NR304 FINAL EXAM PRACTICE QUESTIONS

1. During an assessment, the nurse is unable to palpate pulses in the left lower leg. What should the nurse do next?
    a. Document that the pulses are nonpalpable
    b. Reassess the pulses in 1 hour
    c. Ask the patient to turn to the side, and then palpate for the pulses again
    d. Use a Doppler device to assess the pulses
2. The nurse is unable to palpate the right radial pulse on a patient. The best action would be to:
    a. Auscultate over the area with a fetoscope
    b. Use a goniometer to measure the pulsations
    c. Use a Doppler device to check for pulsations over the area
    d. Check for the presence of pulsations with a stethoscope
3. A woman is in the clinic for an annual gynecologic examination. The nurse should plan to begin the interview with the:
    a. Menstrual history, because it is generally non-threatening
    b. Obstetric history, because it includes the most important information
    c. Urinary system history, because problems may develop in this area as well
    d. Sexual history, because discussing it first will build rapport
4. A nurse is teaching a client who was recently diagnosed with Raynaud's disease about preventing the onset of manifestations. Which of the following statements by the client indicates an understanding of the teaching?
    a. "I should limit my exposure to sunlight"
    b. "I should avoid drinking alcohol"
    c. "I should not smoke" (smoking causes the peripheral vessels to constrict)
    d. "I should limit intake of foods that are high in purine"
5. A nurse is determining a client's risk for developing osteoporosis. The nurse should identify which of the following as risk factors for bone loss? (*Select all that apply*)
    a. Small body frame
    b. Hypertension
    c. African-American ethnicity
    d. Low vitamin D intake
    e. Smoking
6. A nurse is performing a neurological assessment for a client. By asking the client to stick out his tongue, which of the following cranial nerves is the nurse teaching?
    a. Cranial nerve XII
    b. Cranial nerve X
    c. Cranial nerve VIII
    d. Cranial nerve V
7. A nurse is preparing to test the function of cranial nerve X. Which of the following assessment procedures should the nurse use?
    a. Have the client open his mouth and say, "ahh"
    b. Ask the client to identify the scent of coffee (CN 1)
    c. Use a tongue blade to provoke a gag reflex (CN 9)
    d. Have the client smile and raise his eyebrows (CN 7)
8. A nurse is performing a focused assessment of a client's peripheral vascular system. In which of the following locations should the nurse palpate the posterior tibial pulse?
    a. Below the medial malleolus
    b. In the popliteal fossa
    c. In the antecubital space
    d. On the dorsum of the foot
9. During a health history, a 22-year-old woman asks, "Can I ge that vaccine for human papillomavirus (HPV)? I have genital warts and I'd like them to go away!" What is the nurse's best response?
    a. "The HPV vaccine is for girls and women ages 9 to 26 years, so we can start that today"
    b. "This vaccine is only for girls who have not yet started to become sexually active"
    c. "Let's check with the physician to see if you are a candidate for this vaccine"
    d. "The vaccine cannot protect you if you already have an HPV infection"
10. A nurse is performing a cranial nerve assessment on a patient. Which of the following tests examines the function of CN III?
    a. PERRLA and 6 cardinal gazes
    b. Visual acuity
    c. Whisper test
    d. Cotton ball feeling

11. Which nursing actions are appropriate for preventing skin breakdown of a client with a spinal cord injury and paralysis? *Select all that apply.*
    a. Massage over erythematous bony prominences
    b. Implement a turning schedule every 4 hours
    c. Use pillows to keep heels off the bed
    d. Keep skins dry with powder
    e. Minimize skin exposure to moisture
12. A nurse is preparing to provide chest physiotherapy for a client who has left lower lobe atelectasis. Which of the following actions should the nurse plan to take?
    a. Place the client in the Trendelenburg position
    b. Perform percussions directly over the client's bar skin
    c. Use a flattened hand to perform percussions
    d. Remind the client that chest percussions can cause mild pain
13. A nurse is providing teaching to an older adult client who has osteoarthritis of the right hip and lower lumber vertebrae. Which of the following statements by the client indicates an understanding of the teaching?
    a. "I should avoid using a heating pad on my back"
    b. "To relieve the pressure on my hip, I can use a cane while ambulating"
    c. "I will receive steroid injections in my joints to treat my pain"
    d. "I will exercise even when I feel pain"
14. A nurse in an acute care clinic is talking with a client who reports that the osteoarthritis pain in her knee is increasing each day. The client wants to discuss non-pharmacological approaches to help relieve her pain. Which of the following interventions should the nurse suggest?
    a. Applying warm compresses to sore joints
    b. Decreasing the daily intake of dietary protein
    c. Keeping joints in extension during rest periods
    d. Limiting sleep to 6 to 7 hr per night
15. A nurse is assessing a female who reports severe joint pain. The nurse should identify which of the following factors places the client at risk for gout?
    a. Perimenopause
    b. Migraine headaches
    c. Diuretic use
    d. Irritable bowel syndrome
16. A nurse is caring for an older adult client who has gout. Which of the following beverages should the nurse recommend that the client avoid?
    a. Alcohol
    b. Soda
    c. Coffee
    d. Orange juice
17. A nurse is caring for an older adult client who has gout and refuses to eat. The client's provider has authorized the client's family to bring food from home. Which of the following beverages/foods should the nurse recommend that the client avoid?
    a. Lentil soup
    b. Soda
    c. Coffee
    d. Orange juice
18. A nurse is assessing a client who has several risk factors for osteoporosis. Which of the following findings indicates that the client requires further evaluation for this disorder?
    a. Leg cramps with exercise
    b. Stress incontinence
    c. Abdominal distension
    d. Lower back pain

19. A 45-year-old mother of two children is seen at the clinic for complaints of "losing my urine when I sneeze." The nurse documents that she is experiencing:
    a. Urinary frequency
    b. Enuresis
    c. Stress incontinence
    d. Urge incontinence
20. A patient has been admitted to the emergency department with a possible medical diagnosis of pulmonary embolism. The nurse expects to see which assessment findings related to this condition?
    a. Absent or decreased breath sounds
    b. Productive cough with thin, frothy sputum
    c. Chest pain that is worse on deep inspiration and dyspnea
    d. Diffuse infiltrates with areas of dullness upon percussion
21. The nurse is caring for a patient with a lower respiratory tract infection. When planning a focused respiratory assessment, the nurse should know that this type of infection most often causes what?
    a. Impaired gas exchange (asthma is a lower respiratory tract infection)
    b. Collapsed bronchial structures
    c. Necrosis of the alveoli
    d. Closed bronchial tree
22. A nurse is caring for a client who has chronic obstructive pulmonary disease (COPD) and is experiencing shortness of breath. Which of the following actions should the nurse perform first?
    a. Monitor the client's arterial blood gas results
    b. Instruct the client to perform controlled coughing
    c. Teach the client how to use pursed-lip breathing
    d. Place the client in an upright position
23. A nurse is assessing a 12-hour-old newborn and noted a respiratory rate of 44/min with shallow respirations and periods of apnea lasting up to 10 sec. Which of the following actions should the nurse take first?
    a. Perform chest percussion
    b. Place the newborn in a prone position
    c. Continue routine monitoring
    d. Request a prescription for supplemental oxygen
24. A client who reports shortness of breath requests the nurse's help in changing positions. After repositioning the client, which of the following actions should the nurse take next?
    a. Encourage the client to take deep breaths
    b. Observe the rate, depth, and character of the client's respirations
    c. Prepare to administer oxygen
    d. Give the client a back rub to promote relaxation
25. A patient has suddenly developed shortness of breath and appears to be in significant respiratory distress. After calling the physician and placing the patient on oxygen, which of these actions is the best for the nurse to take when further assessing the patient?
    a. Count the patient's respirations
    b. Bilaterally percuss the thorax, noting any difference in percussion tones
    c. Call for a chest x-ray study, and wait for the results before beginning the assessment
    d. Inspect the thorax for any new masses and bleeding associated with respirations
26. The nurse is preparing to assess a hospitalized patient who is experiencing significant shortness of breath. How should the nurse proceed with the assessment?
    a. The patient should lie down to obtain an accurate cardiac, respiratory, and abdominal assessment
    b. A thorough history and physical assessment information should be obtained from the patient's family member
    c. A complete history and physical assessment should be immediately performed to obtain baseline information
    d. Body areas appropriate to the problem should be examined and then the assessment completed after the problem has resolved