

1. A 25-year-old female is diagnosed with **rheumatoid arthritis**, and the health care provider prescribes **oral leflunomide**. Complete the following sentences by choosing from the lists of options.

The nurse's first action is to determine if the client is (1). The nurse also prioritizes screening for (2) and instructs the client to avoid (3)

a. Select answer choice

- **Pregnant** ✓
- experiencing severe pain
- positive for rheumatoid factor

b. Select answer choice

- **tuberculosis** ✓
- vision impairments
- **diabetes** ✗

c. Select answer choice

- **live vaccines** ✓
- vitamin K
- high-protein foods

2. The nurse titrates IV nitroglycerin and monitors vital signs frequently for a client with heart failure who is experiencing chest pain. Which vital sign change documented in the electronic health record indicates that the rate of the medication may be too rapid and needs to be decreased? Click to identify the data that prompts the nurse to decrease the rate of the nitroglycerin infusion

Select your answer by clicking the desired location on the image below. To move a pin, click another location on the image. To remove a pin, click it once.

Time	BP	HR	RR	TEMP	SpO2
1430	142/82	94	24	98.2F(36.8)	97%
1435	100/63 ✓	80	18	98.9F (37.2)	98%

3. A client receiving chemotherapy now suffers from a systemic fungal infection. The nurse receives these orders from the provider.

- Lidocaine gel for stomatitis
- May premedicate with diphenhydramine PRN per protocol
- Amphotericin deoxycholate IV
 - Day 1: 100 mg or 1 mg/kg/day, whichever is greater
 - Days 2-4: 70 mg

The nurse consults the facility's drug reference guide:

- Amphotericin deoxycholate:
- Dose: Give test dose of 1 mg IV, then 0.25-1.5 mg/kg/day. Infuse over 3 hours
- Client instructions: Increase water intake

med to treat
R.A.

What is the maximum daily dose of amphotericin the nurse will administer for this client? Round to the nearest whole number.

4.

Nursing Notes 6/3

Client's vital signs are stable. Some swelling of the right arm when dependent. Slight redness at incision site with serous drainage. Client turns away during incision care.

The nurse reviews documentation for a client post-mastectomy. Which client health promotion need should be addressed?

- a. Manage postoperative sensations
- b. Relieve pain and discomfort.
- c. Monitor and manage potential complications.

5. The nurse develops a teaching plan for a client diagnosed with basal cell carcinoma. Which statement would be most appropriate to include?

- b. "Radiation therapy will be used to control this cancer."
- c. "Surgery with lymph node evaluation will be scheduled."
- d. "Chemical peels can be used to remove this cancer."

6. The nurse plans care for an older adult client in end-of-life care. Which instructions would the nurse give to the health care team to help meet the client's psychosocial needs? select all that apply

- a. "Complete full physical assessment each day."

7. The nurse cares for a client in diabetic ketoacidosis (DKA) secondary to pneumonia. The client's initial assessment includes comatose, blood glucose level of 500 mg/dL, blood pressure 90/50, heart rate 120, temperature 102 F (38.9 C) and dry mucous membranes. After evaluating the client's condition, which prescription should the nurse implement first?

- a. Obtain blood cultures
- b. Intravenous cefazolin

- d. Obtain hemoglobin A1c.

8. The nurse assesses a client post myocardial infarction (MI) in the intensive care unit. Which assessment finding would be most concerning?

- a. Stroke volume of 100 mL/beat. (50-100ml)
- b. Pulmonary artery diastolic pressure (PADP) of 10 mmHg 8-12
- c. Mean arterial pressure (MAP) of 95 mmHg 70-100
- d. Central venous pressure (CVP) of 7 mmHg 8-12

9. The nurse cares for a client with peptic ulcer disease (PUD). Which interventions should the nurse implement? Select all that apply.

- a. Monitor for changes in vital signs that would indicate bleeding ✓
- b. Instruct client to stop taking ibuprofen for pain. ✓
- c. Administer aspirin 81 mg with omeprazole.
- d. Give antacid 1-2 hours before a meal to prevent nausea. X
- e. Teach the client to follow low fat, low sugar diet. ✓

10. The nurse prepares hemodialysis for a client with chronic kidney disease. When assessing the client, which information is most important in determining the amount of the ultrafiltration?

- a. Heart sounds
- b. Pre-dialysis weight
- c. Blood pressure
- d. Lung sounds

11.

Flow sheet		
Time	Intake	Output
0700		200ml
0800	400ml	
0900	250 ml	
1100		300ml
1200	625 ml	
1300		125
1400	400ml	

The nurse reviews the intake and output record of a client with heart failure. Complete the following sentence by choosing from the lists of options.

The nurse is most concerned about the client's risk for (1) and instructs the nursing care team to (2)

- a. Select answer choice
 - fluid volume overload ✓
 - dehydration
 - urinary retention
 - electrolyte imbalance
- b. select answer choice
 - encourage fluids
 - limit fluid intake to mealtime
 - obtain daily weights ✓
 - monitor electrolytes

12. The nurse develops a teaching plan for a client having general surgery. What information does the nurse discuss with the client to promote health and reduce the risk of complications? Select all that apply.

- a. Coughing and deep breathing exercises. ✓
- b. Active range of motion and early ambulation ✓
- c. Risks and benefits of surgery. X
- d. Pain rating and management. X

e. Preoperative restriction of foods and fluids. ✓

13. The nurse assesses a client suspected of having experienced an embolic stroke. Imaging studies reveal the embolism in the anterior cerebral artery. Which signs and symptoms should the nurse expect to find in this client?

- a. Dizziness and nausea
- b. Gait problems and loss of proprioception.
- c. Aphasia and hemianopsia.
- d. Pain and visual hallucinations.

14. The nurse reviews a client's end of life care prescription of "Allow Natural Death." Which would be appropriate for this client? Select all that apply.

- a. Ondansetron 4 mg IV every 8 hours PRN. ✓
- b. Intubation and mechanical ventilation if respirations <10/minute
- c. Ampicillin 250 mg by mouth every 8 hours.
- d. Tube feeding to run at 75 mL/hour around the clock. ✓
- e. Morphine sulfate 1-2 mg IV push every hour PRN ✓

15.

Nursing Notes

6/14: Client brought to ED by emergency medical services after being rescued from a house fire. Client weighs 175 lbs. Thermal burns estimated over 50% of total body surface area 16G peripheral IV in place on arrival. Placed another 18G PIV and started fluid resuscitation as prescribed. Client intubated due to smoke inhalation.

6/15: Nasogastric tube inserted with F100 milk via feeding pump. Indwelling urinary catheter in place draining clear yellow urine. Regular administration of IV morphine to maintain client comfort. Diagnostic imaging resulted with no internal injuries or fractures

On 6/16, the nurse calls the provider to obtain orders for the next phase of burn care. Which client outcomes did the nurse observe on 6/16 that indicated the goals of the emergent phase of burn care have been met? Select all that apply.

- a. Mean arterial pressure (MAP) 70 mmHg ✓
- b. Airway remains patent. ✓
- c. Burn wounds are debrided and dressed.
- d. Urine output 30 mL/hr. ✓
- e. Heart rate 95 beats/min ✓
- f. Client understands risks and benefits of grafting ✓

16. The nurse cares for a client with spina bifida who is suspected of having a latex allergy. Which action would be the priority?

- a. Notify the partner of a possible allergy.
- b. Schedule the client for a skin test.
- c. Administer antihistamines.
- d. Remove latex products from the room.