - C. Keeping the skin free of moisture
 - D. Limiting oral fluid intake
- 97.** The nurse is caring for a client with a history of diverticulitis. The client complains of abdominal pain, fever, and diarrhea. Which food was responsible for the client's symptoms?
- A. Mashed potatoes
 - B. Steamed carrots
 - C. Baked fish
 - D. Whole-grain cereal
- 98.** The physician has scheduled a Whipple procedure for a client with pancreatic cancer. The nurse recognizes that the client's cancer is located in:
- A. The tail of the pancreas
 - B. The head of the pancreas
 - C. The body of the pancreas
 - D. The entire pancreas
- 99.** A child with cystic fibrosis is being treated with inhalation therapy with Pulmozyme (dornase alfa). A side effect of the medication is:
- A. Weight gain
 - B. Hair loss
 - C. Sore throat
 - D. Brittle nails
- 100.** The doctor has ordered Percocet (oxycodone) for a client following abdominal surgery. The primary objective of nursing care for the client receiving an opiate analgesic is to:
- A. Prevent addiction
 - B. Alleviate pain
 - C. Facilitate mobility
 - D. Prevent nausea

Quick Answers: **188**
Detailed Answer: **199**

Quick Check

101. Which finding is the best indication that a client with ineffective airway clearance needs suctioning?

- A. Oxygen saturation
- B. Respiratory rate
- C. Breath sounds
- D. Arterial blood gases

102. A client with tuberculosis has a prescription for Myambutol (ethambutol HCl). The nurse should tell the client to notify the doctor immediately if he notices:

- A. Gastric distress
- B. Changes in hearing
- C. Red discoloration of bodily fluids
- D. Changes in color vision

103. The primary cause of anemia in a client with chronic renal failure is:

- A. Poor iron absorption
- B. Destruction of red blood cells
- C. Lack of intrinsic factor
- D. Insufficient erythropoietin

104. Which of the following nursing interventions has the highest priority for the client scheduled for an intravenous pyelogram?

- A. Providing the client with a favorite meal for dinner
- B. Asking if the client has allergies to shellfish
- C. Encouraging fluids the evening before the test
- D. Telling the client what to expect during the test

105. The doctor has prescribed aspirin 325mg daily for a client with transient ischemic attacks. The nurse knows that aspirin was prescribed to:

- A. Prevent headaches
- B. Boost coagulation
- C. Prevent cerebral anoxia
- D. Keep platelets from clumping together

Quick Answers: **188**
Detailed Answer: **199**

Quick Check

- 106.** A client with tuberculosis who has been receiving combined therapy with INH and Rifampin asks the nurse how long he will have to take medication. The nurse should tell the client that:
- A. Medication is rarely needed after 2 weeks.
 - B. He will need to take medication the rest of his life.
 - C. The course of combined therapy is usually 6 months.
 - D. He will be re-evaluated in 1 month to see if further medication is needed.
- 107.** Which development milestone puts the 4-month-old infant at greatest risk for injury?
- A. Switching objects from one hand to another
 - B. Crawling
 - C. Standing
 - D. Rolling over
- 108.** A client taking Dilantin (phenytoin) for grand mal seizures is preparing for discharge. Which information should be included in the client's discharge care plan?
- A. The medication can cause dental staining.
 - B. The client will need to avoid a high-carbohydrate diet.
 - C. The client will need a regularly scheduled CBC.
 - D. The medication can cause problems with drowsiness.
- 109.** Assessment of a newborn male reveals that the infant has hypospadias. The nurse knows that:
- A. The infant should not be circumcised.
 - B. Surgical correction will be done by 6 months of age.
 - C. Surgical correction is delayed until 6 years of age.
 - D. The infant should be circumcised to facilitate voiding.
- 110.** The nurse is providing dietary teaching for a client with elevated cholesterol levels. Which cooking oil is not suggested for the client on a low-cholesterol diet?
- A. Safflower oil
 - B. Sunflower oil
 - C. Coconut oil
 - D. Canola oil

Quick Answers: **188**
Detailed Answer: **199**

Quick Answers: **188**
Detailed Answer: **199**

Quick Answers: **188**
Detailed Answer: **200**

Quick Answers: **188**
Detailed Answer: **200**

Quick Answers: **188**
Detailed Answer: **200**

Quick Check

111. The nurse is caring for a client with stage III Alzheimer's disease. A characteristic of this stage is:

- A. Memory loss
- B. Failing to recognize familiar objects
- C. Wandering at night
- D. Failing to communicate

Quick Answers: **188**
Detailed Answer: **200**

112. The doctor has prescribed Cortone (cortisone) for a client with systemic lupus erythematosus. Which instruction should be given to the client?

- A. Take the medication 30 minutes before eating.
- B. Report changes in appetite and weight.
- C. Wear sunglasses to prevent cataracts.
- D. Schedule a time to take the influenza vaccine.

Quick Answers: **188**
Detailed Answer: **200**

113. The nurse is caring for a client with an above-the-knee amputation (AKA). To prevent contractures, the nurse should:

- A. Place the client in a prone position 15–30 minutes twice a day
- B. Keep the foot of the bed elevated on shock blocks
- C. Place trochanter rolls on either side of the affected leg
- D. Keep the client's leg elevated on two pillows

Quick Answers: **188**
Detailed Answer: **200**

114. The mother of a 6-month-old asks when her child will have all his baby teeth. The nurse knows that most children have all their primary teeth by age:

- A. 12 months
- B. 18 months
- C. 24 months
- D. 30 months

Quick Answers: **188**
Detailed Answer: **200**

115. While caring for a client with cervical cancer, the nurse notes that the radioactive implant is lying in the bed. The nurse should:

- A. Place the implant in a biohazard bag and return it to the lab
- B. Give the client a pair of gloves and ask her to reinsert the implant
- C. Use tongs to pick up the implant and return it to a lead-lined container
- D. Discard the implant in the commode and double-flush

Quick Answers: **188**
Detailed Answer: **200**

Quick Check

- 116.** The nurse is preparing to discharge a client following a laparoscopic cholecystectomy. The nurse should:
- A. Tell the client to avoid a tub bath for 5 to 7 days
 - B. Tell the client to expect clay-colored stools
 - C. Tell the client that she can expect lower abdominal pain for the next week
 - D. Tell the client that she can resume a regular diet immediately
- 117.** A high school student returns to school following a 3-week absence due to mononucleosis. The school nurse knows it will be important for the client:
- A. To drink additional fluids throughout the day
 - B. To avoid contact sports for 1–2 months
 - C. To have a snack twice a day to prevent hypoglycemia
 - D. To continue antibiotic therapy for 6 months
- 118.** A 6-year-old with cystic fibrosis has an order for pancreatic replacement. The nurse knows that the medication will be given:
- A. At bedtime
 - B. With meals and snacks
 - C. Twice daily
 - D. Daily in the morning
- 119.** The doctor has prescribed a diet high in vitamin B12 for a client with pernicious anemia. Which foods are highest in B12?
- A. Meat, eggs, dairy products
 - B. Peanut butter, raisins, molasses
 - C. Broccoli, cauliflower, cabbage
 - D. Shrimp, legumes, bran cereals
- 120.** A client with hypertension has begun an aerobic exercise program. The nurse should tell the client that the recommended exercise regimen should begin slowly and build up to:
- A. 20–30 minutes three times a week
 - B. 45 minutes two times a week
 - C. 1 hour four times a week
 - D. 1 hour two times a week

Quick Answers: **188**
Detailed Answer: **200**

Quick Answers: **188**
Detailed Answer: **200**

Quick Answers: **188**
Detailed Answer: **201**

Quick Answers: **188**
Detailed Answer: **201**

Quick Answers: **188**
Detailed Answer: **201**

Quick Check

121. A client with breast cancer is returned to the room following a right total mastectomy. The nurse should:

- A. Elevate the client's right arm on pillows
- B. Place the client's right arm in a dependent sling
- C. Keep the client's right arm on the bed beside her
- D. Place the client's right arm across her body

Quick Answers: **188**
Detailed Answer: **201**

122. A neurological consult has been ordered for a pediatric client with suspected petit mal seizures. The client with petit mal seizures can be expected to have:

- A. Short, abrupt muscle contraction
- B. Quick, bilateral severe jerking movements
- C. Abrupt loss of muscle tone
- D. A brief lapse in consciousness

Quick Answers: **188**
Detailed Answer: **201**

123. A client with schizoaffective disorder is exhibiting Parkinsonian symptoms. Which medication is responsible for the development of Parkinsonian symptoms?

- A. Zyprexa (olanzapine)
- B. Cogentin (benztropine mesylate)
- C. Benadryl (diphenhydramine)
- D. Depakote (divalproex sodium)

Quick Answers: **188**
Detailed Answer: **201**

124. Which activity is best suited to the 12-year-old with juvenile rheumatoid arthritis?

- A. Playing video games
- B. Swimming
- C. Working crossword puzzles
- D. Playing slow-pitch softball

Quick Answers: **188**
Detailed Answer: **201**

125. The glycosylated hemoglobin of a 40-year-old client with diabetes mellitus is 2.5%. The nurse understands that:

- A. The client can have a higher-calorie diet.
- B. The client has good control of her diabetes.
- C. The client requires adjustment in her insulin dose.
- D. The client has poor control of her diabetes.

Quick Answers: **188**
Detailed Answer: **201**

Quick Check

126. The physician has ordered Stadol (butorphanol) for a post-operative client. The nurse knows that the medication is having its intended effect if the client:

- A. Is asleep 30 minutes after the injection
- B. Asks for extra servings on his meal tray
- C. Has an increased urinary output
- D. States that he is feeling less nauseated

Quick Answers: **188**
Detailed Answer: **201**

127. The mother of a child with cystic fibrosis tells the nurse that her child makes “snoring” sounds when breathing. The nurse is aware that many children with cystic fibrosis have:

- A. Choanal atresia
- B. Nasal polyps
- C. Septal deviations
- D. Enlarged adenoids

Quick Answers: **188**
Detailed Answer: **202**

128. A client is hospitalized with hepatitis A. Which of the client’s regular medications is contraindicated due to the current illness?

- A. Prilosec (omeprazole)
- B. Synthroid (levothyroxine)
- C. Premarin (conjugated estrogens)
- D. Lipitor (atorvastatin)

Quick Answers: **188**
Detailed Answer: **202**

129. The nurse has been teaching the role of diet in regulating blood pressure to a client with hypertension. Which meal selection indicates that the client understands his new diet?

- A. Cornflakes, whole milk, banana, and coffee
- B. Scrambled eggs, bacon, toast, and coffee
- C. Oatmeal, apple juice, dry toast, and coffee
- D. Pancakes, ham, tomato juice, and coffee

Quick Answers: **188**
Detailed Answer: **202**

130. An 18-month-old is being discharged following hypospadias repair. Which instruction should be included in the nurse’s discharge teaching?

- A. The child should not play on his rocking horse.
- B. Applying warm compresses to decrease pain.
- C. Diapering should be avoided for 1–2 weeks.
- D. The child will need a special diet to promote healing.

Quick Answers: **188**
Detailed Answer: **202**

Quick Check

- 131.** An obstetrical client calls the clinic with complaints of morning sickness. The nurse should tell the client to:
- A.** Keep crackers at the bedside for eating before she arises
 - B.** Drink a glass of whole milk before going to sleep at night
 - C.** Skip breakfast but eat a larger lunch and dinner
 - D.** Drink a glass of orange juice after adding a couple of teaspoons of sugar
- 132.** The nurse has taken the blood pressure of a client hospitalized with methicillin-resistant staphylococcus aureus. Which action by the nurse indicates an understanding regarding the care of clients with MRSA?
- A.** The nurse leaves the stethoscope in the client's room for future use.
 - B.** The nurse cleans the stethoscope with alcohol and returns it to the exam room.
 - C.** The nurse uses the stethoscope to assess the blood pressure of other assigned clients.
 - D.** The nurse cleans the stethoscope with water, dries it, and returns it to the nurse's station.
- 133.** The physician has discussed the need for medication with the parents of an infant with congenital hypothyroidism. The nurse can reinforce the physician's teaching by telling the parents that:
- A.** The medication will be needed only during times of rapid growth.
 - B.** The medication will be needed throughout the child's lifetime.
 - C.** The medication schedule can be arranged to allow for drug holidays.
 - D.** The medication is given one time daily every other day.
- 134.** A client with diabetes mellitus has a prescription for Glucotrol XL (glipizide). The client should be instructed to take the medication:
- A.** At bedtime
 - B.** With breakfast
 - C.** Before lunch
 - D.** After dinner

Quick Answers: **188**
Detailed Answer: **202**

Quick Check

- 135.** The nurse is caring for a client admitted with suspected myasthenia gravis. Which finding is usually associated with a diagnosis of myasthenia gravis?
- A. Visual disturbances, including diplopia
 - B. Ascending paralysis and loss of motor function
 - C. Cogwheel rigidity and loss of coordination
 - D. Progressive weakness that is worse at the day's end
- 136.** The nurse is teaching the parents of an infant with osteogenesis imperfecta. The nurse should tell the parents:
- A. That the infant will need daily calcium supplements
 - B. To lift the infant by the buttocks when diapering
 - C. That the condition is a temporary one
 - D. That only the bones are affected by the disease
- 137.** Physician's orders for a client with acute pancreatitis include the following: strict NPO, NG tube to low intermittent suction. The nurse recognizes that these interventions will:
- A. Reduce the secretion of pancreatic enzymes
 - B. Decrease the client's need for insulin
 - C. Prevent secretion of gastric acid
 - D. Eliminate the need for analgesia
- 138.** A client with diverticulitis is admitted with nausea, vomiting, and dehydration. Which finding suggests a complication of diverticulitis?
- A. Pain in the left lower quadrant
 - B. Boardlike abdomen
 - C. Low-grade fever
 - D. Abdominal distention
- 139.** The diagnostic work-up of a client hospitalized with complaints of progressive weakness and fatigue confirms a diagnosis of myasthenia gravis. The medication used to treat myasthenia gravis is:
- A. Prostigmine (neostigmine)
 - B. Atropine (atropine sulfate)
 - C. Didronel (etidronate)
 - D. Tensilon (edrophonium)

Quick Answers: **188**
Detailed Answer: **202**

Quick Answers: **188**
Detailed Answer: **202**

Quick Answers: **188**
Detailed Answer: **203**

Quick Answers: **188**
Detailed Answer: **203**

Quick Answers: **188**
Detailed Answer: **203**

Quick Check

140. A client with AIDS complains of a weight loss of 20 pounds in the past month. Which diet is suggested for the client with AIDS?

- A. High calorie, high protein, high fat
- B. High calorie, high carbohydrate, low protein
- C. High calorie, low carbohydrate, high fat
- D. High calorie, high protein, low fat

Quick Answers: **188**
Detailed Answer: **203**

141. The nurse is caring for a 4-year-old with cerebral palsy. Which nursing intervention will help ready the child for rehabilitative services?

- A. Patching one of the eyes to strengthen the muscles
- B. Providing suckers and pinwheels to help strengthen tongue movement
- C. Providing musical tapes to provide auditory training
- D. Encouraging play with a video game to improve muscle coordination

Quick Answers: **188**
Detailed Answer: **203**

142. At the 6-week check-up, the mother asks when she can expect the baby to sleep all night. The nurse should tell the mother that most infants begin to sleep all night by age:

- A. 1 month
- B. 2 months
- C. 3–4 months
- D. 5–6 months

Quick Answers: **188**
Detailed Answer: **203**

143. Which of the following pediatric clients is at greatest risk for latex allergy?

- A. The child with a myelomeningocele
- B. The child with epispadias
- C. The child with coxa plana
- D. The child with rheumatic fever

Quick Answers: **188**
Detailed Answer: **203**

144. The nurse is teaching the mother of a child with cystic fibrosis how to do chest percussion. The nurse should tell the mother to:

- A. Use the heel of her hand during percussion
- B. Change the child's position every 20 minutes
- C. Do percussion after the child eats and at bedtime
- D. Use cupped hands during percussion

Quick Answers: **188**
Detailed Answer: **203**

Quick Check

- 145.** The nurse calculates the amount of an antibiotic for injection to be given to an infant. The amount of medication to be administered is 1.25mL. The nurse should:
- A.** Divide the amount into two injections and administer in each vastus lateralis muscle
 - B.** Give the medication in one injection in the dorsogluteal muscle
 - C.** Divide the amount in two injections and give one in the ventrogluteal muscle and one in the vastus lateralis muscle
 - D.** Give the medication in one injection in the ventrogluteal muscle
- 146.** A client with schizophrenia is receiving depot injections of Haldol Deconate (haloperidol decanoate). The client should be told to return for his next injection in:
- A.** 1 week
 - B.** 2 weeks
 - C.** 4 weeks
 - D.** 6 weeks
- 147.** A 3-year-old is immobilized in a hip spica cast. Which discharge instruction should be given to the parents?
- A.** Keep the bed flat, with a small pillow beneath the cast
 - B.** Provide crayons and a coloring book for play activity
 - C.** Increase her intake of high-calorie foods for healing
 - D.** Tuck a disposable diaper beneath the cast at the perineal opening
- 148.** The nurse is caring for a client following the reimplantation of the thumb and index finger. Which finding should be reported to the physician immediately?
- A.** Temperature of 100°F
 - B.** Coolness and discoloration of the digits
 - C.** Complaints of pain
 - D.** Difficulty moving the digits

Quick Answers: **188**
Detailed Answer: **203**

Quick Answers: **188**
Detailed Answer: **203**

Quick Answers: **188**
Detailed Answer: **204**

Quick Answers: **188**
Detailed Answer: **204**

Quick Check

149. When assessing the urinary output of a client who has had extracorporeal lithotripsy, the nurse can expect to find:

- A. Cherry-red urine that gradually becomes clearer
- B. Orange-tinged urine containing particles of calculi
- C. Dark red urine that becomes cloudy in appearance
- D. Dark, smoky-colored urine with high specific gravity

150. The physician has prescribed Cognex (tacrine) for a client with dementia. The nurse should monitor the client for adverse reactions, which include:

- A. Hypoglycemia
- B. Jaundice
- C. Urinary retention
- D. Tinnitus

151. The physician has ordered a low-potassium diet for a child with acute glomerulonephritis. Which snack is suitable for the child with potassium restrictions?

- A. Raisins
- B. Oranges
- C. Apricots
- D. Bananas

152. The physician has ordered a blood test for *H. pylori*. The nurse should prepare the client by:

- A. Withholding intake after midnight
- B. Telling the client that no special preparation is needed
- C. Explaining that a small dose of radioactive isotope will be used
- D. Giving an oral suspension of glucose 1 hour before the test

153. The nurse is preparing to give an oral potassium supplement. The nurse should:

- A. Give the medication without diluting it
- B. Give the medication with 4oz. of juice
- C. Give the medication with water only
- D. Give the medication on an empty stomach

Quick Answers: **188**
Detailed Answer: **204**

Quick Check

154. The physician has ordered cultures for cytomegalovirus (CMV). Which statement is true regarding collection of cultures for cytomegalovirus?

- A. Stool cultures are preferred for definitive diagnosis.
- B. Pregnant caregivers may obtain cultures.
- C. Collection of one specimen is sufficient.
- D. Accurate diagnosis depends on fresh specimens.

Quick Answers: **188**
Detailed Answer: **204**

155. A pediatric client with burns to the hands and arms has dressing changes with Sulfamylon (mafenide acetate) cream. The nurse is aware that the medication:

- A. Will cause dark staining of the surrounding skin
- B. Produces a cooling sensation when applied
- C. Can alter the function of the thyroid
- D. Produces a burning sensation when applied

Quick Answers: **188**
Detailed Answer: **204**

156. The physician has ordered Dilantin (phenytoin) for a client with generalized seizures. When planning the client's care, the nurse should:

- A. Maintain strict intake and output
- B. Check the pulse before giving the medication
- C. Administer the medication 30 minutes before meals
- D. Provide oral hygiene and gum care every shift

Quick Answers: **188**
Detailed Answer: **204**

157. A client receiving chemotherapy for breast cancer has an order for Zofran (ondansetron) 8mg PO to be given 30 minutes before induction of the chemotherapy. The purpose of the medication is to:

- A. Prevent anemia
- B. Promote relaxation
- C. Prevent nausea
- D. Increase neutrophil counts

Quick Answers: **188**
Detailed Answer: **204**

158. The physician has ordered cortisporin ear drops for a 2-year-old. To administer the ear drops, the nurse should:

- A. Pull the ear down and back
- B. Pull the ear straight out
- C. Pull the ear up and back
- D. Leave the ear undisturbed

Quick Answers: **188**
Detailed Answer: **205**

Quick Check

159. A client with schizophrenia has been taking Thorazine (chlorpromazine) 200mg four times a day. Which finding should be reported to the doctor immediately?

- A. The client complains of thirst
- B. The client has gained 4 pounds in the past 2 months
- C. The client complains of a sore throat
- D. The client naps throughout the day

160. A client with iron-deficiency anemia is taking an oral iron supplement. The nurse should tell the client to take the medication with:

- A. Orange juice
- B. Water only
- C. Milk
- D. Apple juice

161. A client is admitted with burns of the right arm, chest, and head. According to the Rule of Nines, the percent of burn injury is:

- A. 18%
- B. 27%
- C. 36%
- D. 45%

162. A client who was admitted with chest pain and shortness of breath has a standing order for oxygen via mask. Standing orders for oxygen mean that the nurse can apply oxygen at:

- A. 2L per minute
- B. 6L per minute
- C. 10L per minute
- D. 12L per minute

163. The nurse is caring for a client with an ileostomy. The nurse should pay careful attention to care around the stoma because:

- A. Digestive enzymes cause skin breakdown.
- B. Stools are less watery and contain more solid matter.
- C. The stoma will heal more slowly than expected.
- D. It is difficult to fit the appliance to the stoma site.

Quick Answers: **188**
Detailed Answer: **205**

Quick Check

- 164.** The physician has ordered aspirin therapy for a client with severe rheumatoid arthritis. A sign of acute aspirin toxicity is:
- A. Anorexia
 - B. Diarrhea
 - C. Tinnitus
 - D. Pruritis
- 165.** A client is admitted to the emergency room with symptoms of delirium tremens. After admitting the client to a private room, the priority nursing intervention is to:
- A. Obtain a history of his alcohol use
 - B. Provide seizure precautions
 - C. Keep the room cool and dark
 - D. Administer thiamine and zinc
- 166.** The nurse is providing dietary teaching for a client with gout. Which dietary selection is suitable for the client with gout?
- A. Broiled liver, macaroni and cheese, spinach
 - B. Stuffed crab, steamed rice, peas
 - C. Baked chicken, pasta salad, asparagus casserole
 - D. Steak, baked potato, tossed salad
- 167.** A newborn has been diagnosed with exstrophy of the bladder. The nurse should position the newborn:
- A. Prone
 - B. Supine
 - C. On either side
 - D. With the head elevated
- 168.** The mother of a 3-month-old with esophageal reflux asks the nurse what she can do to lessen the baby's reflux. The nurse should tell the mother to:
- A. Feed the baby only when he is hungry
 - B. Burp the baby after the feeding is completed
 - C. Place the baby supine with head elevated
 - D. Burp the baby frequently throughout the feeding

Quick Answers: **188**
Detailed Answer: **205**

Quick Check

- 169.** A child is hospitalized with a fractured femur involving the epiphysis. Epiphyseal fractures are serious because:
- A. Bone marrow is lost through the fracture site.
 - B. Normal bone growth is affected.
 - C. Blood supply to the bone is obliterated.
 - D. Callus formation prevents bone healing.
- 170.** Before administering a nasogastric feeding to a client hospitalized following a CVA, the nurse aspirates 40mL of residual. The nurse should:
- A. Replace the aspirate and administer the feeding
 - B. Discard the aspirate and withhold the feeding
 - C. Discard the aspirate and begin the feeding
 - D. Replace the aspirate and withhold the feeding
- 171.** A client has an order for Dilantin (phenytoin) .2g orally twice a day. The medication is available in 100mg capsules. For the morning medication, the nurse should administer:
- A. 1 capsule
 - B. 2 capsules
 - C. 3 capsules
 - D. 4 capsules
- 172.** The LPN is reviewing the lab results of an elderly client when she notes a specific gravity of 1.025. The nurse recognizes that:
- A. The client has impaired renal function.
 - B. The client has a normal specific gravity.
 - C. The client has mild to moderate dehydration.
 - D. The client has diluted urine from fluid overload.
- 173.** A client with acute pancreatitis has requested pain medication. Which pain medication is indicated for the client with acute pancreatitis?
- A. Demerol (meperidine)
 - B. Toradol (ketorolac)
 - C. Morphine (morphine sulfate)
 - D. Codeine (codeine)

Quick Answers: **188**
Detailed Answer: **206**

Quick Check

- 174.** A client with a hiatal hernia has been taking magnesium hydroxide for relief of heartburn. Overuse of magnesium-based antacids can cause the client to have:
- A. Constipation
 - B. Weight gain
 - C. Anorexia
 - D. Diarrhea
- 175.** When performing a newborn assessment, the nurse measures the circumference of the neonate's head and chest. Which assessment finding is expected in the normal newborn?
- A. The head and chest circumference are the same.
 - B. The head is 2cm larger than the chest.
 - C. The head is 3cm smaller than the chest.
 - D. The head is 4cm larger than the chest.
- 176.** A client with a history of clots is receiving Lovenox (enoxaparin). Which drug is given to counteract the effects of enoxaparin?
- A. Calcium gluconate
 - B. Aquamephyton
 - C. Methergine
 - D. Protamine sulfate
- 177.** The nurse is formulating a plan of care for a client with a cognitive disorder. Which activity is most appropriate for the client with confusion and short attention span?
- A. Taking part in a reality-orientation group
 - B. Participating in unit community goal setting
 - C. Going on a field trip with a group of clients
 - D. Meeting with an assertiveness training group
- 178.** The mother of a child with hemophilia asks the nurse which over-the-counter medication is suitable for her child's joint discomfort. The nurse should tell the mother to purchase:
- A. Advil (ibuprofen)
 - B. Tylenol (acetaminophen)
 - C. Aspirin (acetylsalicylic acid)
 - D. Naproxen (naprosyn)

Quick Answers: **188**
Detailed Answer: **206**

Quick Check

179. Which home remedy is suitable to relieve the itching associated with varicella?

- A.** Dusting the lesions with baby powder
- B.** Applying gauze saturated in hydrogen peroxide
- C.** Using cool compresses of normal saline
- D.** Applying a paste of baking soda and water

180. A newborn male has been diagnosed with hypospadias with chordee. The nurse understands that the infant will have altered patterns of urination because:

- A.** The urinary meatus is on the dorsum of the penis.
- B.** The ureters will reflux urine into the kidneys.
- C.** The urinary meatus is on the top of the penis.
- D.** The bladder lies outside the abdominal cavity.

181. The recommended time for daily administration of Tagamet (cimetidine) is:

- A.** Before breakfast
- B.** Mid-afternoon
- C.** After dinner
- D.** At bedtime

182. Which statement best describes the difference between the pain of angina and the pain of myocardial infarction?

- A.** Pain associated with angina is relieved by rest.
- B.** Pain associated with myocardial infarction is always more severe.
- C.** Pain associated with angina is confined to the chest area.
- D.** Pain associated with myocardial infarction is referred to the left arm.

183. The nurse is developing a bowel-retraining plan for a client with multiple sclerosis. Which measure is likely to be least helpful to the client:

- A.** Limiting fluid intake to 1000mL per day
- B.** Providing a high-roughage diet
- C.** Elevating the toilet seat for easy access
- D.** Establishing a regular schedule for toileting

Quick Answers: **188**
Detailed Answer: **206**

Quick Answers: **188**
Detailed Answer: **207**

Quick Check

- 184.** The nurse is providing dietary teaching for a client with Meniere's disease. Which statement indicates that the client understands the role of diet in triggering her symptoms?
- A.** "I can expect to see more problems with tinnitus if I eat a lot of dairy products."
 - B.** "I need to limit foods that taste salty or that contain a lot of sodium."
 - C.** "I can help control problems with vertigo if I avoid breads and cereals."
 - D.** "I need to eat fewer foods that are high in potassium, such as raisins and bananas."
- 185.** The nurse is assessing a multigravida, 36 weeks gestation for symptoms of pregnancy-induced hypertension and preeclampsia. The nurse should give priority to assessing the client for:
- A.** Facial swelling
 - B.** Pulse deficits
 - C.** Ankle edema
 - D.** Diminished reflexes
- 186.** An adolescent with borderline personality is hospitalized with suicidal ideation and self-mutilation. Which goal is both therapeutic and realistic for this client?
- A.** The client will remain in her room when feeling overwhelmed by sadness.
 - B.** The client will request medication when feeling loss of emotional control.
 - C.** The client will leave group activities to pace when feeling anxious.
 - D.** The client will seek out a staff member to verbalize feelings of anger and sadness.
- 187.** A client with angina has an order for nitroglycerin ointment. Before applying the medication, the nurse should:
- A.** Apply the ointment to the previous application
 - B.** Obtain both a radial and an apical pulse
 - C.** Remove the previously applied ointment
 - D.** Tell the client he will experience pain relief in 15 minutes

Quick Answers: **189**
Detailed Answer: **207**

Quick Check

- 188.** The nurse is caring for a client who is unconscious following a fall. Which comment by the nurse will help the client become reoriented when he regains consciousness?
- A.** “I am your nurse and I will be taking care of you today.”
 - B.** “Can you tell me your name and where you are?”
 - C.** “I know you are confused right now, but everything will be alright.”
 - D.** “You were in an accident that hurt your head. You are in the hospital.”
- 189.** Following a generalized seizure, the nurse can expect the client to:
- A.** Be unable to move the extremities
 - B.** Be drowsy and prone to sleep
 - C.** Remember events before the seizure
 - D.** Have a drop in blood pressure
- 190.** A client with oxalate renal calculi should be taught to avoid eating:
- A.** Strawberries
 - B.** Oranges
 - C.** Apples
 - D.** Pears
- 191.** A 6-year-old is diagnosed with Legg-Calve Perthes disease of the right femur. An important part of the child’s care includes instructing the parents:
- A.** To increase the amount of dietary protein
 - B.** About exercises to strengthen affected muscles
 - C.** About relaxation exercises to minimize pain in the joints
 - D.** To prevent weight bearing on the affected leg
- 192.** The nurse is assessing an infant with Hirschsprung’s disease. The nurse can expect the infant to:
- A.** Weigh less than expected for height and age
 - B.** Have infrequent bowel movements
 - C.** Exhibit clubbing of the fingers and toes
 - D.** Have hyperactive deep tendon reflexes

Quick Answers: **189**
Detailed Answer: **207**

Quick Answers: **189**
Detailed Answer: **207**

Quick Answers: **189**
Detailed Answer: **208**

Quick Answers: **189**
Detailed Answer: **208**

Quick Answers: **189**
Detailed Answer: **208**

Quick Check

- 193.** The physician has prescribed supplemental iron for a prenatal client. The nurse should tell the client to take the medication with:
- A. Milk, to prevent stomach upset
 - B. Tomato juice, to increase absorption
 - C. Oatmeal, to prevent constipation
 - D. Water, to increase serum iron levels
- 194.** The nurse is teaching a client with a history of obesity and hypertension regarding dietary requirements during pregnancy. Which statement indicates that the client needs further teaching?
- A. "I need to reduce my daily intake to 1,200 calories a day."
 - B. "I need to drink at least a quart of milk a day."
 - C. "I shouldn't add salt when I am cooking."
 - D. "I need to eat more protein and fiber each day."
- 195.** An elderly client is admitted to the psychiatric unit from the nursing home. Transfer information indicates that the client has become confused and disoriented, with behavioral problems. The client will also likely show a loss of ability in:
- A. Speech
 - B. Judgment
 - C. Endurance
 - D. Balance
- 196.** The physician has ordered an external monitor for a laboring client. If the fetus is in the left occipital posterior (LOP) position, the nurse knows that the ultrasound transducer will be located:
- A. Near the symphysis pubis
 - B. Near the umbilicus
 - C. Over the fetal back
 - D. Over the fetal abdomen
- 197.** A client develops tremors while withdrawing from alcohol. Which medication is routinely administered to lessen physiological effects of alcohol withdrawal?
- A. Dolophine (methadone)
 - B. Klonopin (clonazepam)
 - C. Narcan (Naloxone)
 - D. Antabuse (disulfiram)

Quick Answers: **189**
Detailed Answer: **208**

- 198.** A client with Type II diabetes has an order for regular insulin 10 units SC each morning. The client's breakfast should be served within:
- A. 15 minutes
 - B. 20 minutes
 - C. 30 minutes
 - D. 45 minutes
- 199.** A 10-year-old has an order for Demerol (meperidine) 35mg IM for pain. The medication is available as Demerol 50mg per ml. How much should the nurse administer?
- A. .5mL
 - B. .6mL
 - C. .7mL
 - D. .8mL
- 200.** Which antibiotic is contraindicated for the treatment of infections in infants and young children?
- A. Tetracyclon (tetracycline)
 - B. Amoxil (amoxicillin)
 - C. Cefotan (cefotetan)
 - D. E-Mycin (erythromycin)

Quick Check

Quick Answers: **189**
Detailed Answer: **208**

Quick Answers: **189**
Detailed Answer: **208**

Quick Answers: **189**
Detailed Answer: **208**

Quick Check Answer Key

1. D	30. B	59. D
2. D	31. D	60. B
3. A	32. B	61. B
4. D	33. C	62. C
5. C	34. B	63. A
6. C	35. A	64. C
7. A	36. A	65. A
8. A	37. C	66. B
9. A	38. A	67. A
10. B	39. D	68. D
11. B	40. D	69. A
12. A	41. C	70. B
13. C	42. B	71. D
14. D	43. A	72. D
15. B	44. D	73. B
16. C	45. C	74. D
17. B	46. B	75. C
18. B	47. B	76. D
19. D	48. D	77. C
20. B	49. C	78. C
21. A	50. D	79. B
22. A	51. A	80. C
23. B	52. C	81. D
24. B	53. B	82. A
25. C	54. D	83. D
26. B	55. A	84. A
27. B	56. A	85. C
28. B	57. B	86. B
29. A	58. B	87. C

- | | | |
|--------|--------|--------|
| 88. A | 120. A | 152. B |
| 89. D | 121. A | 153. B |
| 90. B | 122. D | 154. D |
| 91. C | 123. A | 155. D |
| 92. B | 124. B | 156. D |
| 93. C | 125. B | 157. C |
| 94. D | 126. A | 158. A |
| 95. C | 127. B | 159. C |
| 96. A | 128. D | 160. A |
| 97. D | 129. C | 161. B |
| 98. B | 130. A | 162. B |
| 99. C | 131. A | 163. A |
| 100. B | 132. A | 164. C |
| 101. C | 133. B | 165. B |
| 102. D | 134. B | 166. D |
| 103. D | 135. D | 167. C |
| 104. C | 136. B | 168. D |
| 105. D | 137. A | 169. B |
| 106. C | 138. B | 170. A |
| 107. D | 139. A | 171. B |
| 108. C | 140. D | 172. B |
| 109. A | 141. B | 173. A |
| 110. C | 142. C | 174. D |
| 111. B | 143. A | 175. B |
| 112. D | 144. D | 176. D |
| 113. A | 145. A | 177. A |
| 114. D | 146. C | 178. B |
| 115. C | 147. D | 179. D |
| 116. A | 148. B | 180. A |
| 117. B | 149. A | 181. D |
| 118. B | 150. B | 182. A |
| 119. A | 151. C | 183. A |

184. B

185. A

186. D

187. C

188. D

189. B

190. A

191. D

192. B

193. B

194. A

195. B

196. C

197. B

198. C

199. C

200. A

Answers and Rationales

- 1. Answer D is correct.** The suicidal client has difficulty expressing anger toward others. The depressed suicidal client frequently expresses feelings of low self-worth, feelings of remorse and guilt, and a dependence on others; therefore, answers A, B, and C are incorrect.
- 2. Answer D is correct.** Answers A, B, and C are incorrect because they contain lower amounts of potassium. (Note that the banana contains 450mg K+, the orange contains 235mg K+, the pear contains 208mg K+, and the apple contains 165mg K+.)
- 3. Answer A is correct.** Following a thyroidectomy, the client should be placed in semi-Fowler's position to decrease swelling that would place pressure on the airway. Answers B, C, and D are incorrect because they would increase the chances of post-operative complications that include bleeding, swelling, and airway obstruction.
- 4. Answer D is correct.** Luncheon meats contain preservatives such as nitrites that have been linked to gastric cancer. Answers A, B, and C have not been found to increase the risk of gastric cancer; therefore, they are incorrect.
- 5. Answer C is correct.** A history of cruelty to people and animals, truancy, setting fires, and lack of guilt or remorse are associated with a diagnosis of conduct disorder in children, which becomes a diagnosis of antisocial personality disorder in adults. Answer A is incorrect because the client with antisocial personality disorder does not hold consistent employment. Answer B is incorrect because the IQ is usually higher than average. Answer D is incorrect because of a lack of guilt or remorse for wrongdoing.
- 6. Answer C is correct.** The licensed vocational nurse may not assume primary care of the client with a central venous access device. The licensed vocational nurse may care for the client in labor, the client post-operative client, and the client with bipolar disorder; therefore, answers A, B, and D are incorrect.
- 7. Answer A is correct.** Sulfamylon produces a painful sensation when applied to the burn wound; therefore, the client should receive pain medication before dressing changes. Answers B, C, and D do not pertain to dressing changes for the client with burns, so they are incorrect.
- 8. Answer A is correct.** According to the Denver Developmental Screening Test, the child can pull a toy behind her by age 2 years. Answers B, C, and D are not accomplished until ages 4–5 years; therefore, they are incorrect.
- 9. Answer A is correct.** The client with a fractured mandible should keep a pair of wire cutters with him at all times to release the device in case of choking or aspiration. Answer B is incorrect because the wires would prevent insertion of an oral airway. Answer C is incorrect because it would be of no use in releasing the wires. Answer D is incorrect because it would be used only as a last resort in case of airway obstruction.
- 10. Answer B is correct.** The infant's apical heart rate is within the accepted range for administering the medication. Answers A, C, and D are incorrect because the apical heart rate is suitable for giving the medication.

11. **Answer B is correct.** Chelating agents are used to treat the client with poisonings from heavy metals such as lead and iron. Answers A and D are used to remove non-corrosive poisons; therefore, they are incorrect. Answer C prevents vomiting; therefore, it is an incorrect response.
12. **Answer A is correct.** The least restrictive restraint for the infant with cleft lip and cleft palate repair is elbow restraints. Answers B, C, and D are more restrictive and unnecessary; therefore, they are incorrect.
13. **Answer C is correct.** Beta blockers such as timolol (Timoptic) can cause bronchospasms in the client with chronic obstructive lung disease. Timoptic is not contraindicated for use in clients with diabetes, gastric ulcers, or pancreatitis; therefore, answers A, B, and C are incorrect.
14. **Answer D is correct.** Leaving a nightlight on during the evening and night shifts helps the client remain oriented to the environment and fosters independence. Answers A and B will not decrease the client's confusion. Answer C will increase the likelihood of confusion in an elderly client.
15. **Answer B is correct.** Pruritis or itching is caused by the presence of uric acid crystals on the skin, which is common in the client with end-stage renal failure. Answers A, C, and D are not associated with end-stage renal failure.
16. **Answer C is correct.** There is no specified time or frequency for the ordered medication. Answers A, B, and D contain specified time and frequency, therefore they do not require further clarification.
17. **Answer B is correct.** A low-sodium diet is best for the client with Meniere's syndrome. Answers A, C, and D do not relate to the care of the client with Meniere's syndrome; therefore, they are incorrect.
18. **Answer B is correct.** Increased voiding at night is a symptom of right-sided heart failure. Answers A and D are incorrect because they are symptoms of left-sided heart failure. Answer C does not relate to the client's diagnosis; therefore, it is incorrect.
19. **Answer D is correct.** The pulse oximeter should be placed on the child's finger or earlobe because blood flow to these areas is most accessible for measuring oxygen concentration. Answer A is incorrect because the probe cannot be secured to the abdomen. Answer B is incorrect because it should be recalibrated before application. Answer C is incorrect because a reading is obtained within seconds, not minutes.
20. **Answer B is correct.** The medication should be administered using the calibrated dropper that comes with the medication. Answers A and C are incorrect because part or all of the medication could be lost during administration. Answer D is incorrect because part or all of the medication will be lost if the child does not finish the bottle.
21. **Answer A is correct.** The client will receive medication that relaxes skeletal muscles and produces mild sedation. Answers B and D are incorrect because such statements increase the client's anxiety level. Nausea and headache are not associated with ECT; therefore, answer C is incorrect.
22. **Answer A is correct.** Lyme's disease produces a characteristic annular or circular rash sometimes described as a "bull's eye" rash. Answers B, C, and D are incorrect because they are not symptoms associated with Lyme's disease.

23. **Answer B is correct.** The client with gluten-induced enteropathy experiences symptoms after ingesting foods containing wheat, oats, barley, or rye. Corn or millet are substituted in the diet. Answers A, C, and D are incorrect because they contain foods that worsen the client's condition.
24. **Answer B is correct.** Neuroleptic malignant syndrome is an adverse reaction that is characterized by extreme elevations in temperature. Answers A and C are incorrect because they are expected side effects. Elevations in blood pressure are associated with reactions between foods containing tyramine and MAOI; therefore, answer D is incorrect.
25. **Answer C is correct.** Gingival hyperplasia is a side effect of phenytoin. The client will need more frequent dental visits. Answers A, B, and D do not apply to the medication; therefore, they are incorrect.
26. **Answer B is correct.** The client's gag reflex is depressed before having an EGD. The nurse should give priority to checking for the return of the gag reflex before offering the client oral fluids. Answer A is incorrect because conscious sedation is used. Answers C and D are not affected by the procedure; therefore, they are incorrect.
27. **Answer B is correct.** The eye shield should be worn at night or when napping, to prevent accidental trauma to the operative eye. Prescription eyedrops, not over-the-counter eyedrops, are ordered for the client; therefore, Answer A is incorrect. The client might or might not require glasses following cataract surgery; therefore, answer C is incorrect. Answer D is incorrect because cataract surgery is pain free.
28. **Answer B is correct.** The child's symptoms are consistent with those of epiglottitis, an infection of the upper airway that can result in total airway obstruction. Symptoms of strep throat, laryngotracheobronchitis, and bronchiolitis are different than those presented by the client; therefore, answers A, C, and D are incorrect.
29. **Answer A is correct.** Providing additional fluids will help the newborn eliminate excess bilirubin in the stool and urine. Answer B is incorrect because oils and lotions should not be used with phototherapy. Physiologic jaundice is not associated with infection; therefore, answers C and D are incorrect.
30. **Answer B is correct.** Having a staff member remain with the client for 1 hour after meals will help prevent self-induced vomiting. Answer A is incorrect because the client will weigh more after meals, which can undermine treatment. Answer C is incorrect because the client will need a balanced diet and excess protein might not be well tolerated at first. Answer D is incorrect because it treats the client as a child rather than as an adult.
31. **Answer D is correct.** According to Erikson's Psychosocial Developmental Theory, the developmental task of middle childhood is industry versus inferiority. Answer A is incorrect because it is the developmental task of infancy. Answer B is incorrect because it is the developmental task of the school-age child. Answer C is incorrect because it is not one of Erikson's developmental stages.
32. **Answer B is correct.** A side effect of bronchodilators is nausea. Answers A and C are not associated with bronchodilators; therefore, they are incorrect. Answer D is incorrect because hypotension is a sign of toxicity, not a side effect.

- 33. Answer C is correct.** Although cyanosis of the hands and feet is common in the newborn, it accounts for an Apgar score of less than 10. Answer B suggests cooling, which is not scored by the Apgar. Answer B is incorrect because conjunctival hemorrhages are not associated with the Apgar. Answer D is incorrect because it is within normal range as measured by the Apgar.
- 34. Answer B is correct.** Tenseness of the anterior fontanel indicates an increase in intracranial pressure. Answer A is incorrect because periorbital edema is not associated with meningitis. Answer C is incorrect because a positive Babinski reflex is normal in the infant. Answer D is incorrect because it relates to the preterm infant, not the infant with meningitis.
- 35. Answer A is correct.** Nasogastric suction decompresses the stomach and leaves the abdomen soft and nondistended. Answer B is incorrect because it does not relate to the effectiveness of the NG suction. Answer C is incorrect because it relates to peristalsis, not the effectiveness of the NG suction. Answer D is incorrect because it relates to wound healing, not the effectiveness of the NG suction.
- 36. Answer A is correct.** Tremulousness is an early sign of hypoglycemia. Answers B, C, and D are incorrect because they are symptoms of hyperglycemia.
- 37. Answer C is correct.** The most common sign associated with exacerbation of multiple sclerosis is double vision. Answers A, B, and D are not associated with a diagnosis of multiple sclerosis; therefore, they are incorrect.
- 38. Answer A is correct.** Gout and renal calculi are the result of increased amounts of uric acid. Answer B is incorrect because it does not contribute to renal calculi. Answers C and D can result from decreased calcium levels. Renal calculi are the result of excess calcium; therefore, answers C and D are incorrect.
- 39. Answer D is correct.** Providing small, frequent meals will improve the client's appetite and help reduce nausea. Answer A is incorrect because it does not compensate for limited absorption. Foods and beverages containing live cultures are discouraged for the immune-compromised client; therefore, answer B is incorrect. Answer C is incorrect because forcing fluids will not compensate for limited absorption of the intestine.
- 40. Answer D is correct.** A common side effect of prednisone is gastric ulcers. Cimetidine is given to help prevent the development of ulcers. Answers A, B, and C do not relate to the use of cimetidine; therefore, they are incorrect.
- 41. Answer C is correct.** Rice cereal, apple juice, and formula are suitable foods for the 6-month-old infant. Whole milk, orange juice, and eggs are not suitable for the young infant; therefore, they are incorrect.
- 42. Answer B is correct.** The nurse should administer the injection in the vastus lateralis muscle. Answers A and C are not as well developed in the newborn; therefore, they are incorrect. Answer D is incorrect because the dorsogluteal muscle is not used for IM injections until the child is 3 years of age.
- 43. Answer A is correct.** The client taking Cytoxan should increase his fluid intake to prevent hemorrhagic cystitis. Answers B, C, and D do not relate to the question; therefore, they are incorrect.

44. **Answer D is correct.** Benzodiazepines are ordered for the client in alcohol withdrawal to prevent delirium tremens. Answer A is incorrect because it is a medication used in aversive therapy to maintain sobriety. Answer B is incorrect because it is used for the treatment of benzodiazepine overdose. Answer C is incorrect because it is the treatment for opiate withdrawal.
45. **Answer C is correct.** The client taking NPH insulin should have a snack midafternoon to prevent hypoglycemia. Answers A and B are incorrect because the times are too early for symptoms of hypoglycemia. Answer D is incorrect because the time is too late and the client would be in severe hypoglycemia.
46. **Answer B is correct.** The client with a detached retina will have limitations in mobility before and after surgery. Answer A is incorrect because a detached retina produces no pain or discomfort. Answers C and D do not apply to the client with a detached retina; therefore, they are incorrect.
47. **Answer B is correct.** The primary purpose for the continuous passive-motion machine is to promote flexion of the artificial joint. The device should be placed at the foot of the client's bed. Answers A, C, and D do not describe the purpose of the CPM machine; therefore, they are incorrect.
48. **Answer D is correct.** According to Kohlberg, in the preconventional stage of development, the behavior of the preschool child is determined by the consequences of the behavior. Answers A, B, and C describe other stages of moral development; therefore, they are incorrect.
49. **Answer C is correct.** The client should be assessed following completion of antibiotic therapy to determine whether the infection has cleared. Answer A would be done if there are repeated instances of otitis media; therefore, it is incorrect. Answer B is incorrect because it will not determine whether the child has taken the medication. Answer D is incorrect because the purpose of the recheck is to determine whether the infection is gone.
50. **Answer D is correct.** The nurse should cover both of the client's eyes and transport him immediately to the ER or the doctor's office. Answers A, B, and C are incorrect because they increase the risk of further damage to the eye.
51. **Answer A is correct.** The major complication of SLE is lupus nephritis, which results in end-stage renal disease. SLE affects the musculoskeletal, integumentary, renal, nervous, and cardiovascular systems, but the major complication is renal involvement; therefore, answers B and D are incorrect. Answer C is incorrect because the SLE produces a "butterfly" rash, not desquamation.
52. **Answer C is correct.** A diet that is high in fat and refined carbohydrates increases the risk of colorectal cancer. High fat content results in an increase in fecal bile acids, which facilitate carcinogenic changes. Refined carbohydrates increase the transit time of food through the gastrointestinal tract and increase the exposure time of the intestinal mucosa to cancer-causing substances. Answers A, B, and D do not relate to the question; therefore, they are incorrect.
53. **Answer B is correct.** The nurse should avoid giving the infant a pacifier or bottle because sucking is not permitted. Holding the infant cradled in the arms, providing a

mobile, and offering sterile water using a Breck feeder are permitted; therefore, answers A, C, and D are incorrect.

- 54. Answer D is correct.** The client with esophageal varices can develop spontaneous bleeding from the mechanical irritation caused by taking capsules; therefore, the nurse should request the medication in a suspension. Answer A is incorrect because it does not best meet the client's needs. Answer B is incorrect because it is not the best means of preventing bleeding. Answer C is incorrect because the medications should not be given with milk or antacids.
- 55. Answer A is correct.** Tomatoes are a poor source of iron, although they are an excellent source of vitamin C, which increases iron absorption. Answers B, C, and D are good sources of iron; therefore, they are incorrect.
- 56. Answer A is correct.** Periodically lying in a prone position without a pillow will help prevent the flexion of the spine that occurs with Parkinson's disease. Answers B and C flex the spine; therefore, they are incorrect. Answer D is not realistic because of position changes during sleep; therefore, it is incorrect.
- 57. Answer B is correct.** The client recovering from pancreatitis needs a diet that is high in calories and low in fat. Answers A, C, and D are incorrect because they can increase the client's discomfort.
- 58. Answer B is correct.** Dressing in layers and using extra covering will help decrease the feeling of being cold that is experienced by the client with hypothyroidism. Decreased sensation and decreased alertness are common in the client with hypothyroidism; therefore, the use of electric blankets and heating pads can result in burns, making answers A and C incorrect. Answer D is incorrect because the client with hypothyroidism has dry skin, and a hot bath morning and evening would make her condition worse.
- 59. Answer D is correct.** A history of frequent alcohol and tobacco use is the most significant factor in the development of cancer of the larynx. Answers A, B, and C are also factors in the development of laryngeal cancer, but they are not the most significant; therefore, they are incorrect.
- 60. Answer B is correct.** Numbness and tingling in the extremities is common in the client with pernicious anemia, but not those with other types of anemia. Answers A, C, and D are incorrect because they are symptoms of all types of anemia.
- 61. Answer B is correct.** The client with echolalia repeats words or phrases used by others. Answer A is incorrect because it refers to clang association. Answer C is incorrect because it refers to circumstantiality. Answer D is incorrect because it refers to neologisms.
- 62. Answer C is correct.** Holding a cup of coffee or hot chocolate helps to relieve the pain and stiffness of the hands. Answers A, B, and D do not relieve the symptoms of rheumatoid arthritis; therefore, they are incorrect.
- 63. Answer A is correct.** The infant's birth weight should double by 6 months of age. Answers B, C, and D are incorrect because they are greater than the expected weight gain by 6 months of age.

- 64. Answer C is correct.** The symptoms of nontropical sprue and celiac are caused by the ingestion of gluten, which is found in wheat, oats, barley, and rye. Creamed soup and crackers contain gluten. Answers A, B, and D do not contain gluten; therefore, they are incorrect.
- 65. Answer A is correct.** Lanoxin slows and strengthens the contraction of the heart. An increase in urinary output shows that the medication is having a desired effect by eliminating excess fluid from the body. Answer B is incorrect because the weight would decrease. Answer C might occur but is not directly related to the question; therefore, it is incorrect. Answer D is incorrect because pedal edema would decrease, not increase.
- 66. Answer B is correct.** The toddler has gross motor skills suited to playing with a ball, which can be kicked forward or thrown overhand. Answers A and C are incorrect because they require fine motor skills. Answer D is incorrect because the toddler lacks gross motor skills for play on the swing set.
- 67. Answer A is correct.** Antacids containing aluminum and calcium tend to cause constipation. Answer A refers to the side effects of anticholinergic medications used to treat ulcers; therefore, it is incorrect. Answer C refers to antacids containing magnesium; therefore, it is incorrect. Answer D refers to dopamine antagonists used to treat ulcers; therefore, it is incorrect.
- 68. Answer D is correct.** The client with an abdominal aortic aneurysm frequently complains of pulsations or “feeling my heart beat” in the abdomen. Answers A and C are incorrect because they occur with rupture of the aneurysm. Answer B is incorrect because back pain is not affected by changes in position.
- 69. Answer A is correct.** The client with acute adrenal crisis has symptoms of hypovolemia and shock; therefore, the blood pressure would be low. Answer B is incorrect because the pulse would be rapid and irregular. Answer C is incorrect because the skin would be cool and pale. Answer D is incorrect because the urinary output would be decreased.
- 70. Answer B is correct.** Bright red bleeding with many clots indicates arterial bleeding that requires surgical intervention. Answer A is within normal limits; therefore, it is incorrect. Answer C indicates venous bleeding, which can be managed by nursing intervention; therefore, it is incorrect. Answer D does not indicate excessive need for pain management that requires the doctor’s attention; therefore, it is incorrect.
- 71. Answer D is correct.** The child with polymigratory arthritis will exhibit swollen, painful joints. Answer B is incorrect because it describes subcutaneous nodules. Answer C is incorrect because it describes erythema marginatum. Answer A is incorrect because it describes Sydenham’s chorea.
- 72. Answer D is correct.** The primary reason for placing a child with croup under a mist tent is to liquefy secretions and relieve laryngeal spasms. Answer A is incorrect because it does not prevent insensible water loss. Answer B is incorrect because the oxygen concentration is too high. Answer C is incorrect because the mist tent does not prevent dehydration or reduce fever.
- 73. Answer B is correct.** Symptoms of hypothyroidism include weight gain, lethargy, slow speech, and decreased respirations. Answers A and D do not describe symptoms

associated with myxedema; therefore, they are incorrect. Answer C describes symptoms associated with Graves's disease; therefore, it is incorrect.

74. **Answer D is correct.** The contagious stage of varicella begins 24 hours before the onset of the rash and lasts until all the lesions are crusted. Answers A, B, and C are inaccurate regarding the time of contagion; therefore, they are incorrect.
75. **Answer C is correct.** Delusions of grandeur are associated with low self-esteem. Answer A is incorrect because conversion is expressed as sensory or motor deficits. Answers B and D can cause an increase in the client's delusions but do not explain their purpose; therefore, they are incorrect.
76. **Answer D is correct.** Respiratory stridor is a symptom of partial airway obstruction. Answers A, B, and C are expected with a tonsillectomy; therefore, they are incorrect.
77. **Answer C is correct.** Pain associated with duodenal ulcers is lessened if the client eats a meal or snack. Answer A is incorrect because it makes the pain worse. Answer B refers to dumping syndrome; therefore, it is incorrect. Answer D refers to gastroesophageal reflux; therefore, it is incorrect.
78. **Answer C is correct.** Foods containing rice or millet are permitted on the diet of the client with celiac disease. Answers A, B, and D are not permitted because they contain flour made from wheat, which exacerbates the symptoms of celiac disease; therefore, they are incorrect.
79. **Answer B is correct.** Increased thirst and increased urination are signs of lithium toxicity. Answers A and D do not relate to the medication; therefore, they are incorrect. Answer C is an expected side effect of the medication; therefore, it is incorrect.
80. **Answer C is correct.** The immunization protects the child against diphtheria, pertussis, tetanus, and *H. influenza b*. Answer A is incorrect because a second injection is given before 4 years of age. Answer B is not a true statement; therefore, it is incorrect. Answer D is incorrect because it is not a one-time injection, nor does it protect against measles, mumps, rubella, or varicella.
81. **Answer D is correct.** The milkshake will provide needed calories and nutrients for the client with mania. Answers A and B are incorrect because they are high in sodium, which causes the client to excrete the lithium. Answer C has some nutrient value, but not as much as the milkshake.
82. **Answer A is correct.** The child with intussusception has stools that contain blood and mucus, which are described as "currant jelly" stools. Answer B is a symptom of pyloric stenosis; therefore, it is incorrect. Answer C is a symptom of Hirschsprung's; therefore, it is incorrect. Answer D is a symptom of Wilms tumor; therefore, it is incorrect.
83. **Answer D is correct.** The nurse should not use water, soap, or lotion on the area marked for radiation therapy. Answer A is incorrect because it would remove the marking. Answers B and C are not necessary for the client receiving radiation; therefore, they are incorrect.
84. **Answer A is correct.** Growth hormone levels generally fall rapidly after a hypophysectomy, allowing insulin levels to rise. The result is hypoglycemia. Answer B is incorrect because it traumatizes the oral mucosa. Answer C is incorrect because the client's

head should be elevated to reduce pressure on the operative site. Answer D is incorrect because it increases pressure on the operative site that can lead to a leak of cerebral spinal fluid.

- 85. Answer C is correct.** Precose (acarbose) is to be taken with the first bite of a meal. Answers A, B, and D are incorrect because they specify the wrong schedule for medication administration.
- 86. Answer B is correct.** The client going for therapy in the hyperbaric oxygen chamber requires no special skin care; therefore, washing the skin with water and patting it dry are suitable. Lotions, petroleum products, perfumes, and occlusive dressings interfere with oxygenation of the skin; therefore, answers A, C, and D are incorrect.
- 87. Answer C is correct.** The primary reason for the NG is to allow for nourishment without contamination of the suture line. Answer A is not a true statement; therefore, it is incorrect. Answer B is incorrect because there is no mention of suction. Answer D is incorrect because the oral mucosa was not involved in the laryngectomy.
- 88. Answer A is correct.** The client with expressive aphasia has trouble forming words that are understandable. Answer B is incorrect because it describes receptive aphasia. Answer C refers to apraxia; therefore, it is incorrect. Answer D is incorrect because it refers to agnosia.
- 89. Answer D is correct.** Sunscreens of at least an SPF of 15 should be applied 20–30 minutes before going into the sun. Answers A, B, and C are incorrect because they do not allow sufficient time for sun protection.
- 90. Answer B is correct.** The combination of the two medications produces an effect greater than that of either drug used alone. Agonist effects are similar to those produced by chemicals normally present in the body; therefore, answer A is incorrect. Antagonist effects are those in which the actions of the drugs oppose one another; therefore, answer C is incorrect. Answer D is incorrect because the drugs would have a combined depressing, not excitatory, effect.
- 91. Answer C is correct.** The medication should be withheld and the doctor should be notified. Answers A, B, and D are incorrect because they do not provide for the client's safety.
- 92. Answer B is correct.** Solid foods should be added to the diet one at a time, with 4- to 7-day intervals between new foods. The extrusion reflex fades at 3–4 months of age; therefore, answer A is incorrect. Answer C is incorrect because solids should not be added to the bottle and the use of infant feeders is discouraged. Answer D is incorrect because the first food added to the infant's diet is rice cereal.
- 93. Answer C is correct.** The client's symptoms suggest an adverse reaction to the medication known as neuroleptic malignant syndrome. Answers A, B, and D are not appropriate.
- 94. Answer D is correct.** The client with HIV should adhere to a low-bacteria diet by avoiding raw fruits and vegetables. Answers A, B, and C are incorrect because they are permitted in the client's diet.

95. **Answer C is correct.** The child with leukemia has low platelet counts, which contribute to spontaneous bleeding. Answers A, B, and D, common in the child with leukemia, are not life-threatening.
96. **Answer A is correct.** The nurse should prevent the infant with atopic dermatitis (eczema) from scratching, which can lead to skin infections. Answer B is incorrect because fever is not associated with atopic dermatitis. Answers C and D are incorrect because they increase dryness of the skin, which worsens the symptoms of atopic dermatitis.
97. **Answer D is correct.** Symptoms associated with diverticulitis are usually reported after eating popcorn, celery, raw vegetables, whole grains, and nuts. Answers A, B, and C are incorrect because they are allowed in the diet of the client with diverticulitis.
98. **Answer B is correct.** The Whipple procedure is performed for cancer located in the head of the pancreas. Answers A, C, and D are not correct because of the location of the cancer.
99. **Answer C is correct.** Side effects of Pulmozyme include sore throat, hoarseness, and laryngitis. Answers A, B, and D are not associated with Pulmozyme; therefore, they are incorrect.
100. **Answer B is correct.** The nurse should be concerned with alleviating the client's pain. Answers A, C, and D are not primary objectives in the care of the client receiving an opiate analgesic; therefore, they are incorrect.
101. **Answer C is correct.** Changes in breath sounds are the best indication of the need for suctioning in the client with ineffective airway clearance. Answers A, B, and D are incorrect because they can be altered by other conditions.
102. **Answer D is correct.** An adverse reaction to Myambutol is change in visual acuity or color vision. Answer A is incorrect because it does not relate to the medication. Answer C is incorrect because it is an adverse reaction to Streptomycin. Answer C is incorrect because it is a side effect of Rifampin.
103. **Answer D is correct.** Insufficient erythropoietin production is the primary cause of anemia in the client with chronic renal failure. Answers A, B, and C do not relate to the anemia seen in the client with chronic renal failure; therefore, they are incorrect.
104. **Answer C is correct.** The contrast media used during an intravenous pyelogram contains iodine, which can result in an anaphylactic reaction. Answers A, B, and D do not relate specifically to the test; therefore, they are incorrect.
105. **Answer D is correct.** Aspirin prevents the platelets from clumping together to prevent clots. Answer A is incorrect because the low-dose aspirin will not prevent headaches. Answers B and C are untrue statements; therefore, they are incorrect.
106. **Answer C is correct.** The usual course of treatment using a combined therapy with INH and Rifampin is 6 months. Answers A and D are incorrect because the treatment time is too brief. Answer B is incorrect because the medication is not needed for life.
107. **Answer D is correct.** At 4 months of age, the infant can roll over, which makes it vulnerable to falls from dressing tables or beds without rails. Answer A is incorrect

because it does not prove a threat to safety. Answers B and C are incorrect because the 4-month-old is not capable of crawling or standing.

- 108. Answer C is correct.** Adverse side effects of Dilantin include agranulocytosis and aplastic anemia; therefore, the client will need frequent CBCs. Answer A is incorrect because the medication does not cause dental staining. Answer B is incorrect because the medication does not interfere with the metabolism of carbohydrates. Answer D is incorrect because the medication does not cause drowsiness.
- 109. Answer A is correct.** The infant with hypospadias should not be circumcised because the foreskin is used in reconstruction. Answer B and C are incorrect because reconstruction is done between 16 and 18 months of age, before toilet training. Answer D is incorrect because the infant with hypospadias should not be circumcised.
- 110. Answer C is correct.** Coconut oil is high in saturated fat and is not appropriate for the client on a low-cholesterol diet. Answers A, B, and D are incorrect because they are suggested for the client with elevated cholesterol levels.
- 111. Answer B is correct.** In stage III of Alzheimer's disease, the client develops agnosia, or failure to recognize familiar objects. Answer A is incorrect because it appears in stage I. Answer C is incorrect because it appears in stage II. Answer D is incorrect because it appears in stage IV.
- 112. Answer D is correct.** The client taking steroid medication should receive an annual influenza vaccine. Answer A is incorrect because the medication should be taken with food. Answer B is incorrect because increased appetite and weight gain are expected side effects of the medication. Answer C is incorrect because wearing sunglasses will not prevent cataracts.
- 113. Answer A is correct.** The client with an above-the-knee amputation should be placed prone 15–30 minutes twice a day to prevent contractures. Answers B and D are incorrect because elevating the extremity after the first 24 hours will promote the development of contractures. Use of a trochanter roll will prevent rotation of the extremity but will not prevent contracture; therefore, answer D is incorrect.
- 114. Answer D is correct.** All 20 primary, or deciduous, teeth should be present by age 30 months. Answers A, B, and C are incorrect because the ages are wrong.
- 115. Answer C is correct.** The radioactive implant should be picked up with tongs and returned to the lead-lined container. Answer A is incorrect because radioactive materials are placed in lead-lined containers, not plastic ones, and are returned to the radiation department, not the lab. Answer B is incorrect because the client should not touch the implant or try to reinsert it. Answer D is incorrect because the implant should not be placed in the commode for disposal.
- 116. Answer A is correct.** Following a laparoscopic cholecystectomy, the client should avoid a tub bath for 5 to 7 days. Answer B is incorrect because the stools should not be clay colored. Answer C is incorrect because pain is usually located in the shoulders. Answer D is incorrect because the client should not resume a regular diet until clear liquids have been tolerated.
- 117. Answer B is correct.** The client recovering from mononucleosis should avoid contact sports and other activities that could result in injury or rupture of the spleen. Answer A

is incorrect because the client does not need additional fluids. Hypoglycemia is not associated with mononucleosis; therefore, answer C is incorrect. Answer D is incorrect because antibiotics are not usually indicated in the treatment of mononucleosis.

- 118. Answer B is correct.** Pancreatic enzyme replacement is given with each meal and each snack. Answers A, C, and D do not specify a relationship to meals; therefore, they are incorrect.
- 119. Answer A is correct.** Meat, eggs, and dairy products are foods high in vitamin B12. Answer B is incorrect because peanut butter, raisins, and molasses are sources rich in iron. Answer C is incorrect because broccoli, cauliflower, and cabbage are sources rich in vitamin K. Answer D is incorrect because shrimp, legumes, and bran cereals are high in magnesium.
- 120. Answer A is correct.** The client's aerobic workout should be 20–30 minutes long three times a week. Answers B, C, and D exceed the recommended time for the client beginning an aerobic program; therefore, they are incorrect.
- 121. Answer A is correct.** A total mastectomy involves removal of the entire breast and some or all of the axillary lymph nodes. Following surgery, the client's right arm should be elevated on pillows, to facilitate lymph drainage. Answers B, C, and D are incorrect because they would not help facilitate lymph drainage and would create increased edema in the affected extremity.
- 122. Answer D is correct.** Absence seizures, formerly known as petit mal seizures, are characterized by a brief lapse in consciousness accompanied by rapid eye blinking, lip smacking, and minor myoclonus of the upper extremities. Answer A refers to myoclonic seizure; therefore, it is incorrect. Answer B refers to tonic clonic, formerly known as grand mal, seizures; therefore, it is incorrect. Answer C refers to atonic seizures; therefore, it is incorrect.
- 123. Answer A is correct.** A side effect of antipsychotic medication, such as Zyprexa, is the development of Parkinsonian symptoms. Answers B and C are incorrect choices because they are used to reverse Parkinsonian symptoms in the client taking antipsychotic medication. Answer D is incorrect because the medication is an anticonvulsant used to stabilize mood. Parkinsonian symptoms are not associated with anticonvulsant medication.
- 124. Answer B is correct.** Exercises that provide light passive resistance are best for the child with rheumatoid arthritis. Answers A and C require movement of the hands and fingers that might be too painful for the child with juvenile rheumatoid arthritis; therefore, they are incorrect. Answer D is incorrect because it requires the use of larger joints affected by the disease.
- 125. Answer B is correct.** The client's diabetes is well under control. Answer A is incorrect because it will lead to elevated blood sugar levels and poorer control of the client's diabetes. Answer C is incorrect because the diet and insulin dose are appropriate for the client. Answer D is incorrect because the desired range for glycosylated hemoglobin in the adult client is 2.5%–5.9%.
- 126. Answer A is correct.** Stadol reduces the perception of pain, which allows the post-operative client to rest. Answers B and C are not affected by the medication; therefore,

they are incorrect. Relief of pain generally results in less nausea, but it is not the intended effect of the medication; therefore, answer D is incorrect.

- 127. Answer B is correct.** Children with cystic fibrosis are susceptible to chronic sinusitis and nasal polyps, which might require surgical removal. Answer A is incorrect because it is a congenital condition in which there is a bony obstruction between the nares and the pharynx. Answers C and D are not specific to the child with cystic fibrosis; therefore, they are incorrect.
- 128. Answer D is correct.** Lipid-lowering agents are contraindicated in the client with active liver disease. Answers A, B, and C are incorrect because they are not contraindicated in the client with active liver disease.
- 129. Answer C is correct.** Oatmeal is low in sodium and high in fiber. Limiting sodium intake and increasing fiber helps to lower cholesterol levels, which reduce blood pressure. Answer A is incorrect because cornflakes and whole milk are higher in sodium and are poor sources of fiber. Answers B and D are incorrect because they contain animal proteins that are high in both cholesterol and sodium.
- 130. Answer A is correct.** After hypospadias repair, the child will need to avoid straddle toys, such as a rocking horse, until allowed by the surgeon. Swimming and rough play should also be avoided. Answers B, C, and D do not relate to the post-operative care of the child with hypospadias; therefore, they are incorrect.
- 131. Answer A is correct.** Eating a carbohydrate source such as dry crackers or toast before arising helps alleviate symptoms of morning sickness. Answer B is incorrect because the additional fat might increase the client's nausea. Answer C is incorrect because the client does not need to skip meals. Answer D is the treatment of hypoglycemia, not morning sickness; therefore, it is incorrect.
- 132. Answer A is correct.** The stethoscope should be left in the client's room for future use. The stethoscope should not be returned to the exam room or the nurse's station; therefore, answers B and D are incorrect. The stethoscope should not be used to assess other clients; therefore, answer C is incorrect.
- 133. Answer B is correct.** The medication will be needed throughout the child's lifetime. Answers A, C, and D contain inaccurate statements; therefore, they are incorrect.
- 134. Answer B is correct.** Glucotrol XL is given once a day with breakfast. Answer A is incorrect because the client would develop hypoglycemia while sleeping. Answers C and D are incorrect because the client would develop hypoglycemia later in the day or evening.
- 135. Answer D is correct.** The client with myasthenia develops progressive weakness that worsens during the day. Answer A is incorrect because it refers to symptoms of multiple sclerosis. Answer B is incorrect because it refers to symptoms of Guillain Barre syndrome. Answer C is incorrect because it refers to Parkinson's disease.
- 136. Answer B is correct.** To prevent fractures, the parents should lift the infant by the buttocks rather than the ankles when diapering. Answer A is incorrect because infants with osteogenesis imperfecta have normal calcium and phosphorus levels. Answer C is incorrect because the condition is not temporary. Answer D is incorrect because the teeth and the sclera are also affected.

- 137. Answer A is correct.** Placing the client on strict NPO status will stop the inflammatory process by reducing the secretion of pancreatic enzymes. The use of low, intermittent suction prevents release of secretion in the duodenum. Answer B is incorrect because the client requires exogenous insulin. Answer C is incorrect because it does not prevent the secretion of gastric acid. Answer D is incorrect because it does not eliminate the need for analgesia.
- 138. Answer B is correct.** A rigid or boardlike abdomen is suggestive of peritonitis, which is a complication of diverticulitis. Answers A, C, and D are common findings in diverticulitis; therefore, they are incorrect.
- 139. Answer A is correct.** Protigmine is used to treat clients with myasthenia gravis. Answer B is incorrect because it is used to reverse the effects of neostigmine. Answer C is incorrect because the drug is unrelated to the treatment of myasthenia gravis. Answer D is incorrect because it is the test for myasthenia gravis.
- 140. Answer D is correct.** The suggested diet for the client with AIDS is one that is high calorie, high protein, and low fat. Clients with AIDS have a reduced tolerance to fat because of the disease as well as side effects from some antiviral medications; therefore, answers A and C are incorrect. Answer B is incorrect because the client needs a high-protein diet.
- 141. Answer B is correct.** The nurse can help ready the child with cerebral palsy for speech therapy by providing activities that help the child develop tongue control. Most children with cerebral palsy have visual and auditory difficulties that require glasses or hearing devices rather than rehabilitative training; therefore, answers A and C are incorrect. Answer D is incorrect because video games are not appropriate for the age or developmental level of the child with cerebral palsy.
- 142. Answer C is correct.** Most infants begin nocturnal sleep lasting 9–11 hours by 3–4 months of age. Answers A and B are incorrect because the infant is still waking for nighttime feedings. Answer D is incorrect because it does not answer the question.
- 143. Answer A is correct.** The child with myelomeningocele is at greatest risk for the development of latex allergy because of repeated exposure to latex products during surgery and from numerous urinary catheterizations. Answers B, C, and D are much less likely to be exposed to latex; therefore, they are incorrect.
- 144. Answer D is correct.** The nurse or parent should use a cupped hand when performing chest percussion. Answer A is incorrect because the hand should be cupped. Answer B is incorrect because the child's position should be changed every 5–10 minutes and the whole session should be limited to 20 minutes. Answer C is incorrect because chest percussion should be done before meals.
- 145. Answer A is correct.** No more than 1mL should be given in the vastus lateralis of the infant. Answers B, C, and D are incorrect because the dorsogluteal and ventrogluteal muscles are not used for injections in the infant.
- 146. Answer C is correct.** Depot injections of Haldol are administered every 4 weeks. Answers A and B are incorrect because the medication is still in the client's system. Answer D is incorrect because the medication has been eliminated from the client's system, which allows the symptoms of schizophrenia to return.

- 147. Answer D is correct.** Tucking a disposable diaper at the perineal opening will help prevent soiling of the cast by urine and stool. Answer A is incorrect because the head of the bed should be elevated. Answer B is incorrect because the child can place the crayons beneath the cast, causing pressure areas to develop. Answer C is incorrect because the child does not need high-calorie foods that would cause weight gain while she is immobilized by the cast.
- 148. Answer B is correct.** Coolness and discoloration of the reimplanted digits indicates compromised circulation, which should be reported immediately to the physician. The temperature should be monitored, but the client would receive antibiotics to prevent infection; therefore, answer A is incorrect. Answers C and D are expected following amputation and reimplantation; therefore, they are incorrect.
- 149. Answer A is correct.** Following extracorporeal lithotripsy, the urine will appear cherry red in color but will gradually change to clear urine. Answer B is incorrect because the urine will be red, not orange. Answer C is incorrect because the urine will be not be dark red or cloudy in appearance. Answer D is incorrect because it describes the urinary output of the client with acute glomerulonephritis.
- 150. Answer B is correct.** An adverse reaction to Cognex is drug-induced hepatitis. The nurse should monitor the client for signs of jaundice. Answers A, C, and D are incorrect because they are not associated with the use of Cognex.
- 151. Answer C is correct.** Apricots are low in potassium; therefore, it is a suitable snack of the client on a potassium-restricted diet. Raisins, oranges, and bananas are all good sources of potassium; therefore, answers A, B, and C are incorrect.
- 152. Answer B is correct.** No special preparation is needed for the blood test for *H. pylori*. Answer A is incorrect because the client is not NPO before the test. Answer C is incorrect because it refers to preparation for the breath test. Answer D is incorrect because glucose is not administered before the test.
- 153. Answer B is correct.** Oral potassium supplements should be given in at least 4oz. of juice or other liquid, to prevent gastric upset and to disguise the unpleasant taste. Answers A, C, and D are incorrect because they cause gastric upset.
- 154. Answer D is correct.** Fresh specimens are essential for accurate diagnosis of CMV. Answer A is incorrect because cultures of urine, sputum, and oral swab are preferred. Answer B is incorrect because pregnant caregivers should not be assigned to care for clients with suspected or known infection with CMV. Answer C is incorrect because a convalescent culture is obtained 2–4 weeks after diagnosis.
- 155. Answer D is correct.** The client should receive pain medication 30 minutes before the application of Sulfamylon. Answer A is incorrect because it refers to silver nitrate. Answer B is incorrect because it refers to Silvadene. Answer C is incorrect because it refers to Betadine.
- 156. Answer D is correct.** Gingival hyperplasia is a side effect of Dilantin; therefore, the nurse should provide oral hygiene and gum care every shift. Answers A, B, and C do not apply to the medication; therefore, they are incorrect.
- 157. Answer C is correct.** Zofran is given before chemotherapy to prevent nausea. Answers A, B, and D are not associated with the medication; therefore, they are incorrect.

- 158. Answer A is correct.** When administering ear drops to a child under 3 years of age, the nurse should pull the ear down and back to straighten the ear canal. Answers B and D are incorrect positions for administering ear drops. Answer C is used for administering ear drops to an adult client.
- 159. Answer C is correct.** The nurse should carefully monitor the client taking Thorazine for signs of infection that can quickly become overwhelming. Answers A, B, and D are incorrect because they are expected side effects of the medication.
- 160. Answer A is correct.** Iron is better absorbed when taken with ascorbic acid. Orange juice is an excellent source of ascorbic acid. Answer B is incorrect because the medication should be taken with orange juice or tomato juice. Answer C is incorrect because iron should not be taken with milk because it interferes with absorption. Answer D is incorrect because apple juice does not contain high amounts of ascorbic acid.
- 161. Answer B is correct.** Burn injury of the arm (9%), chest (9%), and head (9%) accounts for burns covering 27% of the total body surface area. Answers A, C, and D are incorrect percentages.
- 162. Answer B is correct.** With standing orders, the nurse can administer oxygen at 6L per minute via mask. Answer A is incorrect because the amount is too low to help the client with chest pain and shortness of breath. Answers C and D have oxygen levels requiring a doctor's order.
- 163. Answer A is correct.** Stool from the ileostomy contains digestive enzymes that can cause severe skin breakdown. Answer B contains contradictory information; therefore, it is incorrect. Answers C and D contain inaccurate statements; therefore, they are incorrect.
- 164. Answer C is correct.** Tinnitus is a sign of aspirin toxicity. Answers A, B, and D are not related to aspirin toxicity; therefore, they are incorrect.
- 165. Answer B is correct.** The client with delirium tremens has an increased risk for seizures; therefore, the nurse should provide seizure precautions. Answer A is not a priority in the client's care; therefore, it is incorrect. Answer C is incorrect because the client should be kept in a dimly lit, not dark, room. Answer D is incorrect because thiamine and multivitamins are given to prevent Wernicke's encephalopathy, not delirium tremens.
- 166. Answer D is correct.** Steak, baked potato, and tossed salad are lower in purine than the other choices. Liver, crab, and chicken are high in purine; therefore, answers A, B, and C are incorrect.
- 167. Answer C is correct.** Placing the newborn in a side-lying position helps the urine to drain from the exposed bladder. Answer A is incorrect because it would position the child on the exposed bladder. Answers B and D are incorrect because they would allow the urine to pool.
- 168. Answer D is correct.** Burping the baby frequently throughout the feeding will help prevent gastric distention that contributes to esophageal reflux. Answers A and B are incorrect because they allow air to collect in the baby's stomach, which contributes to reflux. Answer C is incorrect because the baby should be placed side-lying with the head elevated, to prevent aspiration.

- 169. Answer B is correct.** Growth plates located in the epiphysis can be damaged by epiphyseal fractures. Answers A, C, and D are untrue statements; therefore, they are incorrect.
- 170. Answer A is correct.** The nurse should replace the aspirate and administer the feeding because the amount aspirated was less than 50mL. Answers B and C are incorrect because the aspirate should not be discarded. Answer D is incorrect because the feeding should not be withheld.
- 171. Answer B is correct.** The nurse should administer two capsules. Answers A, C, and D contain inaccurate amounts; therefore, they are incorrect.
- 172. Answer B is correct.** The normal specific gravity is 1.010 to 1.025. Answers A, C, and D are inaccurate statements; therefore, they are incorrect.
- 173. Answer A is correct.** To prevent spasms of the sphincter of Oddi, the client with acute pancreatitis should receive non-opiate analgesics for pain. Answer B is incorrect because the client with acute pancreatitis might be prone to bleed; therefore, Toradol is not a drug of choice for pain control. Morphine and codeine, opiate analgesics, are contraindicated for the client with acute pancreatitis; therefore, answers C and D are incorrect.
- 174. Answer D is correct.** Overuse of magnesium-containing antacids results in diarrhea. Antacids containing calcium and aluminum cause constipation; therefore, answer A is incorrect. Answers B and C are not associated with the use of magnesium antacids; therefore, they are incorrect.
- 175. Answer B is correct.** The head circumference of the normal newborn is approximately 33cm, while the chest circumference is 31cm. Answer A is incorrect because the head and chest are not the same circumference. Answer C is incorrect because the head is larger in circumference than the chest. Answer D is incorrect because the difference in head circumference and chest circumference is too great.
- 176. Answer D is correct.** Protamine sulfate is given to counteract the effects of enoxaprin as well as heparin. Calcium gluconate is given to counteract the effects of magnesium sulfate; therefore, answer A is incorrect. Answer B is incorrect because aquamephyton is given to counteract the effects of sodium warfarin. Answer C is incorrect because methargine is given to increase uterine contractions following delivery.
- 177. Answer A is correct.** Participating in reality orientation is the most appropriate activity for the client who is confused. Answers B, C, and D are incorrect because they are not suitable activities for a client who is confused.
- 178. Answer B is correct.** The nurse should recommend acetaminophen for the child's joint discomfort because it will have no effect on the bleeding time. Answers A, C, and D are all nonsteroidal anti-inflammatory medications that can prolong bleeding time; therefore, they are not suitable for the child with hemophilia.
- 179. Answer D is correct.** Applying a paste of baking soda and water soothes the itching and helps to dry the vesicles. The use of baby powder is not recommended for either children; therefore, answer A is incorrect. Answers B and C are incorrect because hydrogen peroxide and saline will not relieve the itching and will prevent the vesicles from crusting.

- 180. Answer A is correct.** The infant with hypospadias has altered patterns of urinary elimination caused by the location of the urinary meatus on the dorsum, or underside, of the penis. Answer B is incorrect because it refers to ureteral reflux. Answer C is incorrect because it refers to epispadias. Answer D is incorrect because it refers to exstrophy of the bladder.
- 181. Answer D is correct.** Tagamet (cimetidine) should be administered in one dose at bedtime. Answers A, B, and C have incorrect times for dosing.
- 182. Answer A is correct.** Pain associated with angina is relieved by rest. Answer B is incorrect because it is not a true statement. Answer C is incorrect because pain associated with angina can be referred to the jaw, the left arm, and the back. Answer D is incorrect because pain from a myocardial infarction can be referred to areas other than the left arm.
- 183. Answer A is correct.** It would not be helpful to limit the fluid intake of a client during bowel retraining. Answers B, C, and D would help the client; therefore, they are incorrect answers.
- 184. Answer B is correct.** The client with Meniere's disease should limit the intake of foods that contain sodium. Answers A, C, and D have no relationship to the symptoms of Meniere's disease; therefore, they are incorrect.
- 185. Answer A is correct.** The nurse should pay close attention to swelling in the client with preeclampsia. Facial swelling indicates that the client's condition is worsening and blood pressure will be increased. Answer B is not related to the question; therefore, it is incorrect. Answer C is incorrect because ankle edema is expected in pregnancy. Diminished reflexes are associated with the use of magnesium sulfate, which is the treatment of preeclampsia; therefore, answer D is incorrect.
- 186. Answer D is correct.** Verbalizing feelings of anger and sadness to a staff member is an appropriate therapeutic goal for the client with a risk of self-directed violence. Answers A and C place the client in an isolated situation to deal with her feelings alone; therefore, they are incorrect. Answer B is incorrect because it does not allow the client to ventilate her feelings.
- 187. Answer C is correct.** The nurse should remove any remaining ointment before applying the medication again. Answer A is incorrect because it interferes with absorption. Answer B does not apply to the question of how to administer the medication; therefore, it is incorrect. Answer D is incorrect because the medication's action is more immediate.
- 188. Answer D is correct.** Telling the client what happened and where he is helps with reorientation. Answer A does not explain what happened to the client; therefore, it is incorrect. Answer B is not helpful because the client regaining consciousness will not know where he is; therefore, the answer is incorrect. The nurse should not offer false reassurances, such as "everything will be alright"; therefore, answer C is incorrect.
- 189. Answer B is correct.** Following a generalized seizure, the client frequently experiences drowsiness and postictal sleep. Answer A is incorrect because the client is able to move the extremities. Answer C is incorrect because the client can remember events before the seizure. Answer D is incorrect because the blood pressure is elevated.

- 190. Answer A is correct.** The client with oxalate renal calculi should avoid sources of oxalate, which include strawberries, rhubarb, and spinach. Answers B, C, and D are incorrect because they are not sources of oxalate.
- 191. Answer D is correct.** The child with Legg-Calve Perthes disease should be prevented from bearing weight on the affected extremity until revascularization has occurred. Answer A is incorrect because it does not relate to the condition. Answers B and C are incorrect choices because the condition does not involve the muscles or the joints.
- 192. Answer B is correct.** The infant with Hirschsprung's disease will have infrequent bowel movements. Answers A, C, and D do not apply to the condition; therefore, they are incorrect.
- 193. Answer B is correct.** Iron supplements should be taken with a source of vitamin C to promote absorption. Answer A is incorrect because iron should not be taken with milk. Answer C is incorrect because high-fiber sources prevent the absorption of iron. Answer D is an inaccurate statement; therefore, it is incorrect.
- 194. Answer A is correct.** The client does not need to drastically reduce her caloric intake during pregnancy. Doing so would not provide adequate nourishment for proper development of the fetus. Answers B, C, and D indicate that the client understands the nurse's dietary teaching regarding obesity and hypertension; therefore, they are incorrect.
- 195. Answer B is correct.** Confusion, disorientation, behavioral changes, and alterations in judgment are early signs of dementia. Answers A, C, and D do not relate to the question; therefore, they are incorrect.
- 196. Answer C is correct.** In the left occipital posterior position, the heart sounds will be heard loudest through the fetal back. Answers A, B, and D are incorrect locations.
- 197. Answer B is correct.** Benzodiazepines such as clonazepam and lorazepam are given to the client withdrawing from alcohol. Answer A is incorrect because methadone is given to the client withdrawing from opiates. Answer C is incorrect because naloxone is an antidote for narcotic overdose. Answer D is incorrect because disulfiram is used in aversive therapy for alcohol addiction.
- 198. Answer C is correct.** The client's breakfast should be served within 30 minutes to coincide with the onset of the client's regular insulin.
- 199. Answer C is correct.** The nurse should administer .7mL of the medication. Answers A, B, and D are incorrect because the dosage is incorrect.
- 200. Answer A is correct.** Tetracycline is contraindicated for use in infants and young children because it stains the teeth and arrests bone development. Answers B, C, and D are incorrect because they can be used to treat infections in infants and children.