Name:	Class:	Date:	ID: D
Med Surg	#1 Test 2		
Multiple Cl	noice choice that best completes the statement or a	inswers the question.	
	The nurse reviews the laboratory results of laboratory result is <b>most</b> important to reparate a. Hematocrit of 30% b. Platelets of 95,000/µL c. Hemoglobin of 10 g/L d. White blood cell (WBC) count of 27	ort to the health care provider?	
2.	The nurse is caring for a patient the first obstruction. The nurse notices new brigh Which action should the nurse take <b>first</b> a. Apply an abdominal binder. b. Take the patient's vital signs. c. Reinforce the dressing. d. Recheck the dressing in 1 hour for in	it-red drainage about 5 cm in dia ?	aparotomy for a small bowel ameter on the dressing.
3.	A patient who was involved in a motor valued mechanical ventilation. How stresults: pH 7.48, PaO <sub>2</sub> 85 mm Hg, PaCO a. Respiratory alkalosis b. Metabolic alkalosis c. Respiratory acidosis d. Metabolic acidosis	should the nurse interpret the 10.	HOWING afternal proof gas
4.	<ul> <li>The nurse plans to provide preoperative deficits. His wife usually answers most a should the nurse take when doing the tea.</li> <li>Provide additional time for the patient carry out procedures.</li> <li>Direct the teaching toward the wife caregiver for the patient.</li> <li>Use printed materials for instruction review the material.</li> <li>Ask the patient's wife to wait in the with the patient himself.</li> </ul>	questions that are directed to the aching? ent to understand preoperative in because she is the obvious supper so that the patient will have me	nstructions and oort and ore time to

ID: D

Name:		ID: D
		The nurse should include which food choice when providing dietary teaching for a patient scheduled to receive external beam radiation for abdominal cancer?  a. Whole wheat toast  b. Fresh fruit salad  c. Cream of potato soup  d. Roasted chicken
		A patient has received atropine before surgery and complains of dry mouth. Which action by the nurse is <b>best</b> ?  a. Ask the patient about any dizziness.  b. Tell the patient dry mouth is an expected side effect.  c. Check for skin tenting.  d. Notify the health care provider.
	7.	Which action can the registered nurse (RN) who is caring for a critically ill patient with multiple IV lines delegate to an experienced licensed practical/vocational nurse (LPN/LVN)?  a. Administer IV antibiotics through the implantable port.  b. Remove the patient's nontunneled subclavian central venous catheter.  c. Adjust the flow rate of the 0.9% normal saline in the peripheral IV line.  d. Monitor the IV sites for redness, swelling, or tenderness.
	8.	An older adult who takes medications for coronary artery disease has just been diagnosed with asymptomatic chronic human immunodeficiency virus (HIV) infection. Which information will the nurse include in patient teaching?  a. Hospice care is available for patients with terminal HIV infection.  b. Many medications have interactions with antiretroviral drugs.  c. Less frequent CD4+ level monitoring is needed in older adults.  d. Progression of HIV infection occurs more rapidly in older patients.
		A patient with Hodgkin's lymphoma who is undergoing external radiation therapy tells the nurse, "I am so tired I can hardly get out of bed in the morning." Which intervention should the nurse add to the plan of care?  a. Consult with a psychiatrist for treatment of depression.  b. Establish time to take a short walk almost every day.  c. Arrange for delivery of a hospital bed to the patient's home.  d. Minimize activity until the treatment is completed.
	10.	A postoperative patient has a nursing diagnosis of ineffective airway clearance. The nurse determines

that interventions for this nursing diagnosis have been successful if which is observed?

a. Patient uses the spirometer 10 times every hour.
b. Patient's temperature is less than 100.4° F orally.
c. Patient drinks 2 to 3 L of fluid in 24 hours.
d. Patient's breath sounds are clear to auscultation.

Name:		
		The nurse obtains information about a hospitalized patient who is receiving chemotherapy for colorectal cancer. Which information about the patient alerts the nurse to discuss a possible change in therapy with the health care provider?  a. Poor oral intake  b. Complaints of nausea and vomiting  c. Increase in carcinoembryonic antigen (CEA)  d. Frequent loose stools
		Which action could the postanesthesia care unit (PACU) nurse delegate to unlicensed assistive personnel (UAP) who help with the transfer of a patient to the clinical unit?  a. Clarify the postoperative orders with the surgeon.  b. Document the appearance of the patient's incision in the chart.  c. Help with the transfer of the patient onto a stretcher.  d. Provide hand off communication to the surgical unit charge nurse.
	13.	A patient who is scheduled for a therapeutic abortion tells the nurse, "Having an abortion is not right." Which functional health pattern should the nurse further assess?  a. Cognitive-perceptual b. Value-belief c. Sexuality-reproductive d. Coping-stress tolerance
	14.	prescribed antiretroviral therapy (ART) regimen?  a. Encourage the patient to join a support group for students who are HIV positive.  b. Give the patient detailed information about possible medication side effects.  c. Remind the patient of the importance of taking the medications as scheduled.  d. Check the patient's class schedule to help decide when the drugs should be taken.
		An older adult patient who is malnourished presents to the emergency department with a serum protein level of 5.2 g/dL. The nurse would expect which clinical manifestation?  a. Restlessness b. Confusion c. Pallor d. Edema
	16.	A patient scheduled for an elective hysterectomy tells the nurse, "I am afraid that I will die in surgery like my mother did!" Which response by the nurse is <b>most</b> appropriate?  a. "Tell me more about what happened to your mother."  b. "Surgical techniques have improved a lot in recent years."  c. "You will receive medications to reduce your anxiety."  d. "You should talk to the doctor again about the surgery."

Name: _	
	<ul> <li>The nurse will most likely prepare a medication teaching plan about antiretroviral therapy (ART) for which patient?</li> <li>a. Patient who was infected with HIV 15 years ago and now has a CD4+ count of 840/μL</li> <li>b. HIV-positive patient with a CD4+ count of 160/μL who drinks a fifth of whiskey daily</li> <li>c. Patient who is currently HIV negative but has unprotected sex with multiple partners</li> </ul>
	d. Patient who tested positive for HIV 2 years ago and now has cytomegalovirus (CMV) retinitis
18	<ul> <li>Which of these patients being seen at the human immunodeficiency virus (HIV) clinic should the nurse assess first?</li> <li>a. Patient who has nausea from prescribed antiretroviral drugs</li> <li>b. Patient whose rapid HIV-antibody test is positive</li> <li>c. Patient whose latest CD4+ count is 250/μL</li> <li>d. Patient who has had 10 liquid stools in the last 24 hours</li> </ul>
	A patient with cancer has a nursing diagnosis of imbalanced nutrition: less than body requirements related to altered taste sensation. Which nursing action is <b>most</b> appropriate?  a. Avoid giving the patient foods that are strongly disliked.  b. Teach the patient about foods that are high in nutrition.  c. Add strained baby meats to foods such as casseroles.  d. Add extra spice to enhance the flavor of foods that are served.
20	<ul> <li>A patient has a parenteral nutrition infusion of 25% dextrose. A student nurse asks the nurse why a peripherally inserted central catheter was inserted. Which response by the nurse is most appropriate?</li> <li>a. "The required blood glucose monitoring is more accurate when samples are obtained from a central line."</li> <li>b. "The 25% dextrose is hypertonic and will be more rapidly diluted when given through a central line."</li> <li>c. "The prescribed infusion can be given much more rapidly when the patient has a central line."</li> <li>d. "There is a decreased risk for infection when 25% dextrose is infused through a</li> </ul>

central line."

Name:	ID: D
21.	During the teaching session for a patient who has a new diagnosis of acute leukemia the patient is restless and is looking away, never making eye contact. After teaching about the complications associated with chemotherapy, the patient asks the nurse to repeat all of the information. Based on this assessment, which nursing diagnosis is <b>most</b> appropriate for the patient?  a. Acute confusion related to infiltration of leukemia cells into the central nervous system  b. Deficient knowledge: chemotherapy related to a lack of interest in learning about treatment  c. Risk for ineffective adherence to treatment related to denial of need for chemotherapy  d. Risk for ineffective health maintenance related to anxiety about new leukemia diagnosis
22.	The nurse notes a serum calcium level of 7.9 mg/dL for a patient who has chronic malnutrition.  Which action should the nurse take <b>next</b> ?  a. Check parathyroid hormone level.  b. Monitor ionized calcium level.  c. Administer vitamin D supplements.  d. Give oral calcium citrate tablets.
23.	The nurse assesses that the oxygen saturation is 89% in an unconscious patient who was transferred from surgery to the postanesthesia care unit (PACU) 15 minutes ago. Which action should the nurse take <b>first</b> ?  a. Increase the oxygen flow rate.  b. Suction the patient's mouth.  c. Perform the jaw-thrust maneuver.  d. Elevate the patient's head.
24.	A patient who is scheduled for a right breast biopsy asks the nurse the difference between a benign tumor and a malignant tumor. Which answer by the nurse is correct?  a. "Malignant tumors may spread to other tissues or organs."  b. "Benign tumors are likely to recur in the same location."  c. "Malignant cells reproduce more rapidly than normal cells."  d. "Benign tumors do not cause damage to other tissues."
25.	A patient is receiving a 3% saline continuous IV infusion for hyponatremia. Which assessment data will require the <b>most</b> rapid response by the nurse?  a. There are crackles audible throughout both lung fields.  b. The blood pressure increases from 120/80 to 142/94.  c. The patient's radial pulse is 105 beats/minute.  d. There is sediment and blood in the patient's urine.

Give IV metoclopramide (Reglan) 10 mg every 6 hours PRN for nausea.

Infuse 5% dextrose in water at 125 mL/hr.

b.

 32.	<ul> <li>After receiving change-of-shift report, which patient should the nurse assess first?</li> <li>a. Patient with serum sodium level of 145 mEq/L who has a dry mouth and is asking for a glass of water</li> <li>b. Patient with serum potassium level of 5.0 mEq/L who is complaining of abdominal cramping</li> <li>c. Patient with serum magnesium level of 1.1 mEq/L who has tremors and hyperactive deep tendon reflexes</li> <li>d. Patient with serum phosphorus level of 4.5 mg/dL who has multiple soft tissue calcium-phosphate precipitates</li> </ul>
	<ul> <li>A patient who has severe pain associated with terminal pancreatic cancer is being cared for at home by family members. Which finding by the nurse indicates that teaching regarding pain management has been effective?</li> <li>a. The patient agrees to take the medications by the IV route in order to improve analgesic effectiveness.</li> <li>b. The patient states that nonopioid analgesics may be used when the maximal dose of the opioid is reached without adequate pain relief.</li> <li>c. The patient uses the ordered opioid pain medication whenever the pain is greater than 5 (0 to 10 scale).</li> <li>d. The patient takes opioids around the clock on a regular schedule and uses additional doses when breakthrough pain occurs.</li> </ul>
 34.	A patient has been assigned the nursing diagnosis of imbalanced nutrition: less than body requirements related to painful oral ulcers. Which nursing action will be <b>most</b> effective in improving oral intake?  a. Apply the ordered anesthetic gel to oral lesions before meals.  b. Offer the patient frequent small snacks between meals.  c. Assist the patient to choose favorite foods from the menu.  d. Provide teaching about the importance of nutritional intake.
	A patient with a positive rapid antibody test result for human immunodeficiency virus (HIV) is anxious and does not appear to hear what the nurse is saying. What action by the nurse is <b>most</b> important at this time?  a. Teach the patient about the medications available for treatment.  b. Remind the patient about the need to return for retesting to verify the results.  c. Inform the patient how to protect sexual and needle-sharing partners.  d. Ask the patient to notify individuals who have had risky contact with the patient.
 36.	Interleukin-2 (IL-2) is used as adjuvant therapy for a patient with metastatic renal cell carcinoma. Which information should the nurse include when explaining the purpose of this therapy to the patient?  a. IL-2 protects normal cells from the harmful effects of chemotherapy.  b. IL-2 enhances the immunologic response to tumor cells.  c. IL-2 prevents the bone marrow depression caused by chemotherapy.  d. IL-2 stimulates malignant cells in the resting phase to enter mitosis.

Name: \_\_\_\_\_

Name:		
´	37.	A patient receiving head and neck radiation for larynx cancer has ulcerations over the oral mucosa and tongue and thick, ropey saliva. Which instructions should the nurse give to this patient?  a. Remove food debris from the teeth and oral mucosa with a stiff toothbrush.  b. Rinse the mouth before and after each meal and at bedtime with a saline solution.  c. Gargle and rinse the mouth several times a day with an antiseptic mouthwash.  d. Use cotton-tipped applicators dipped in hydrogen peroxide to clean the teeth.
		The nurse is caring for a patient who has been diagnosed with stage I cancer of the colon. When assessing the need for psychologic support, which question by the nurse will provide the <b>most</b> information?  a. "How long ago were you diagnosed with this cancer?"  b. "Do you have any concerns about body image changes?"  c. "Are you familiar with the stages of emotional adjustment to a diagnosis like cancer of the colon?"  d. "Can you tell me what has been helpful to you in the past when coping with stressful events?"
	39.	<ul> <li>The nurse is preparing to witness the patient signing the operative consent form when the patient says, "I do not really understand what the doctor said." Which action is best for the nurse to take?</li> <li>a. Notify the surgeon that the informed consent process is not complete.</li> <li>b. Administer the prescribed preoperative antibiotics and withhold any ordered sedative medications.</li> <li>c. Provide an explanation of the planned surgical procedure.</li> <li>d. Notify the operating room staff that the surgeon needs to give a more complete explanation of the procedure.</li> </ul>
		The nurse working in the postanesthesia care unit (PACU) notes that a patient who has just been transported from the operating room is shivering and has a temperature of 96.5° F (35.8° C). Which action should the nurse take?  a. Notify the anesthesia care provider about the temperature.  b. Administer acetaminophen (Tylenol) 650 mg suppository rectally.  c. Avoid the use of opioid analgesics until the patient is warmer.  d. Cover the patient with a warm blanket and put on socks.
	41.	A patient who is diagnosed with cervical cancer that is classified as Tis, N0, M0 asks the nurse whether the letters and numbers mean. Which response by the nurse is <b>most</b> appropriate?  a. "The cancer cells look almost like normal cells."  b. "Further testing is needed to determine the spread of the cancer."  c. "The cancer involves only the cervix."  d. "It is difficult to determine the original site of the cervical cancer."

vame:		
	42.	Following a thyroidectomy, a patient complains of "a tingling feeling around my mouth." Which assessment should the nurse complete <b>immediately</b> ?  a. Presence of the Chvostek's sign  b. Bleeding on the patient's dressing  c. Abnormal serum potassium level  d. Decreased thyroid hormone level
		In the postanesthesia care unit (PACU), a patient's vital signs are blood pressure 116/72, pulse 74 respirations 12, and SpO <sub>2</sub> 91%. The patient is sleepy but awakens easily. Which action should the nurse take <b>first</b> ?  a. Increase the rate of the postoperative IV fluids.  b. Place the patient in a side-lying position.  c. Encourage the patient to take deep breaths.  d. Prepare to transfer the patient to a clinical unit.
		A patient receives 3% NaCl solution for correction of hyponatremia. Which assessment is <b>most</b> important for the nurse to monitor for while the patient is receiving this infusion?  a. Lung sounds b. Urinary output c. Peripheral pulses d. Peripheral edema
		A nurse assists a patient on the first postoperative day to ambulate, cough, deep breathe, and turn. Which action by the nurse is <b>most</b> helpful?  a. Encourage the patient to state the purpose of splinting the incision.  b. Teach the patient to fully exhale into the incentive spirometer.  c. Ask the patient to state two possible complications of immobility.  d. Administer ordered analgesic medications before these activities.
	46.	Five minutes after receiving the ordered preoperative midazolam (Versed) by IV injection, the patient asks to get up to go to the bathroom to urinate. Which action by the nurse is <b>most</b> appropriate?  a. Allow the patient up to the bathroom because medication onset is 10 minutes.  b. Assist the patient to the bathroom and stay with the patient to prevent falls.  c. Ask the patient to wait because catheterization is performed just before the surgery.  d. Offer a urinal or bedpan and position the patient in bed to promote voiding.
	47.	<ul> <li>Which action included in the perioperative patient plan of care can the charge nurse delegate to a surgical technologist?</li> <li>a. Teach the patient about what to expect in the operating room (OR).</li> <li>b. Give the postoperative report to the postanesthesia care unit (PACU) nurse.</li> <li>c. Pass sterile instruments and supplies to the surgeon.</li> <li>d. Continuously monitor and interpret the patient's echocardiogram (ECG) during surgery.</li> </ul>

Name:	:	ID: D
	48.	<ul> <li>A patient who has diabetes and uses insulin to control blood glucose has been NPO since midnight before having a knee replacement surgery. Which action should the nurse take?</li> <li>a. Withhold the usual scheduled insulin dose because the patient is NPO.</li> <li>b. Obtain a blood glucose measurement before any insulin administration.</li> <li>c. Give the patient the usual insulin dose because stress will increase the blood glucose.</li> <li>d. Administer a lower dose of insulin because there will be no oral intake before surgery.</li> </ul>
	49.	The outpatient surgery nurse reviews the complete blood cell (CBC) count results for a patient who is scheduled for surgery in a few days. The results are white blood cell (WBC) count $10.2 \times 10^3/\mu L$ hemoglobin 15 g/dL; hematocrit 45%; platelets $150 \times 10^3/\mu L$ . Which action should the nurse take a. Discuss the possibility of blood transfusion with the patient.  b. Ask the patient about any symptoms of a recent infection.  c. Call the surgeon and anesthesiologist immediately.  d. Send the patient to the holding area when the operating room calls.
	50.	The nurse is caring for a patient who has a calcium level of 12.1 mg/dL. Which nursing action should the nurse include on the care plan?

a. Encourage fluid intake up to 4000 mL every day.
b. Maintain the patient on bed rest.
c. Auscultate lung sounds every 4 hours.
d. Monitor for Trousseau's and Chvostek's signs.