SNLE Review Series

الأمومة والطفولة

مراجعة مركزة للاسئلة والاجابات الصحيحة

مذكرة مصممة تساعدك على مراجعة المحتوى بوضوح وفهم الاجابة الصحيحة والعودة للمعلومة بسرعة اثناء الاستعداد للاختبار.

Focused Review	Verified Answers	Question Bank

1019 سؤال

تم التحديث في 2026-07-30

SnleNotes.com

Q-1

A 12-year-old boy is rescued after a near-drowning incident. His core temperature is normal, and CPR was started immediately. Within a few hours, he develops severe hypoxemia, diffuse bilateral infiltrates on chest X-ray, and decreased lung compliance despite adequate resuscitation. Which pulmonary complication BEST explains these findings?

A	**Acute Respiratory Distress Syndrome (ARDS)**	**CORRECT**
B	Cardiogenic pulmonary edema	
C	Metabolic acidosis	
D	Hypothermia	

Q-2

A 13-year-old patient with vomiting and diarrhea is diagnosed with dehydration. The healthcare provider orders a hypotonic intravenous (IV) solution. Which of the following IV fluids is considered a hypotonic solution?

A	0.9% saline	
B	Lactated Ringer's	
C	10% dextrose in water	
D	**0.45% sodium chloride**	**CORRECT**

Q-3

You are performing CPR on a 6-month-old infant when a second rescuer arrives. What compression-to-ventilation ratio should now be used?

A	30:2	
B	5:1	
C	**15:2**	**CORRECT**
D	10:2	

Q-4

A 5-year-old child is found unresponsive and not breathing. CPR is initiated by a single rescuer.Which pulse site should be assessed to confirm cardiac arrest in this child?

A	Femoral artery	
B	**Carotid artery**	**CORRECT**
C	Radial artery	
D	Dorsalis pedis artery	

Q-5

An infant younger than 1 year is found unresponsive. The nurse prepares to assess for a pulse. Which pulse site should be checked?

A	Carotid	
B	Popliteal	
C	Radial	
D	**Brachial**	**CORRECT**

Q-6

A 33-year-old woman has come to the outpatient clinic for treatment of a vaginal infection. Physical assessment reveals yellowish excessive, thin offensive and frothy discharge. Which of the following is the most likely diagnosis ?

A	Candidiasis	
B	**Trichomoniasis**	**CORRECT**
C	Bacterial vaginosis	
D	Chlamydia	

Q-7

The American Academy of Pediatrics recommends tonsillectomy/adenotonsillectomy for specific indications. A child has recurrent tonsillitis with clinically significant adenoid inflammation causing persistent nasal obstruction and sleep-disordered breathing. Which of the following situations best meets an indication for surgical intervention?

A	Seven episodes of viral tonsillitis per year	
B	Infrequent snoring and nasal quality	
C	Three times bacterial tonsillitis per year	
D	**Tonsillitis accompanied by adenoid inflammation**	**CORRECT**

Q-8

A 5-year-old child is being discharged after tonsillectomy. Which food choice is most appropriate during the first 24–48 hours at home?

A	Meat and rice	
B	Hot dog and potato chips	
C	**Mashed potatoes and soup**	**CORRECT**
D	Cucumbers and tomato salad	

Q-9

A child is admitted to the recovery area after tonsillectomy. Which postoperative assessment is the priority to detect the most serious complication early?

A	Encourage the child to cough spontaneously	
B	**Observe for subtle signs of hemorrhage**	**CORRECT**
C	Place the child in the prone position	
D	Suction the mouth to clear the airway because of violent behavior	

Q-10

A nurse is caring for a child in the immediate post-operative period after tonsillectomy. The child is drowsy but arousable.Which nursing action has the HIGHEST priority to detect and prevent the most serious early complication?

A	**Observe for frequent swallowing, restlessness, or blood in the throat**	**CORRECT**
B	Encourage the child to cough to clear secretions	
C	Position the child prone to facilitate drainage	
D	Suction the oropharynx aggressively to clear secretions	

Q-11

A child is 6 hours post-tonsillectomy and suddenly vomits a large amount of bright-red blood. Which action should the nurse take first?

A	Notify the physician	
B	**Turn the child to the side**	**CORRECT**
C	Maintain an NPO status	
D	Administer the prescribed antiemetic	

Q-12

A child has just returned from surgery after tonsillectomy. Which postoperative finding is most concerning and suggests possible hemorrhage?

A	Lack of appetite	
B	Throat pain	
C	**Frequent swallowing**	**CORRECT**
D	Nausea	

Q-13

An 8-year-old child is admitted to the pediatric ward with suspected appendicitis. During assessment, the mother informs the nurse that the child has not had a bowel movement for two days and requests a laxative. What is the PRIMARY risk of administering a laxative to a patient with suspected appendicitis?

A	Pain	
B	Fever	
C	**Rupture**	**CORRECT**
D	Diarrhea	

Q-14

A 10-year-old child has abdominal pain. The nurse palpates the right lower quadrant deeply and then quickly releases the pressure; the child reports a sharp increase in pain at the same site. Which physical assessment finding is described?

A	**Rebound tenderness**	**CORRECT**
B	McBurney point tenderness	
C	Rovsing sign	
D	Obturator sign	

Q-15

A 10-year-old girl presents to the Emergency Room with abdominal pain. During assessment, the nurse palpates the left lower quadrant of the abdomen and the child reports sharp pain in the RIGHT lower quadrant. Which sign is being described?

A	Rebound tenderness	
B	McBurney's point tenderness	
C	**Rovsing's sign**	**CORRECT**
D	Obturator sign	

Q-16

A 9-year-old boy presents with generalised oedema, proteinuria 3+, and serum albumin of 1.8 g/dL. The physician diagnoses nephrotic syndrome. Which medication is the FIRST-LINE treatment?

A	Antibiotics	
B	**Corticosteroids**	**CORRECT**
C	Diuretics	
D	Immunosuppressive	

Q-17

A woman is prescribed ovulation-induction therapy to improve fertility. The nurse provides medication teaching and discusses expected risks. Which statement indicates correct understanding of a key risk of this therapy?

A	Given for the first 15 days in each cycle	
B	Maximum dose is 50 mg daily for a month	
C	It increases the risk of birth defects	
D	**It increases the risk of multiple pregnancies**	**CORRECT**

Q-18

A 32-year-old woman with anovulatory infertility is prescribed clomiphene citrate (Clomid). What is the PRIMARY mechanism by which clomiphene citrate achieves its therapeutic effect?

A	**Blocks oestrogen receptors in the hypothalamus, triggering increased FSH/LH release to stimulate ovulation**	**CORRECT**
B	Directly suppresses prolactin secretion from the pituitary	
C	Reduces endometriotic implants and improves endometrial receptivity	
D	Replaces endogenous oestrogen to regulate the menstrual cycle	

Q-19

A woman is requesting combined oral contraceptives. The nurse reviews her medical history to identify contraindications. Which condition is a contraindication to initiating combined oral contraceptives?

A	Dysmenorrhea	
B	Menorrhagia	
C	**Thrombophlebitis**	**CORRECT**
D	Toxic shock syndrome	

Q-20

Parents bring their child home with a fever of 38.5°C. They ask the nurse which type of medication is safest to give first to reduce the fever and prevent febrile complications.Which medication category is the MOST appropriate initial choice?

A	Antibiotic	
B	**Antipyretic (such as paracetamol or ibuprofen)**	**CORRECT**
C	Antiemetic	
D	Antiviral	

Q-21

A woman plans pregnancy and asks how to reduce the risk of neural tube defects (e.g., spina bifida, anencephaly). Which vitamin supplement is most effective when taken before conception and in early pregnancy?

A	Vitamin A	
B	Riboflavin	
C	**Folic Acid**	**CORRECT**
D	Vitamin K	

Q-22

A 1-year-old child is discharged with acute otitis media and a prescription for oral antibiotics. Which discharge instruction is the priority to ensure effective treatment and prevent complications?

A	**Administer antibiotics as prescribed**	**CORRECT**
B	Administer influenza vaccination	
C	Breastfeeding as long as possible	
D	Continue using a pacifier	

Q-23

A 4-year-old child develops rapid swelling, generalized itching, and wheezing/shortness of breath after an insect sting. What is the most appropriate immediate intervention?

A	Administer high-flow oxygen	
B	**Administer intramuscular epinephrine**	**CORRECT**
C	Prepare for endotracheal intubation	
D	Administer IV diphenhydramine	

Q-24

When ovulation occurs before the onset of the next menstrual cycle ?

A	3 days	
B	7 days	
C	10 days	
D	**14 days**	**CORRECT**

Q-25

A woman informed a nurse that she was never vaccinated against rubella. Which of the following is the best nursing advice ?

A	No need for her to be distress, rubella is not harmful to the fetus	
B	The vaccine can be administered any time during her pregnancy	
C	She can get pregnancy any time after receiving the vaccine	
D	**She should be vaccinated after delivery of the baby she gets discharge**	**CORRECT**

Q-26

A 29-year-old woman had been diagnosed with a 3 cm ovarian cyst. Which of the following is the appropriate step in management ?

A	Cyst aspiration	
B	Hormonal therapy	
C	Cyst removal by laparoscopy	
D	**Examination after next menstruation**	**CORRECT**

Q-27

A diabetic mother delivered a full-term neonate by Caesarean section. The infant is admitted to the neonatal intensive care unit for observation. This infant is at risk of which of the following complications ?

A	Pneumothorax atelectasis	
B	Hyperglycemia	
C	Atelectasis	
D	**Hypoglycemia**	**CORRECT**

Q-28

A 36-year-old G4P2 mother was in labour for 10 hours and had an assisted extraction delivery. Two hours after admission to the postnatal ward, the nurse finds two perineal pads fully saturated with blood.Which nursing diagnosis is MOST appropriate?

A	Anxiety related to blood loss	
B	Fatigue related to inadequate oral intake	
C	Activity intolerance related to postpartum discomfort	
D	**Deficient fluid volume related to postpartum haemorrhage**	**CORRECT**

Q-29

During pregnancy, which option is SAFEST to reduce the risk of Listeria infection from dairy products?

A	Unpasteurized (raw) milk	
B	Soft cheese made from unpasteurized milk	
C	Refrigerated unpasteurized yogurt	
D	**Pasteurized milk**	**CORRECT**

Q-30

The midwife was caring for a 30-year-old gravida 3 para 3 postpartum normal delivery mother. After three hours, the patient was restless, her skin was cool, clammy, and feeling thirsty. What will be the midwife's initial action ?

A	Notify the doctor	
B	**Check the vital signs**	**CORRECT**
C	Give patient a drink	
D	Start fundal massage	

Q-31

Which of the following nursing responsibilities should be done immediately following administration of lumbar epidural anesthesia to a woman in labor ?

A	Reposition from side to side	
B	Administer oxygen	
C	**Assess for maternal hypotension**	**CORRECT**
D	Administer flouid	

Q-32

A nurse is assessing the uterus of a G5P4 patient immediately after delivery. The nurse notes the fundus is not contracted. Which of the following is the most appropriate immediate action that should be taken ?

A	**Massage the fundus**	**CORRECT**
B	Assess the bladder	
C	Elevated the mother's legs	
D	Encourage the mother to void	

Q-33

A nurse is assisting during a normal vaginal delivery on a 22-year-old diabetic patient. The head was delivered without any complications, but the head suddenly retracts against the perineum, prompting the physician to immediately ask for the nurse's assistance with this dystocia. Which of the following will be the nurse's appropriate action to the impacted shoulders of the infant ?

A	Fracture the infant's clavicle	
B	Prepare the patient for immediate cesarean section	
C	Apply fundal pressure to displace anterior shoulder	
D	**Perform supra pubic pressure to release anterior shoulder**	**CORRECT**

Q-34

At the labor room, a nurse assessed the condition of the patient and gathered the following data. Cervical dilatation 2-5 minutes lasting 40-60 seconds increasing bloody show leg discomfort with heaviness. What is the significance of the data ?

A	**Patient is in the first stage of labor**	**CORRECT**
B	Patient is in the third stage of labor	
C	Patient is in the second stage of labor	
D	Patient is experiencing prolonged labor	

Q-35

A primigravida has just delivered her baby vaginally. The baby is completely born, but the mother continues to experience uterine contractions.What do these continuing contractions indicate?

A	**Beginning of the third stage of labour (placental delivery)**	**CORRECT**
B	Abnormal increase in vaginal bleeding requiring intervention	
C	A normal physiological process — contractions will gradually diminish and stop	
D	Uterine rupture requiring emergency intervention	

Q-36

A mother is at the outpatient clinic for her first postnatal visit on the 15th day after her normal vaginal delivery. Her physical examination reveals a stable condition, soft breasts, and bright-colored rubra in her sanitary napkin. What needs further evaluation ?

A	Amount and frequency of breastfeeding	
B	Hydration level and bleeding during breastfeeding	
C	Activity, exercise, and resting periods	
D	**Uterine size and position**	**CORRECT**

Q-37

A midwife is discussing birth spacing measures with a mother whose first baby boy is 1 year old and was born with spina bifida. Which measure is necessary if the mother is planning for a next pregnancy ?

A	Increase iron and calcium supplements	
B	**Multivitamin and folic acid intake**	**CORRECT**
C	Genetic screening	
D	Immunization before and during pregnancy	

Q-38

A 32-week pregnant patient presents for her follow-up appointment in the antenatal clinic. She complains of experiencing frequent heartburn. What is the most appropriate advice to the patient ?

A	Drink plain water between meals	
B	**Raise the head of the bed**	**CORRECT**
C	Eat favorite foods	
D	Lie down for one hour after taking food	

Q-39

A midwife visits a mother four weeks after delivery. The mother is breastfeeding her baby but requests the midwife to suggest alternative formula milk as she has to return to her job and her baby will stay in a day care center. What teaching plan is suitable for the mother ?

A	Supplementary medications with bottle feeding	
B	Combined schedule of breastfeed and top feed	
C	Hygiene practices with bottle feeding	
D	**How to express and save milk**	**CORRECT**

Q-40

A woman in labor is progressing well. She has been diagnosed with a large fibroid in the fundus. What should the nurse observe her for after delivery ?

A	Thrombophlebitis	
B	Postpartum depression	
C	**Postpartum hemorrhage**	**CORRECT**
D	Loss of bladder tone during puerperium	

Q-41

A nurse is providing intrapartum care to a patient diagnosed with HELLP syndrome (Haemolysis, Elevated Liver enzymes, Low Platelets).Which assessment is CONTRAINDICATED in this patient due to the high risk of serious complication?

A	Auscultation of heart sounds	
B	Blood studies (CBC, liver enzymes, coagulation)	
C	**Leopold's manoeuvres (abdominal palpation)**	**CORRECT**
D	Assessment of deep tendon reflexes	

Q-42

For which of the following issues should the nurse observe the mother closely during the 4th stage of labor ?

A	Uterine irritability	
B	Signs of infection	
C	**Signs of bleeding**	**CORRECT**
D	Unwillingness to breastfeed	

Q-43

A 32-year-old woman has just been told that she is pregnant. She states, """"As much as I love my children, I had hoped we would not have any more."""" This statement reflects which of the following related to pregnancy ?

A	Anger	
B	Denial	
C	Guilt	
D	**Ambivalence**	**CORRECT**

Q-44

After the nurse assessed a newborn, she reported that the baby has syndactyly. The student nurse asks the nurse in charge, """"What is syndactyly """" Which of the following is the best nursing response ?

A	Fistula	
B	Abnormal big head	
C	Extra finger or toes	
D	**Finger or toes wholly or partly united**	**CORRECT**

Q-45

A newborn is diagnosed with a small Ventricular Septal Defect (VSD). The mother asks the nurse what this means for her baby's future.Which statement is MOST accurate regarding small VSDs?

A	The baby will develop cyanosis most of the time, especially during feeding	
B	Breastfeeding should be discontinued to reduce cardiac workload	
C	**Many small VSDs close spontaneously within the first 1–2 years of life**	**CORRECT**
D	Blood pressure will be higher in the arms than in the legs	

Q-46

A couple asked the nurse which of the first investigations they should do for infertility. Which of the following should be the proper nurse answer ?

A	Hysterosalpingogram	
B	Serum progesterone	
C	**Semen analysis**	**CORRECT**
D	Endometrial biopsy	

Q-47

A nurse is assessing a 5-month-old infant who has been admitted to the pediatric ward with coarctation of the aorta. Which of the following is the most common assessment finding ?

A	Cyanosis and clubbing hands	
B	Bounding pulse and hypotonicity	
C	Cyanosis occurs frequently during and after feeding	
D	**Blood pressure is different on the arm and the leg**	**CORRECT**

Q-48

A pregnant woman at 18 weeks' gestation has a history of three spontaneous abortions during the first trimester. She has never had a pregnancy reach 20 weeks' gestation (viability threshold). Based on obstetric terminology, which term BEST describes her parity status?

A	Parity	
B	**Nullipara**	**CORRECT**
C	Multipara	
D	Primiparous	

Q-49

During a vaginal examination, the nurse palpated the posterior fontanel to be at the right side and upper quadrant of the maternal pelvis. What is this position referred to as ?

A	ROP	
B	LOP	
C	**ROA**	**CORRECT**
D	LOA	

Q-50

A 38 years old gravida 5 para 3 post natal mother delivered via caesarean section. On the fourth post operative day the mid wife noted human's sign was positive. human's sign is result by pain which of the following leg site ?

A	**Calf**	**CORRECT**
B	Foot	
C	Heel	
D	Thigh	

Q-51

Which of the following vaccines are safe to administer to pregnant women ?

A	Measles	
B	**Tetanus**	**CORRECT**
C	Rubella	
D	Varicella	

Q-52

A nurse is educating a patient about clomiphene citrate (Clomid) therapy. The patient asks about the most important risk she should be aware of during treatment.Which statement by the nurse is MOST accurate?

A	Clomid is administered for the first 5 days of each menstrual cycle (days 3–7 or 5–9)	
B	The maximum recommended dose is 150 mg daily and should not be exceeded	
C	Clomid significantly increases the risk of congenital malformations in the baby	
D	**Clomid increases the risk of multiple gestation (twins or more)**	**CORRECT**

Q-53

Mother of nine children, three of them with congenital anomalies and one with Down syndrome, has low financial status, and is not using any method of family planning. The primary health care nurse has referred her for counseling. Which model is concerned with disability as a form of social injustice due to stigma or discrimination ?

A	Health belief	
B	Biomedical	
C	**Sociopolitical**	**CORRECT**
D	Economic	

Q-54

A 10-month-old infant is admitted to the surgical ward with hydrocephalus. Which of the following indicates increased intracranial pressure ?

A	**Bulging**	**CORRECT**
B	Decreased blood pressure	
C	Rapid, shallow breathing	
D	Increased body temperature	

Q-55

A multigravida at 37 weeks pregnant presents at the antenatal clinic. Her condition is stable, and her baby's position and heart rate are normal. Which of the following discussions is more appropriate with the mother ?

A	**Observe until the 40 weeks complete**	**CORRECT**
B	Family planning and birth spacing	
C	Arrange for a caesarean section	
D	Possibility of induced labor	

Q-56

A 28-year-old primigravida who is pregnant at 16 weeks attended the emergency department because of dark brown discharge. Investigations showed a decline in pregnancy tests. Which of the following is the most likely type of spontaneous abortion ?

A	**Missed**	**CORRECT**
B	Threatened	
C	Incomplete	
D	Inevitable	

Q-57

A primigravida at 30 weeks' gestation receives teaching about safe breast milk storage to prevent bacterial contamination. Which statement by the client indicates a need for further teaching according to standard safety guidelines?

A	**Breast milk can be stored at room temperature (25–30°C) for 24 hours**	**CORRECT**
B	Breastfeeding should be based on infant demand	
C	The baby can be held in different positions during feeding	
D	Breastfeeding promotes uterine involution	

Q-58

A nurse reviews the following immunization schedule used in the clinic: 9 months: Measles (monovalent) plus Meningococcal conjugate quadrivalent (MCV4); 12 months: OPV booster; 12 to 15 months: MMR plus Varicella. A mother brings her 9-month-old infant for vaccination. Based on this clinic schedule, which vaccines should the nurse administer today?

A	MMR and Varicella	
B	Measles (monovalent) only	
C	**Measles (monovalent) and Meningococcal conjugate quadrivalent (MCV4)**	**CORRECT**
D	Hib booster and Pneumococcal conjugate (PCV)	

Q-59

A nurse is explaining pudendal block anesthesia to a primigravida woman in active labor. Which relief area identified by the woman would indicate that teaching was effective ?

A	Back	
B	**Perineum**	**CORRECT**
C	Fundus	
D	Abdomen	

Q-60

Placenta previa is classified according to how the placenta relates to the internal cervical os. Which classification applies when the placental edge reaches the margin of the internal os, touching the os but not covering it?

A	Total	
B	Partial	
C	**Marginal**	**CORRECT**
D	Complete	

Q-61

A post-term pregnant woman is admitted for labor induction. She is to receive low doses of labor-inducing medication intravenously. What medication is she likely to receive intravenously ?

A	**Oxytocin**	**CORRECT**
B	Cervidil	
C	Cytotec	
D	Cytoxan	

Q-62

Which of the following patients are at risk for cord prolapse ?

A	**Fetus that remains at a high station**	**CORRECT**
B	Mother with oligohydramnios	
C	Presenting part at station +	
D	Intact membranes	

Q-63

A 6-month-old infant's mother decides to wean her child. What is the best principle of the weaning process ?

A	Start the weaning process by 8 months of life	
B	**Gradually replace one breast session at a time**	**CORRECT**
C	Discontinue the nighttime feeding first	
D	Allow the child to take a bottle of milk or juice to bed	

Q-64

A 41-week pregnant woman is admitted for induction with oxytocin. Three hours later, her contractions are 5 to 6 in 10 minutes and strong. What is the best nursing action ?

A	Give an analgesic	
B	**Stop the oxytocin & inform the doctor**	**CORRECT**
C	Give psychological support	
D	Change position to left lateral	

Q-65

A 26-year-old postpartum patient on her second day complains of pain and swelling in the episiotomy area. The gynaecologist is about to examine the patient. Which nursing action has the HIGHEST priority before the examination begins?

A	Prepare a sterile dressing tray	
B	**Ensure patient privacy and dignity**	**CORRECT**
C	Prepare a suture removal kit	
D	Collect a detailed history of the episiotomy pain	

Q-66

A woman delivered a baby boy 3 hours ago, and the newborn has caput succedaneum. What finding should the nurse expect when examining the newborn's caput?

A	**Soft, fluctuant mass filled with fluid**	**CORRECT**
B	Bilateral mass on both biparietal bones	
C	A mass with clear edges at suture lines	
D	A hard mass filled with blood	

Q-67

According to standard antenatal care guidelines, what is the recommended total number of antenatal visits and their frequency throughout a low-risk pregnancy?

A	**10–12 visits: every 4 weeks up to 28 weeks, every 2 weeks from 28–36 weeks, then weekly from 36–40 weeks**	**CORRECT**
B	14–16 visits: every 2 weeks up to 28 weeks, every 2 weeks from 28–36 weeks, then weekly from 36–40 weeks	
C	14–16 visits: every 4 weeks up to 28 weeks, every week from 28–36 weeks, then weekly from 36–40 weeks	
D	8–10 visits: every 4 weeks up to 28 weeks, every 2 weeks from 28–36 weeks, then every 2 weeks from 36–40 weeks	

Q-68

What is the antenatal assessment schedule for women between conception and 28 weeks of gestation ?

A	Once a week	
B	Every 2 weeks	
C	Every 3 weeks	
D	**Every 4 weeks**	**CORRECT**

Q-69

A nurse is educating a 20-year-old nulligravida woman about oral contraceptive side effects. What would indicate a need for further education ?

A	**Ovarian cancer**	**CORRECT**
B	Headache	
C	Nausea	
D	Weight gain	

Q-70

A 33 week pregnant mother is on her routine medications that include iron supplement, folic acid, multivitamins and calcium supplement, despite all medication her hemoglobin has not been increase since lasttwo month, she is experiencing more fatigue and lethargy since past few weeks [HB 80 ..... HCT 0.22] Which of the following intervention is the most desired ?

A	**Add vitamin c to increase drug absorption**	**CORRECT**
B	Start injectable multivitamins as per regimen	
C	Advise increase intake of organ meat and fortified food	
D	Advise increased food intake by frequent small meals and snacks	

Q-71

A primigravida attend the antenatal clinic for her routine visit the nurse performed an abdominal palpitation and found the fundus to be midway between the symphysis pubis and the umbilicus what are the weeks of gestation according to this findings ?

A	**16 weeks**	**CORRECT**
B	24 weeks	
C	28 weeks	
D	8 weeks	

Q-72

In the REEDA acronym for assessing the perineum post-birth, what does 'A' stand for ?

A	**The status of edges of the perineal wound it should be closed**	**CORRECT**
B	Presence of discharge from the perineal wound	
C	The presence of bruising of the perineal area	
D	Excessive swelling	

Q-73

A pregnant woman had her last menstrual cycle on August 10th. With a regular 28-day cycle, what is the expected delivery date ?

A	**17th May next year**	**CORRECT**
B	20th May next year	
C	23rd May next year	
D	25th May next year	

Q-74

A 30-year-old woman at 20 weeks' gestation presents to the antenatal clinic with increased white vaginal discharge (leucorrhea) that has no odor, itching, or color change. What is the MOST likely physiological cause of this normal finding in pregnancy?

A	Vaginal infection	
B	Uterine expansion pressing on the vagina	
C	**Hormonal stimulation of the cervical glands by oestrogen**	**CORRECT**
D	Rupture of membranes	

Q-75

Lochia rubra, a bright red postpartum discharge, is expected during the first few days after delivery. Which change should the nurse expect as normal uterine involution progresses around postpartum days 3 to 10?

A	**Lochia serosa (pinkish-brown discharge)**	**CORRECT**
B	Lochia alba (white/yellow discharge)	
C	Return to heavy bright-red bleeding with clots	
D	Foul-smelling green discharge with fever	

Q-76

What assessment finding indicates laceration of the canal in the fourth stage of labor ?

A	Red-brown lochia	
B	Firm contracted uterus	
C	Fundus at umbilicus level	
D	**More than 1 saturated perineal pad per hour**	**CORRECT**

Q-77

On postpartum day 3, which nursing assessment is MOST important to verify normal recovery and detect early postpartum complications?

A	Assessment of milk flow	
B	Assessment for uterine prolapse	
C	Assessment of exclusive breastfeeding practice	
D	**Assessment of uterine involution**	**CORRECT**

Q-78

A newborn who is 33-weeks gestation and 48 hours old has been diagnosed with respiratory distress syndrome (RDS). A health-care provider orders the administration of surfactant via endotracheal tube. The father asks a nurse to explain how this treatment will help his baby. The nurse explains that the preterm infant is unable to produce adequate amounts of surfactant and giving it to his baby will:

A	increase $PaCO_2$ levels in the bloodstream	
B	**prevent alveoli collapse**	**CORRECT**
C	decrease PaO_2 levels in the bloodstream	
D	prevent pleural effusion	

Q-79

A 28-week pregnant woman has vaginal candidiasis and used prescribed cream, but symptoms persist. What advice should she be given ?

A	Change clothes daily, use sanitary napkins	
B	**Avoid self-treatment and seek doctor advice**	**CORRECT**
C	Use medicated bubble baths, reduce activities	
D	Wash with warm water every two hours	

Q-80

A woman in active labor receives lumbar epidural analgesia. Within the first 5 to 10 minutes after administration, which nursing assessment has the HIGHEST priority?

A	Reposition the patient from side to side every 30 minutes	
B	Administer supplemental oxygen immediately	
C	Increase the IV fluid infusion rate	
D	**Assess maternal blood pressure for hypotension**	**CORRECT**

Q-81

A woman at 38 weeks of pregnancy is concerned that she has gained 15 kg during her pregnancy. Her pre-pregnancy BMI was in the normal range (18.5–24.9). What is the BEST nursing response?

A	**This weight gain is within the recommended range for a normal BMI pregnancy — it is expected**	**CORRECT**
B	You should reduce carbohydrates and start a calorie-restricted diet immediately	
C	Wait until after delivery to begin a weight management programme	
D	This weight is below what you should have gained during a normal pregnancy	

Q-82

Intrauterine growth curves classify a 32-week-old preterm newborn below the 10th percentile. What is the priority nursing diagnosis ?

A	Risk for injury related to impaired gluconeogenesis	
B	Risk for impaired gas exchange	
C	**Risk for ineffective thermoregulation related to lack of subcutaneous fat**	**CORRECT**
D	Risk for altered nutrition less than body requirement	

Q-83

If a person misses taking an oral contraceptive for one day, what advice should they follow ?

A	Continue as usual with no back up contraception	
B	**Take an active pill immediately and take the next pill at the usual time**	**CORRECT**
C	Take two pills as soon as possible and then one pill daily	
D	Use back up contraception such as a condom for the next 7 days	

Q-84

Which situation best represents secondary infertility?

A	Male infertility	
B	A couple that does not conceive	
C	**Infertility after previous pregnancy**	**CORRECT**
D	Infertility lasting for more than 3 years	

Q-85

A pregnant client diagnosed with gestational diabetes mellitus (GDM) receives discharge teaching. Which statement by the client indicates that further teaching is needed?

A	**I should avoid exercise during my pregnancy.**	**CORRECT**
B	I will follow the diet plan recommended by my healthcare provider.	
C	I will monitor my blood glucose levels as instructed.	
D	I will report any signs of infection to my healthcare provider.	

Q-86

In gestational diabetes, when is the best time for glucose screening tests during pregnancy ?

A	7 – 12 weeks	
B	17 – 18 weeks	
C	**24 – 28 weeks**	**CORRECT**
D	20 – 35 weeks	

Q-87

A laboring woman wishes to participate in her cesarean and have pain control. Which method would meet her needs ?

A	**Epidural block**	**CORRECT**
B	Pudendal block	
C	Meperidine injection	
D	General anesthesia	

Q-88

During patient education about the stages of labour, a nurse explains the latent phase of the first stage of labour.Which description MOST accurately defines the latent phase of labour according to current clinical guidelines?

A	**Cervical dilatation from 0 to 6 cm with irregular to regular contractions**	**CORRECT**
B	From onset of labour to full (10 cm) cervical dilatation	
C	The period when the cervix is 100% effaced only	
D	Active progress from 6 cm to 10 cm dilatation	

Q-89

During an assessment of a delivering woman, which finding indicates a need to inform the physician ?

A	Hemoglobin of 11.0 g/dl	
B	White blood cell count of 12,000	
C	**Fetal heart rate of 180 bpm**	**CORRECT**
D	Maternal pulse rate of 85 bpm	

Q-90

A nurse is educating a group of pregnant women about the functions of amniotic fluid. Which of the following is the MOST important function of amniotic fluid for the fetus?

A	**Allows the fetus to move freely and supports musculoskeletal development**	**CORRECT**
B	Provides the primary source of nutrition and oxygen for the fetus	
C	Regulates the mother's body temperature during pregnancy	
D	Prevents the transfer of infections from mother to fetus	

Q-91

A woman at 34 weeks' gestation presents with a sudden gush of fluid from the vagina and mild uterine contractions. Premature rupture of membranes (PROM) is suspected. Which nursing action has the HIGHEST priority immediately upon arrival?

A	Prepare to administer IV fluids and tocolytic medications	
B	**Place the patient on continuous fetal heart rate monitoring**	**CORRECT**
C	Administer analgesics to control pain and fluid leakage	
D	Perform a vaginal examination to assess cervical dilatation	

Q-92

During labor, the nurse must monitor fetal status continuously. Which fetal-related parameter is the PRIMARY indicator of fetal oxygenation and well-being during contractions?

A	**Fetal heart rate pattern and variability**	**CORRECT**
B	Maternal serum potassium level	
C	Estimated fetal brain growth on ultrasound	
D	Amount of maternal diaphoresis	

Q-93

A pregnant woman at 34 weeks has hypertension. What is this problem identified as ?

A	Hypertension	
B	Pregnancy-induced DM	
C	**PIH (Pregnancy-induced hypertension)**	**CORRECT**
D	Placenta previa	

Q-94

A pregnant woman at 38 weeks has been craving to eat non-food substances. What term describes this condition ?

A	**Pica**	**CORRECT**
B	Bulimia	
C	Anorexia	
D	Binge eating	

Q-95

A pregnant woman presents for her first antenatal visit. Her obstetric history includes a 2-year-old son born at 40 weeks, a 5-year-old daughter born at 38 weeks, 7-year-old twin daughters born at 35 weeks, and one spontaneous abortion at 10 weeks 3 years ago. She is currently pregnant. Using the GTPAL system, how should the nurse classify this client?

A	**G5 T2 P1 A1 L4**	**CORRECT**
B	G4 T3 P2 A1 L4	
C	G5 T2 P2 A1 L4	
D	G4 T3 P1 A1 L4	

Q-96

A multiparous woman is admitted to the postpartum ward after a vaginal delivery. Assessment reveals a steady trickle of bright red lochia with a firm fundus. Vital signs are BP 110/70 mmHg, HR 80/min, RR 20/min, and temperature 37.5°C. Which is the most likely diagnosis?

A	Endometritis	
B	Uterine atony	
C	Vulvar hematoma	
D	**Laceration of the genital tract**	**CORRECT**

Q-97

A 7-year-old insulin dependent diabetic mother has delivered normally in 38 gestational weeks. The nurse was assessing the insulin requirement this mother after delivery. What is the insulin requirement for this patient ?

A	Higher than before pregnancy	
B	No changes in insulin requirement	
C	**Lower than when she was pregnant**	**CORRECT**
D	Slightly increased than before deliver	

Q-98

A primary health care nurse refers a mother of nine children — three with congenital anomalies and one with Down syndrome — for family counselling. When planning health services for families with members who have disabilities, which factor represents the MOST significant barrier the health team faces?

A	Sensory limitations of the care providers	
B	Inflexible institutional rules and bureaucratic processes	
C	**The presence of developmental disabilities in family members**	**CORRECT**
D	Communication barriers related to hearing impairment	

Q-99

Mother of nine children, three of them with congenital anomalies and one down syndrome; she is primary school graduate, with low financial status. She is not using any method of family planning. So, the primary health care nurse has referred her for counseling. Which of the following is the best health education method that can be used ?

A	Community organization	
B	**Individual counseling**	**CORRECT**
C	Group discussion	
D	Health class	

Q-100

A multiparous patient on day 1 postpartum asks the nurse to send her newborn to the nursery so she can sleep and recover. She is passive, dependent, and focused on her own needs rather than the baby's care.Which phase of postpartum psychological adaptation does this behaviour MOST likely represent?

A	**Taking-in phase**	**CORRECT**
B	Letting-go phase	
C	Taking-hold phase	
D	Postpartum blues	

Q-101

A 25-year-old mother gravid 2 para q came for a routine check Antenatal Clinic. The nurse assessed fetal heart rate for the 38 pregnant mother. What is the expected normal fetal heart rate per minute ?

A	90	
B	100	
C	**140**	**CORRECT**
D	170	

Q-102

A woman has polycystic ovary syndrome with a 3cm cyst. What should the nurse do ?

A	**A repeat the ultrasound after menstruation**	**CORRECT**
B	Remove it by laparoscopy	
C	Give the medication	
D	None	

Q-103

Nancy, a primipara who is due to deliver next week, calls and tells the nurse she has been having contractions every four minutes for an hour. Before asking any further questions, the nurse confirms that Nancy knows how to correctly time contractions, which is ?

A	from the beginning of one contraction to the end of the next.	
B	from the end of one contraction to the beginning of the next.	
C	from the end of one contraction to the end of the next.	
D	**from the beginning of one contraction to the beginning of the next**	**CORRECT**

Q-104

A 22-year-old gravida 2 para 1 with gestational age 38 weeks is admitted to the hospital. The fetal non-stress test reveals decreased variability and fetal movement. The next morning, the nurse checks the fetal heart rate by Doppler Sonicaid and finds it decreased to less than 100 /min. What should the nurse do first ?

A	Reassure the mother that the FHR is Ok	
B	**Notify immediately the physician or midwife**	**CORRECT**
C	Reposition the patient to left lateral position	
D	Ask the mother about the pattern of fetal movement	

Q-105

A pregnant patient in the triage unit is assessed and the fetal heart rate (FHR) is found to be 70 beats per minute (severe bradycardia — normal: 110–160 bpm).What is the nurse's FIRST immediate action?

A	Notify the physician immediately	
B	Document the finding and continue monitoring	
C	**Reposition the patient to the left lateral position to relieve cord compression**	**CORRECT**
D	Prepare for emergency caesarean section	

Q-106

A 25-week-pregnant, primary gravid woman is on her first antenatal visit and history reveals her husband has sickle cell anemia minor. What should be the most appropriate plan of care ?

A	**Genetic counseling**	**CORRECT**
B	Identify severity of disease	
C	Discuss the chances of transferring	
D	Amniocentesis to identify genetic abnormality	

Q-107

Which of the following statements describes puerperal infection ?

A	**Presence of fever of 38 or higher from 2 days to 10 days**	**CORRECT**
B	Presence of fever of 38 or higher from 7 days to 16 days	
C	Presence of fever of 40 or higher from 2 days to 10 days	
D	Presence of fever of 40 or higher from 7 days to 16 days	

Q-108

A pregnant woman at her second antenatal visit asks the nurse when she should be screened for gestational diabetes.At which gestational age is the glucose challenge test (GCT) or oral glucose tolerance test (OGTT) routinely recommended for low-risk pregnancies?

A	6th–10th week of pregnancy	
B	12th–16th week of pregnancy	
C	**24th–28th week of pregnancy**	**CORRECT**
D	32nd–36th week of pregnancy	

Q-109

A newborn has a diagnosed Developmental Dysplasia of the Hip (DDH) and is using a Pavlik Harness as treatment. Which of the following mechanical factors is associated with DDH ?

A	**Intrauterine breech position**	**CORRECT**
B	Caesarean section	
C	Small infant size	
D	Single fetus	

Q-110

The question describes a scenario where a 25-year-old post-partum patient is being prevented from bathing by a relative until the 40th day after delivery. The relative also provides a diet rich in saturated fat and reduced full-fat milk, claiming it is good for breast milk.Which of the following should be the priority patient's understanding about?

A	The importance of a healthy and balanced diet for recovery and lactation	
B	Breastfeeding technique and infant demand feeding	
C	**The importance of maintaining personal hygiene and regular bathing**	**CORRECT**
D	The importance of rest and adequate sleep for postpartum recovery	

Q-111

A woman in active labor is requesting pain relief. The nurse considers the optimal timing for administering systemic analgesia to balance maternal comfort with fetal safety. When is the IDEAL time to administer systemic analgesia during labor?

A	As soon as the woman first requests any analgesia	
B	**When labour is well established with regular, progressive contractions and adequate cervical dilatation**	**CORRECT**
C	Only when the woman enters the transition phase (8–10 cm)	
D	Exclusively at the transition from latent to active phase	

Q-112

A postpartum nurse is providing discharge education to a new mother. Which symptom should the nurse instruct the patient to report to the healthcare provider IMMEDIATELY, as it indicates a potential complication?

A	**Lochia rubra (bright-red discharge) persisting or returning after it had changed to a lighter colour**	**CORRECT**
B	Nipples becoming slightly red after initiating breastfeeding	
C	Gradual decrease in the amount of lochia over the first week	
D	After pains that intensify briefly during breastfeeding	

Q-113

How often should the nurse check the fetal pulse during the second stage of labor ?

A	**Every 5 minutes**	**CORRECT**
B	Every 10 minutes	
C	Every 15 minutes	
D	Every 20 minutes	

Q-114

When the nurse assessed the fundus of a multiparous mother who delivered 2 hours ago, she found the following Level: 2 cm above the umbilicus. Position: deviated to the right. Consistency: Not well contracted what is the next nursing action after massaging the fundus until it becomes firm ?

A	Assess vital signs	
B	Increase IV fluids	
C	**Evacuate the bladder**	**CORRECT**
D	Ask the mother to rest	

Q-115

Lactational mastitis is most commonly caused by which organism?

A	Escherichia coli	
B	Shigella	
C	Streptococcus pyogenes	
D	**Staphylococcus aureus**	**CORRECT**

Q-116

A nurse is providing instructions to a mother diagnosed with mastitis. Which statement indicates a need for further teaching ?

A	I need to take antibiotics and should begin to feel better in 24–48 hours.	
B	I can use analgesics to assist in alleviating discomfort.	
C	I need to wear a supportive bra to relieve discomfort.	
D	**I need to stop breastfeeding until this condition resolves.**	**CORRECT**

Q-117

A primiparous mother who has mastitis is asking the nurse about feeding. What would be the proper nursing response regarding the organism of mastitis ?

A	**It will not affect the newborn**	**CORRECT**
B	It will be deactivated by salivation	
C	It will not be expressed in breast milk	
D	It will be killed by immunoglobulins in breast milk	

Q-118

A nurse is providing health education to a mother diagnosed with lactational mastitis. Which statement made by the mother indicates a NEED FOR FURTHER TEACHING?

A	I will complete the full course of prescribed antibiotics	
B	I will use paracetamol to help manage the pain and fever	
C	I will wear a firm, supportive bra for comfort	
D	**I will stop breastfeeding until the infection clears completely**	**CORRECT**

Q-119

A 23-year-old vaginal delivery primigravida mother is discomforted due to breast engorgement on the second postpartum day. What will relieve her discomfort ?

A	Breast binder	
B	Well-fitting brassiere	
C	**Encourage breastfeeding**	**CORRECT**
D	Lactation suppressing medication	

Q-120

A 25-year-old primigravida is experiencing breast engorgement caused by an ineffective breastfeeding technique. Which nursing instruction is MOST appropriate to relieve engorgement and improve feeding?

A	Avoid wearing any brassiere	
B	**Correct the latch technique and ensure the infant feeds effectively from both breasts**	**CORRECT**
C	Stop pumping milk from one breast	
D	Take antibiotics until the soreness resolves	

Q-121

After 3 days of breastfeeding, a postpartum patient reports nipple soreness. What should the nurse suggest to relieve her discomfort ?

A	**Lubricate her nipples with expressed milk before feeding**	**CORRECT**
B	Dry her nipples with a soft towel after feeding	
C	Apply warm compresses to her nipples just before feeding	
D	Apply soap directly to her nipples, and then rinse	

Q-122

The nurse is teaching a newly delivered mother about breastfeeding. Which statement indicates the need for further teaching?

A	I will empty my breast and use an alternate breast at each feeding.	
B	**I will take a daily shower and clean the nipples with soap.**	**CORRECT**
C	I will let my nipples dry after feeding to prevent nipple tenderness.	
D	I will always wear a supportive wireless bra.	

Q-123

A 28-year-old primipara presents to the clinic 3 weeks after delivery with a 2-day history of right breast pain, redness, and warmth. She reports a fever of 38.8°C and fatigue. She is currently breastfeeding exclusively. Which intervention represents the first-line management for this condition?

A	Immediate surgical drainage of the breast	
B	Antibiotic therapy and cessation of breastfeeding	
C	**Antibiotic therapy and continuation of breastfeeding**	**CORRECT**
D	Discontinue breastfeeding and apply cold compresses only	

Q-124

A 30-year-old primigravida, 3 weeks postpartum, presents with shivering, breast redness, localized swelling, and severe right breast pain. Lactational mastitis is diagnosed. Which organism is MOST commonly responsible for lactational mastitis?

A	Pseudomonas aeruginosa	
B	Escherichia coli	
C	Group B Streptococcus (GBS)	
D	**Staphylococcus aureus**	**CORRECT**

Q-125

Immediately after the delivery of the placenta, the mother starts bleeding profusely from the birth canal. What is the nurse's immediate action ?

A	Administers oxygen by face mask	
B	Monitors vital signs continuously	
C	Increase the rate of intravenous infusion	
D	**Rubs the fundus to stimulate contraction**	**CORRECT**

Q-126

A nurse is teaching a group of student nurses about Rubin's postpartum psychological adaptation phases.Which sequence CORRECTLY lists these phases in order from earliest to latest?

A	**Taking-in ⍐ Taking-hold ⍐ Letting-go**	**CORRECT**
B	Taking-hold ⍐ Taking-in ⍐ Letting-go	
C	Letting-go ⍐ Taking-hold ⍐ Taking-in	
D	Taking-in ⍐ Letting-go ⍐ Taking-hold	

Q-127

Which of the following statements indicates a nursing action during the first hour after delivery of the placenta ?

A	Monitor the mother's hemoglobin	
B	**Assess maternal vital signs every 15 minutes**	**CORRECT**
C	Ensure that the mother mobilizes and empties her bladder	
D	Administer 10 units of oxytocin via IV line to ensure the uterus is well-contracted	

Q-128

The nurse is teaching a 32-week pregnant woman how to distinguish between false labor and true labor contractions. Which statement about false labor contractions is accurate?

A	They are regular and increase gradually	
B	**They are felt in the abdomen**	**CORRECT**
C	They start at the back and radiate to the abdomen	
D	They become more intense during walking	

Q-129

A 5-year-old child is experiencing pain after an appendectomy. Which data collection tool should the nurse use to assess the pain?

A	Visual analog scale	
B	**FLACC scale**	**CORRECT**
C	Numerical pain scale	
D	FACES pain rating scale	

Q-130

A mother planned for labor induction is started on intravenous medication. She is in the first stage of labor, having regular and increasingly stronger uterine contractions. Her cervix is 1 cm dilated for the past few hours; both the mother and the baby are being monitored. Which of the following signs should alert the midwife ?

A	Baby's head not engaged	
B	**Decreasing heart rate of the baby**	**CORRECT**
C	Mother's blood pressure 110/60 mmHg	
D	Mother's perspiration and increased thirst	

Q-131

A nurse is teaching a 26-year-old primigravida who is 33 weeks pregnant on how to use a kick chart. Which of the following statements will indicate that she understands the nurse's teaching ?

A	Fetal movements must be counted three times per day	
B	Fetal movements are felt best when the woman is on her right side	
C	**Fetal movements are a reassuring sign that indicates the fetus is healthy**	**CORRECT**
D	The kick chart is used to record fetal movement for the first time during pregnancy	

Q-132

Which test should be performed to screen for cervical neoplasia during antenatal assessment ?

A	**Papanicolaou (PAP)**	**CORRECT**
B	Vaginal rectal culture	
C	Rapid plasma regain test (RPR)	
D	Venereal disease research laboratory test (VDRL)	

Q-133

On postpartum day 2, the uterine fundus is palpated 2 cm below the umbilicus (U-2). What is the correct interpretation of this finding?

A	**Normal uterine involution**	**CORRECT**
B	Uterine atony	
C	Retained placental tissue	
D	Subinvolution	

Q-134

On the second day post-delivery, what color will the lochia be ?

A	**Lochia rubra**	**CORRECT**
B	Lochia serosa	
C	Lochia alba	
D	Mixed	

Q-135

A 30-year-old married woman had dilatation and curettage as a therapeutic abortion. A nurse was preparing for discharge instruction. Which of the following should the nurse include in discharge instruction ?

A	Taking a high protein diet	
B	Using tampons during swimming	
C	**Avoiding sexual intercourse for two weeks**	**CORRECT**
D	Continuing on bed rest for two weeks at home	

Q-136

While performing a postpartum assessment on a primiparous mother 2 hours after delivery, the nurse finds the fundus firm, midline, and midway between the symphysis pubis and umbilicus, with continuous trickling of bright red blood despite a well-contracted uterus. Which is the MOST likely diagnosis?

A	Full bladder causing uterine displacement	
B	Perineal haematoma	
C	**Birth canal laceration**	**CORRECT**
D	Retained placental fragment	

Q-137

What is the purpose of a late vaginal-rectal culture during antenatal screening ?

A	**To screen for group B streptococci**	**CORRECT**
B	To detect a Chlamydia infection	
C	To screen for gonorrhea	
D	To screen for syphilis	

Q-138

Which of the following hormones is responsible for the implantation of the ovum inside the uterine wall ?

A	**Progesterone and estrogen**	**CORRECT**
B	LH and FSH hormones	
C	Oxytocin	
D	Testosterone	

Q-139

Which hormone is responsible for uterine wall and breast enlargement during pregnancy ?

A	Progesterone	
B	**Estrogen**	**CORRECT**
C	HCG	
D	Testosterone	

Q-140

A woman was diagnosed with gestational trophoblastic disease. What lab investigation was done to diagnose the condition ?

A	Cervical pap smear	
B	**Serum HCG levels**	**CORRECT**
C	Serum estrogen level	
D	Plasma thyroxin level	

Q-141

A client is receiving human chorionic gonadotropin (hCG) as part of fertility treatment. Which finding should the nurse teach the client to report IMMEDIATELY because it may indicate ovarian hyperstimulation syndrome (OHSS)?

A	Mild breast tenderness	
B	**Rapid weight gain with abdominal distension and shortness of breath**	**CORRECT**
C	Light spotting for one day	
D	Increased appetite	

Q-142

A pregnant woman asks the nurse about the functions of the placenta. The nurse explains that the placenta provides the baby with nutrients and oxygen. Which additional placental function should the nurse include?

A	Cushion and protect baby	
B	**Produce HCG**	**CORRECT**
C	Produce contraction	
D	Produce Testosterone	

Q-143

A nurse explains the functions of the placenta to a pregnant client during a prenatal visit. The client repeats back what she learned. Which client statement CORRECTLY describes a function of the placenta?

A	The placenta cushions and protects the baby from physical trauma	
B	The placenta maintains the baby's body temperature in the womb	
C	**The placenta is the pathway through which the baby receives food and oxygen**	**CORRECT**
D	The placenta prevents all harmful substances from passing to the baby	

Q-144

A 24-week pregnant woman with 5-day history of fever, body aches, and cough is admitted with a diagnosis of H1N1 influenza. The nurse reviews the admission orders.Which order has the HIGHEST priority to implement FIRST?

A	**Assign the patient to a private room (isolation)**	**CORRECT**
B	Monitor vital signs every 4 hours	
C	Obtain nasopharyngeal specimens for culture	
D	Initiate Ringer's lactate IV infusion	

Q-145

A community Nursing nurse is planning to conduct prenatal teaching and a community assembly for pregnant adolescents. Which teaching strategy would be most effective ?

A	Offering open sessions for pregnant adolescents and anyone else who wants to attend	
B	Designing posters that girls can view individually in the community Nursing center	
C	**Preparing group class sessions for teaching pregnant adolescents together**	**CORRECT**
D	Conducting one-to-one teaching sessions for both mothers and daughters	

Q-146

Immediately after delivery of the placenta, the uterus begins to involute. What is the approximate weight of the uterus at this time?

A	900 grams	
B	**1000 grams**	**CORRECT**
C	1400 grams	
D	1600 grams	

Q-147

A G1P1 mother on postpartum day 2 after vaginal delivery reports that her perineal pad is completely saturated with bright-red lochia rubra.What is the nurse's PRIORITY initial action?

A	Immediately perform fundal massage	
B	Obtain maternal vital signs	
C	Notify the physician immediately	
D	**Ask how long ago the last pad was changed**	**CORRECT**

Q-148

A 32-week pregnant patient presents at the antenatal clinic with a complaint of frequent, bothersome heartburn (pyrosis), especially at night. She asks the nurse for advice.Which recommendation is MOST effective for relieving pregnancy-related heartburn?

A	Drink a large glass of plain water between meals	
B	**Elevate the head of the bed by 15–20 cm when sleeping**	**CORRECT**
C	Eat favourite foods freely to maintain adequate nutrition	
D	Lie down for one hour after eating to aid digestion	

Q-149

A midwife visits a breastfeeding mother 4 weeks postpartum. The mother must return to work and her infant will be in daycare. She asks about maintaining breastfeeding while working.Which teaching plan is MOST appropriate for this mother?

A	Start supplementary formula alongside bottle feeding	
B	Adopt a combined schedule of direct breastfeeding and formula top-feeds	
C	Focus on hygiene practices for preparing formula bottles	
D	**Teach the mother how to express, store, and label breast milk for use at daycare**	**CORRECT**

Q-150

A multipara mother complained of a small vulva with swelling following vaginal delivery of a baby weighing 3.8 Kg. What is the initial nursing action should the nurse advise the mother to perform ?

A	**Apply ice pack**	**CORRECT**
B	Maintain bed rest	
C	Administer analgesics	
D	Encourage fluid intake	

Q-151

A primigravida mother is assisted out of bed a few hours after a normal vaginal delivery and taken to the bathroom to void. She has difficulty urinating while on the commode and reports no urge to void. Which intervention is most appropriate?

A	Teach Kegel's exercises	
B	Give warm sitz bath first	
C	**Pour warm water over vulva**	**CORRECT**
D	Identify possible perineal tears	

Q-152

The nurse is assessing a young-adult pregnant client with no allergies who has tested positive for gonorrhea. Which of the following medications should the nurse expect to be part of the treatment plan ?

A	Tetracycline	
B	Ciprofloxacin	
C	Azithromycin	
D	**Ceftriaxone**	**CORRECT**

Q-153

A pregnant mother at early pregnancy was admitted in the Emergency Room with leakage of amniotic fluid, vaginal bleeding, and lower abdominal cramping pain. What is the possible diagnosis should the nurse suspect ?

A	Missed	
B	**Inevitable**	**CORRECT**
C	Incomplete	
D	Threatened	

Q-154

A nurse in the postnatal ward is caring for a multiparous patient who has just delivered a healthy newborn. When should the nurse plan to take the patient's vital signs during the immediate postpartum period?

A	Every hour for the first 2 hours	
B	Every 30 minutes during the first hour	
C	**Every 15 minutes during the first hour**	**CORRECT**
D	Every 5 minutes for the first 30 minutes	

Q-155

Which valuable information can be obtained from performing abdominal palpation (Leopold's maneuvers) during later pregnancy ?

A	Weight of the fetus	
B	Gestational age of the fetus	
C	Number of fetuses in the current pregnancy	
D	**Location and presentation of the fetus**	**CORRECT**

Q-156

A nurse who is caring for a woman in labor prepares to auscultate fetal heart rate using a Doppler ultrasound device. How does the nurse determine that the fetal heart sounds are correct ?

A	Notify if the heart rate is greater than 140 BPM	
B	Placing the diaphragm of the Doppler on the woman's abdomen	
C	**Palpating the maternal radial pulse while listening to the rate**	**CORRECT**
D	Performing Leopold's maneuvers first to determine the fetal heart	

Q-157

A client who is gravida 1, para 0, is admitted in labor. Her cervix is 100% effaced, and she is dilated to 3 cm. Her fetus is at +1 station. The nurse is aware that the fetus' head is ?

A	Not yet engaged	
B	Entering the pelvic inlet	
C	**Below the ischial spines**	**CORRECT**
D	Visible at the vaginal opening	

Q-158

Less than 24 hours after discharge from the postnatal ward, a new mother phones the unit reporting very heavy bright-red vaginal bleeding. She has just had a vaginal delivery.What is the BEST telephone advice the nurse should give?

A	Do not worry, bright-red bleeding in the first day is completely normal.	
B	Call your doctor or midwife and describe the bleeding to them.	
C	**Lie down and firmly massage the lower abdomen; if the bleeding does not reduce, go to the hospital immediately.**	**CORRECT**
D	Rest for one hour, then reassess the bleeding; if it is still heavy, call back.	

Q-159

A nurse was educating a group of women on the prevention of infection. The nurse asked each woman to state one preventive measure of vaginal infection. Which woman needs more education ?

A	First woman: """"Keep the vaginal area clean & dry""""	
B	Second woman: """"Wear cotton underwear""""	
C	Third woman: """"Wipe from front to back after urination""""	
D	**Fourth woman: """"Do vaginal douche twice a day""""**	**CORRECT**

Q-160

A nurse is educating a student nurse about abnormal pregnancy conditions. The nurse describes a condition in which a non-viable fertilised egg implants in the uterus, there is abnormal proliferation of trophoblastic tissue, no normal fetus develops, and the uterus fills with grape-like vesicles.Which condition is being described?

A	Ectopic pregnancy	
B	**Molar pregnancy (Hydatidiform mole)**	**CORRECT**
C	Tubal pregnancy	
D	Intra-abdominal pregnancy	

Q-161

A nurse is conducting an antenatal assessment. Fundal height is significantly larger than expected for the gestational age, indicating rapid and abnormal uterine growth.Which condition is MOST commonly associated with unusually rapid uterine enlargement?

A	Ectopic pregnancy	
B	**Molar pregnancy (Hydatidiform mole)**	**CORRECT**
C	Tubal pregnancy	
D	Intra-abdominal pregnancy	

Q-162

A 28-year-old pregnant woman at 9 weeks presents to the o with vaginal bleeding. During assessment, the nurse found height is 12cm. Which of the following is the most likely diagnosis ?

A	Placenta previa	
B	Abruptio placenta	
C	Ectopic pregnancy	
D	**Hydatidiform mole**	**CORRECT**

Q-163

During a prenatal examination. The nurse draws blood from a young Rh negative client and explain that an indirect Coombs test will be performed to predict whether the fetus is at risk for ?

A	**Acute hemolytic disease**	**CORRECT**
B	Respiratory distress syndrome	
C	Protein metabolic deficiency	
D	Pathologic hyperbilirubinemia	

Q-164

A nurse is teaching a 33-week primigravida how to use a fetal kick chart at home. After the teaching session, the nurse evaluates understanding by asking the patient a question.Which statement by the patient BEST indicates correct understanding of fetal kick counting?

A	I must count fetal movements exactly three times per day	
B	I will feel movements most strongly when lying on my right side	
C	**Regular fetal movements are a reassuring sign that my baby is doing well**	**CORRECT**
D	The kick chart is used to record the very first time I feel the baby move during pregnancy	

Q-165

The antenatal clinic nurse was assessing a 32yaers old gravida 2, para1 pregnant mother on the fundal height at 36 weeks. What is the expected fundus position ?

A	Umbilicus	
B	**Xiphoid process**	**CORRECT**
C	Symphysis pubis	
D	Under umbilicus	

Q-166

A woman is at 30 weeks gestational age admitted to antenatal with premature rupture of membrane. the nurse administered Dexamethasone to her according doctor prescription. She ask what is the Drug for. Which of the following the best answer ?

A	**To promote fetal lung maturation**	**CORRECT**
B	Prevention of chorioamnionitis	
C	To increase uteroplacental exchange	
D	Treatment of fetal respiratory distress	

Q-167

A 25 years old patient with history of amenorrhea for two month was admitted for hydatiform mole investigation. Which signs and symptoms would the nurse observe ?

A	Hypotension	
B	Hyperglycemia	
C	**Rapid uterine growth**	**CORRECT**
D	Painful uterine contraction	

Q-168

A women was discharged from gynecological ward after gestational trophoblastic disease (molar pregnancy). Which of the following is the best advice to give her ?

A	Never to fall pregnant again	
B	To request the doctor to sterilize her	
C	To consider having her uterus removed	
D	**To avoid falling pregnant for at least one year**	**CORRECT**

Q-169

A pregnant woman with type 1 diabetes reports confusion and blurred vision. Capillary glucose is 48 mg/dL. Which symptom represents neuroglycopenia?

A	**Blurred vision**	**CORRECT**
B	Dry mouth	
C	Polyuria	
D	Flushing	

Q-170

A postpartum woman is being discharged on day 2 after a forceps-assisted vaginal birth with sutured vaginal and perineal tears. Which discharge teaching topic needs the GREATEST emphasis to help prevent complications?

A	Diet management and exercise plan	
B	Newborn care and vaccination records	
C	**Hygiene practices and alert signs to report**	**CORRECT**
D	Family planning and child growth monitoring	

Q-171

A 15-week pregnant woman with Rh-negative blood type is admitted after a spontaneous abortion. The nurse prepares the appropriate post-abortion care.Which action is MOST appropriate regarding Rh immunoglobulin (RhoGAM)?

A	**Administer Rh immunoglobulin (RhoGAM) within 72 hours**	**CORRECT**
B	Do not administer RhoGAM — it is not indicated for abortion	
C	Do not administer RhoGAM — the pregnancy was beyond 12 weeks	
D	Confirm that RhoGAM was already given at the first antenatal visit	

Q-172

A postpartum client has lochia that is red in color with a fleshy (non-foul) odor. What does this finding indicate?

A	**Normal**	**CORRECT**
B	Infection	
C	Bleeding	
D	Bacteria	

Q-173

The nurse was educating a postpartum woman during discharge about the importance of breastfeeding. Which of the following if said by the women, indicates the need for further education ?

A	Breast milk is nutritionally balanced	
B	Breast milk reduces the risk of infection	
C	Breastfeeding promotes mother-child bonding	
D	**Breastfeeding prevents pregnancy**	**CORRECT**

Q-174

Multiparous mother is attending at the outpatient clinic 2 weeks after her delivery for follow up. While the nurse is assessing the mother, she would not palpate the fundus. Which of the following is the most appropriate nursing action ?

A	**Document normal finding**	**CORRECT**
B	Massage the fundus to be firm	
C	Assess lochia amount and color	
D	Admit the mother to the hospital	

Q-175

A breastfeeding mother reports that she feeds her infant every 1–2 hours, yet the infant cries frequently between feeds and she experiences breast pain. The nurse suspects the infant is not feeding effectively.Which instruction is MOST appropriate?

A	**Feed on infant demand and check the feeding technique and latch for effectiveness**	**CORRECT**
B	Schedule feedings strictly every 3 hours to regulate supply	
C	Discontinue breastfeeding and transition to formula	
D	Begin weaning the infant at this stage	

Q-176

A 17-year-old mother presents to the primary health centre 10 days after delivery with fatigue, pallor, fever, and foul-smelling vaginal discharge. Vital signs: BP 80/50 mmHg, HR 98/min, RR 26/min, Temperature 39.6°C. Lab results show: Hb 88 g/L (low), HCT 0.29 (low), WBC 12.8 × 10^{9}/L (elevated), RBC 4.0 × 10^{12}/L (low).Which is the MOST serious potential outcome if this condition — postpartum haemorrhage complicated by puerperal sepsis — is left untreated?

A	**Maternal death from haemorrhagic or septic shock**	**CORRECT**
B	Recurrent vaginal candidiasis	
C	Cervical cancer	
D	Uterine prolapse	

Q-177

A pregnant woman presents to the gynaecological ward with vaginal bleeding. Examination reveals no fetal heart sounds and a closed, non-dilated cervix. Ultrasound confirms fetal demise with no cardiac activity. The patient is diagnosed with a missed abortion.What is the most appropriate management?

A	Dilatation and curettage (D&C)	
B	Induction of labour with syntocinon	
C	**Expectant management or medical evacuation**	**CORRECT**
D	Emergency laparotomy	

Q-178

A gravid 8 para 8 woman has just delivered a 4.5kg infant. Which of the following is a possible complication ?

A	Postpartum depression	
B	Maternal hypoglycemia	
C	**Postpartum hemorrhage**	**CORRECT**
D	Pregnancy-induced hypertension	

Q-179

A primigravida woman who is pregnant at 30 weeks gestation told the nurse that she is worried that anything happens to her baby. Which of the following should be the proper nurse's response ?

A	Ask the woman not to worry	
B	**Ask the woman to express her concerns**	**CORRECT**
C	Attract the woman's attention to other issues	
D	Reassure the woman about the baby's condition	

Q-180

Which of the following should be included in the nursing care to a woman during the 2nd stage of labor ?

A	Shave the perineum	
B	Administer enema to the woman	
C	Careful evaluation of prenatal history	
D	**Watch breathing, bear down with each contraction**	**CORRECT**

Q-181

A nurse is educating midwifery students about postpartum fever. According to the standard clinical definition, which description accurately defines puerperal sepsis (puerperal infection)?

A	**Temperature ≥38°C occurring on any 2 of the first 10 days postpartum (excluding the first 24 hours)**	**CORRECT**
B	Temperature ≥38°C from postpartum day 7 to day 16	
C	Temperature ≥40°C occurring from postpartum day 2 to day 10	
D	Temperature ≥40°C from postpartum day 7 to day 16	

Q-182

A 17-year-old mother presented to the primary health center ten after delivery. She is suffering from fatigue, anemia, fever and vaginal discharge (see lab results) Blood pressure 80/50 mmHg Heart rate 112 /min Respiratory rate 35 /min Temperature 39.6 C Test Result Normal Values RBC 4 4.7-6.1 × 1012 /L (male) 4.2-5.4 × 1012 /L (female) Hb 90 130-170 g/L 120-160 g/L (female) HCT 0.29 0.42-0.52 (male) 0.37-0.48 (female) WBC 12.8 4.5-10.5 × 109/L Which of the following is the best diagnosis of health problem in this case ?

A	Severe urinary track infiction	
B	Vesico-vaginal fistula	
C	**Puerperal sepsis**	**CORRECT**
D	Post-partum haemorrhage	

Q-183

In obstetrics, what term describes the relationship of the presenting fetal part to the specific location on the maternal pelvis?

A	Fetal lie	
B	**Fetal position**	**CORRECT**
C	Fetal presentation	
D	Fetal attitude	

Q-184

A woman who is 32 weeks gestation. Her weight was 66 kg last month and today it is 78 kg. Which of the following is the best nursing action ?

A	Assess the size of her fetus	
B	Give health education on good nutrition	
C	Advise her to exercise and lose some weight	
D	**Check her blood pressure and test her urine for protein**	**CORRECT**

Q-185

On postpartum day 2, a patient has red lochia with a fleshy odour, temperature 38°C, blood pressure 110/70 mmHg, respirations 20/min, and pulse 90/min. Which nursing interpretation is MOST appropriate?

A	Normal postpartum assessment	
B	**Puerperal infection**	**CORRECT**
C	Dehydration	
D	Postpartum haemorrhage	

Q-186

A 10-week pregnant primigravida has severe nausea and vomiting more than 10 times daily, 5% weight loss, and ketonuria. She is diagnosed with hyperemesis gravidarum. Elevated levels of which hormone are MOST strongly associated with this condition?

A	**Human chorionic gonadotropin (hCG)**	**CORRECT**
B	Progesterone	
C	Aldosterone	
D	Prolactin	

Q-187

A pregnant patient has elevated mercury levels. Which dietary choice BEST reduces mercury exposure while still providing a safer source of omega-3 or healthy fats during pregnancy?

A	Consuming king mackerel three times per week	
B	Consuming swordfish as the main source of omega-3	
C	**Having five soaked walnuts or cooked soybeans daily**	**CORRECT**
D	Eating tuna steaks daily for protein	

Q-188

A nurse was assessing a newborn delivery by a mother infected with Neisseria gonorrhea. What is the complication that can occur to the newborn ?

A	Deafness	
B	**Blindness**	**CORRECT**
C	Mental retardation	
D	Hyperbilirubinemia	

Q-189

A full-term mother presents in the antenatal clinic with mild lower abdominal contractions and shows watery discharge from her vagina. She is admitted to the labor and delivery unit, supported well, and is lying down on the bed. What knowledge guide is necessary as the first intervention ?

A	**Assessment of cervix**	**CORRECT**
B	Medication and induction	
C	Reassurance and support	
D	Mode of delivery	

Q-190

A pregnant woman visits the Outpatient clinic complaining of excessive vaginal secretion. Which of the following is the appropriate nursing assessment ?

A	Fetal heart rate	
B	Fundal height	
C	**Signs of infection or labor**	**CORRECT**
D	Fetal presentation and position	

Q-191

A pregnant woman with sickle cell anemia is in active labor. Which nursing action is MOST important to ensure fetal well-being during labor?

A	Provide effective pain management	
B	**Continuously monitor the fetal heart rate**	**CORRECT**
C	Administer supplemental oxygen to the mother	
D	Assess maternal vital signs regularly	

Q-192

A nurse is preparing to administer RhoGam to Rh-negative women who has delivered a Rh-positive newborn. Which of the following is prevented by this intervention ?

A	Maternal illness	
B	Neonatal illness	
C	**Production of antibodies**	**CORRECT**
D	Re-occurrence of Rh-positive baby in next mother	

Q-193

A genetic counsellor is advising a couple who both have sickle cell anaemia disease (HbSS/HbSS).What is the probability that each of their children will inherit sickle cell anaemia disease?

A	**100% — all children will have sickle cell disease**	**CORRECT**
B	50% — half of children will have sickle cell disease	
C	75% — three quarters will be affected	
D	25% — only one quarter will be affected	

Q-194

If both parents are carriers of sickle cell trait, what is the probability that their child will have sickle cell disease?

A	100%.	
B	50%.	
C	75%.	
D	**25%.**	**CORRECT**

Q-195

A 7-year-old child is assessed with a urinary tract infection BP 95/55 Temp 36.4. Which is the most appropriate nursing action ?

A	Notify the physician immediately	
B	Notify the nurse manager immediately	
C	**Document the findings in the nursing note**	**CORRECT**
D	Put the physician	

Q-196

A nurse is caring for a child post tonsillectomy and adenoidectomy. Which complication should the nurse plan to assess ?

A	Pulmonary hypertension	
B	**Hemorrhage**	**CORRECT**
C	Hearing loss	
D	Orthopnea	

Q-197

In the pediatric ward, most patients have respiratory problems. Which condition needs priority of care ?

A	Pneumonia	
B	**Epiglottitis**	**CORRECT**
C	Bronchiolitis	
D	Bronchitis	

Q-198

An infant was admitted with patent Ductus arteriosus and prescribed Indomethacin 0.2mg/kg intravenously. What is the function of indomethacin ?

A	**Assist closure of ductus arteriosus**	**CORRECT**
B	Prevent infection	
C	Improve tissue perfusion	
D	Preserve hormone level	

Q-199

A 10-year-old child admitted with rheumatic fever. Which assessment data should the nurse consider most significant in the child's history ?

A	Family history of congenital heart disease	
B	**Recent episode of streptococcal tonsillitis**	**CORRECT**
C	Lack of interest in certain types of food	
D	Projectile vomiting and diarrhea for 2 days	

Q-200

A nurse is planning to give a 5-year-old child an intramuscular injection. What is the best nursing intervention to minimize fear ?

A	Show a cartoon video of injection attention	
B	**Allow child to give injection to a doll**	**CORRECT**
C	Observe another child receiving an injection	
D	Get parents to reassure the child	

Q-201

A full-term newborn admitted with tracheoesophageal fistula. Which nursing measure is necessary to prevent pulmonary complications and improve prognosis ?

A	Encourage exclusive breastfeeding	
B	Insert nasogastric tube for gastric decompression	
C	**Intermittent suction by double-lumen catheter**	**CORRECT**
D	Prepare for the insertion of tracheostomy	

Q-202

A four-year-old boy is admitted with diabetes insipidus. What finding should the nurse anticipate ?

A	Bradycardia	
B	Low urine output	
C	**Excessive thirst**	**CORRECT**
D	High systolic blood pressure	

Q-203

A midwife counsels a mother whose first child was born with spina bifida about planning for a future pregnancy. The mother wants to reduce the risk of recurrence.Which measure is MOST important to begin BEFORE the next conception?

A	Increase iron and calcium supplementation	
B	**Take high-dose folic acid (4–5 mg/day) starting at least one month before conception**	**CORRECT**
C	Undergo full genetic screening before conceiving	
D	Complete all required immunisations before and during pregnancy	

Q-204

A newborn admitted to the NICU with tracheoesophageal fistula. What nursing intervention should be included ?

A	Elevate the head for feedings	
B	**Elevate the head but keep the child NPO**	**CORRECT**
C	Insert a nasogastric tube for feeding	
D	Encourage the mother to breastfeed	

Q-205

A 3-month-old infant with developmental dysplasia of the hip (DDH) is fitted with a Pavlik harness. Which parent instruction is MOST important?

A	Remove the harness for at least 2 hours daily to allow skin care	
B	**Keep the harness on continuously as prescribed, and check skin under the straps every shift**	**CORRECT**
C	Place the infant in a prone position during harness use to promote hip alignment	
D	Tighten the harness straps if the infant appears uncomfortable	

Q-206

A nurse is educating parents of a child newly diagnosed with cerebral palsy. The parents ask about the likelihood of their child having cognitive impairment alongside the motor disability.According to published clinical data, approximately what percentage of children with cerebral palsy have some degree of cognitive impairment?

A	**30–50%**	**CORRECT**
B	20–50%	
C	30–60%	
D	20–60%	

Q-207

A 6-year-old child diagnosed with Sickle cell anemia is admitted with severe pain in upper and lower extremities. What should the nurse prioritize ?

A	**Hydration and pain management**	**CORRECT**
B	Nutrition and restricted hydration	
C	Nutrition and manage infection	
D	Manage pain and infection	

Q-208

A 2-year-old girl hospitalized with bronchiolitis is receiving oxygen therapy. What indicates the effectiveness of oxygen therapy ?

A	Oxygen saturation 84%	
B	**Oxygen saturation 90%**	**CORRECT**
C	Respiration rate 12 bpm	
D	Respiration rate 25 bpm	

Q-209

A nurse is caring for a 1-year-old infant diagnosed with congestive heart failure (CHF). The infant is on digoxin and diuretics.Which nursing goal is MOST appropriate and directly addresses the primary pathophysiology of CHF?

A	Relieve acute pain episodes	
B	**Improve myocardial efficiency and reduce cardiac workload**	**CORRECT**
C	Maintain stable body temperature (thermoregulation)	
D	Promote unrestricted oral feeding to ensure adequate caloric intake	

Q-210

When assessing a newborn after circumcision, what is the immediate risk the nurse should observe for ?

A	**Bleeding**	**CORRECT**
B	Fever	
C	Infection	
D	Pain	

Q-211

A 30-year-old woman at 33 weeks of pregnancy has been identified by the community health team as requiring nursing follow-up care and health teaching at home.Which type of home visit is MOST appropriate for this situation?

A	Selective home visit	
B	**Follow-up home visit**	**CORRECT**
C	Field trip visit	
D	Systematic routine visit	

Q-212

What is most likely to cause uterine atony and lead to postpartum hemorrhage ?

A	Endometriosis	
B	**Urine retention**	**CORRECT**
C	Cervical and vaginal tears	
D	Hypertension	

Q-213

A primary health care nurse refers a mother of nine children, with low financial resources and no use of family planning methods, to a health counsellor. In the context of individual counselling for family planning, which approach should the counsellor primarily use?

A	Group teaching sessions in the community	
B	**Individual counselling tailored to her specific situation and needs**	**CORRECT**
C	Community organisation campaigns	
D	Distributing printed educational pamphlets	

Q-214

During active labor, an exhausted patient requests non-pharmacologic support. Which nursing action BEST promotes coping without increasing fatigue?

A	Apply firm abdominal pressure	
B	Increase IV medication rate	
C	**Wipe face with wet towel and hold hands**	**CORRECT**
D	Instruct to push harder	

Q-215

A 15-month-old child undergoes surgical repair of hypospadias. The nurse prepares discharge teaching for the parents.Which post-operative instruction is MOST important for the parents to follow at home?

A	**Restrict the child's physical activity for at least 2 weeks to protect the surgical repair**	**CORRECT**
B	Avoid applying any ointment or powder near the surgical site	
C	Provide a high-protein diet to promote faster wound healing	
D	Keep the child away from other children with infections	

Q-216

A two-hour-old newborn is given to the mother for breastfeeding. The mother was initially hesitant but agreed after understanding the advantages of early breastfeeding. What statement indicates her correct understanding ?

A	**Improve natural immunity**	**CORRECT**
B	Strengthens sucking reflex	
C	Stimulates gut movement	
D	Stimulates teeth growth	

Q–217

A school nurse plans a safety education session for elementary school children aged 6–12 years. Which safety topic is MOST developmentally appropriate and addresses the most common injury risk for this age group?

A	Organised team sports safety	
B	**Bicycle safety (helmet use, road rules, traffic awareness)**	**CORRECT**
C	Supervised swimming and water safety	
D	Road traffic safety as a pedestrian	

Q–218

An 11-month-old infant is being discharged after cleft lip and palate surgery. Which parent statement BEST shows correct understanding of home care to protect the suture line?

A	**Avoid my infant crying**	**CORRECT**
B	Use a spoon for feeding	
C	Place child on abdomen after feeding	
D	Use lotion for lip irritation	

Q–219

A baby is born at 38 weeks of gestation with a birth weight of 1800 grams. Based on birth-weight classification only, how should this infant be classified?

A	**Low birth weight**	**CORRECT**
B	Very low birth weight	
C	Extremely low birth weight	
D	Normal birth weight	

Q–220

A baby is born at 38 weeks of gestation with a birth weight of 1250 grams. Based on birth-weight classification only, how should this infant be classified?

A	Low birth weight	
B	**Very low birth weight**	**CORRECT**
C	Extremely low birth weight	
D	Normal birth weight	

Q–221

A baby is born at 38 weeks of gestation with a birth weight of 850 grams. Based on birth-weight classification only, how should this infant be classified?

A	Low birth weight	
B	Very low birth weight	
C	**Extremely low birth weight**	**CORRECT**
D	Normal birth weight	

Q–222

Which antenatal assessment tool BEST evaluates fetal well-being by assessing fetal heart rate reactivity in relation to fetal movements?

A	Doppler auscultation of fetal heart rate	
B	Fundal height measurement	
C	**Non-stress test (NST)**	**CORRECT**
D	Fetal kick counting chart	

Q-223

Immediately following the birth of a full-term newborn, what is the priority nursing diagnosis for this newborn ?

A	**Airway clearance**	**CORRECT**
B	Ineffective thermoregulation	
C	Risk for imbalance fluid volume	
D	Risk for injury	

Q-224

A full-term newborn is admitted to NICU with a diagnosis of meningocele. What admission assessment is needed ?

A	Specific gravity of urine	
B	**Head circumference**	**CORRECT**
C	Weight and length	
D	Palpation of the abdomen	

Q-225

A nurse is caring for a full-term newborn delivered five minutes ago with Apgar scores of 8 at one and five minutes. What is the highest priority ?

A	Assessing the infant's red reflex	
B	**Preventing heat loss**	**CORRECT**
C	Maintaining the infant's position	
D	Administering humidified oxygen	

Q-226

A30week gestational preterm admitted to NICU 2hours ago the neonate starts to have grunting, nasal flaring. Which of the following the nurse recognizes regarding signs and symptoms ?

A	**Neonate has RDS**	**CORRECT**
B	It is normally in the first 24 hours of birth	
C	This is not significant unless become cyanosis	
D	Neonate has hypoglycaemia	

Q-227

A 30 weeks of gestational age preterm is admitted to the neonatal intensive care unit 2 hours. The neonate starts to have grunting tachypnea, and nasal flaring. Which of the following is responsible factors for diagnosis of the premature ?

A	Bronchial spasm	
B	Immature bronchioles	
C	**Lack of surfactant**	**CORRECT**
D	Pulmonary overload	

Q-228

A premature infant is diagnosed with patent ductus arteriosus (PDA). The physician prescribes indomethacin 0.2 mg/kg IV — a prostaglandin synthesis inhibitor.What is the PRIMARY therapeutic action of indomethacin in this clinical context?

A	**Promotes pharmacological closure of the ductus arteriosus**	**CORRECT**
B	Prevents systemic infection in the premature infant	
C	Improves peripheral tissue perfusion	
D	Maintains prostaglandin hormone levels	

Q-229

The parents of a newborn diagnosed with a small Ventricular Septal Defect (VSD) ask the nurse about the prognosis. Which statement BEST reflects the accurate natural history of small VSDs?

A	The baby will develop noticeable cyanosis, especially during sleep	
B	Breastfeeding should be stopped to reduce the burden on the heart	
C	**Many small VSDs close spontaneously within the first 1–2 years of life without surgery**	**CORRECT**
D	Blood pressure will be lower in the arms than in the legs	

Q-230

A 10-year-old child returns to the surgical unit following an emergency appendectomy for a ruptured appendix. The nurse prepares to assess the child's postoperative pain level. Which pain assessment tool is MOST appropriate for this child?

A	Numeric Rating Scale (NRS 0–10)	
B	**Wong-Baker FACES Pain Scale**	**CORRECT**
C	FLACC Scale (Face, Legs, Activity, Cry, Consolability)	
D	CHEOPS (Children's Hospital of Eastern Ontario Pain Scale)	

Q-231

A child with acute rheumatic fever has severe pain, tenderness, and swelling in one knee due to migratory polyarthritis. Which nursing intervention is MOST appropriate for pain relief?

A	**Apply warm compresses to the affected joint**	**CORRECT**
B	Position the joint in flexion to reduce tension	
C	Apply ice packs to reduce inflammation	
D	Encourage gentle ambulation for 15 minutes	

Q-232

A 9-year-old child starts an IV cyclosporine infusion. Within 15 minutes, the child develops sudden dyspnea, cold clammy skin, and restlessness. What is the MOST appropriate INITIAL nursing action?

A	Ensure airway patency	
B	Administer oxygen	
C	**Discontinue the IV infusion**	**CORRECT**
D	Administer IM epinephrine	

Q-233

A nurse in the Neonatal Intensive Care Unit is caring for premature newborn, is diagnosed with Respiratory Distress (RDS) and the doctor ordered administrating surfactant. Surfactant should be given by which of the following routes ?

A	Intravenous	
B	Subcutaneous	
C	Intramuscular	
D	**Endotracheal**	**CORRECT**

Q-234

A 7-year-old child is assessed in the paediatric ward with a diagnosed urinary tract infection. Vital signs: BP 99/55 mmHg (normal for age), Temperature 36.4°C (normal). The child is alert, playful, and comfortable. Which nursing action is MOST appropriate?

A	Notify the physician immediately as this is an urgent situation	
B	Notify the nurse manager immediately	
C	**Document the assessment findings in the nursing notes and continue routine care**	**CORRECT**
D	Place the patient in Trendelenburg position	

Q-235

During a prenatal education session, the midwife asks mothers about the function of the amniotic fluid sac (the "water bag"). Which statement by a mother BEST reflects an accurate function of the amniotic fluid sac?

A	It provides the baby with immunity against infections	
B	It provides the baby with essential nutrients and oxygen	
C	**It protects the baby from physical injury and helps maintain a stable temperature**	**CORRECT**
D	It filters harmful chemicals from the mother's blood before they reach the baby	

Q-236

A 23-year-old gravid 1, para 0 mother is presented to the Antenatal clinic. The health educator educates group of mothers in the waiting area. Which information regarding fetal circulation the educator should stress on ?

A	One umbilical artery and one umbilical vein	
B	One umbilical artery and two umbilical veins	
C	**Two umbilical arteries and one umbilical vein**	**CORRECT**
D	Two umbilical arteries and two umbilical veins	

Q-237

A 37-week neonate is admitted to the NICU because the mother had fever for 2 days before delivery. Which finding is MOST likely to be an early sign of neonatal sepsis?

A	Decreased urinary output	
B	**Poor feeding**	**CORRECT**
C	Stable body weight	
D	Sudden hyperthermia	

Q-238

Which organism can cause a neonate to develop septicemia including respiratory distress, apnea, and hypotension within 12 hours of birth ?

A	Escherichia coli	
B	Cytomegalovirus	
C	Varicella zoster virus	
D	**Group B streptococcus**	**CORRECT**

Q-239

While a nurse is assessing an infant born 11 hours ago via caesarean section, she auscultated moist lung sounds. Which of the following is the most likely interpretation ?

A	Abnormal finding	
B	**Normal finding**	**CORRECT**
C	Pneumothorax	
D	Surfactant aspiration	

Q-240

Lanugo is most commonly seen in preterm infants born before approximately how many weeks of gestation?

A	20 weeks	
B	30 weeks	
C	25 weeks	
D	**35 weeks**	**CORRECT**

Q-241

A nursing student asks about the white, waxy, cheese-like substance that coats the skin of newborn babies. It is produced by sebaceous glands in the fetus and is thought to protect the skin during fetal development and in the first hours after birth.What is this substance called?

A	**Vernix caseosa**	**CORRECT**
B	Lanugo	
C	Smegma	
D	Milia	

Q-242

An 11 years old child has been diagnosed with type 1 diabetes mellitus. Which of the following education should the nurse explain about the exercise ?

A	Extra insulin is required during exercise	
B	**Extra snacks are needed before exercise**	**CORRECT**
C	Exercise will increase blood glucose	
D	Exercise should be restricted	

Q-243

A newborn has small, whitish, pinpoint spots over the nose, which the nurse knows are caused by retained sebaceous secretions. When charting this observation, the nurse identifies it as ?

A	**Milia**	**CORRECT**
B	Lanugo	
C	Whiteheads	
D	Mongolian spots	

Q-244

A 25 years old primipara is admitted for labor. The infant is delivered by forceps because of breech presentation and full body assessment shows a large blue macular marking over the left buttocks. Which of the following is the most likely cause ?

A	Echymosis	
B	Nervus flames	
C	Telangiectasia nevi	
D	**Mongolian spots**	**CORRECT**

Q-245

A nurse observes the stool of a newborn on day 3 after birth. What color is expected during the transitional stool phase?

A	Brown	
B	Light green	
C	Light brown	
D	**Brownish green**	**CORRECT**

Q-246

An infant with developmental dysplasia of the hip is discharged with a Pavlik harness. Which of the following instructions should the nurse give to the infant's parents ?

A	Put the baby's diaper over the harness	
B	Fasten the straps for at least 2 hours every day	
C	Press both legs together before applying the harness	
D	**Soft, thin clothing should be worn under the harness**	**CORRECT**

Q-247

A neonate is admitted to the NICU with a meningomyelocele. HR 130, RR 28, TEMP 36.7. What action should the nurse perform to prevent infection of the meningomyelocele sac ?

A	Wash the sac with betadine every shift	
B	Expose the defect to the room air	
C	Apply antibiotic cream every 24 hours	
D	**Cover the sac with moist sterile saline dressing**	**CORRECT**

Q-248

A baby is born at 38 weeks' gestation and weighs 1800 grams. Which birth-weight classification is CORRECT?

A	**Low birth weight (LBW) — weight <2500 grams**	**CORRECT**
B	Very low birth weight (VLBW) — weight <1500 grams	
C	Appropriate for gestational age (AGA)	
D	Small for gestational age (SGA)	

Q-249

A neonate born at 24 weeks' gestation is admitted to the Neonatal Intensive Care Unit with respiratory distress syndrome. Which feeding method is most appropriate to promote growth while ensuring safety for this extremely premature infant?

A	**Enteral feeding of breast milk**	**CORRECT**
B	Enteral feeding of premature formula	
C	Oral breast feeding	
D	Oral premature formula	

Q-250

After the umbilical cord is safely cut using aseptic technique, which immediate nursing intervention is MOST important for the newborn?

A	Assess sucking response	
B	Increase mother-child bonding	
C	Assess and record APGAR score	
D	**Keep dry and maintain thermoregulation**	**CORRECT**

Q-251

A 2-year-old child is admitted to the pediatric ward. The mother cannot stay with the child and will only visit on weekends. What nursing action indicates an understanding of this child's emotional needs ?

A	Give her a warm bath to calm down	
B	Allow the child to suck on a pacifier	
C	**Ask the parents to bring the child's favorite toy**	**CORRECT**
D	Tell the parents that frequently visiting is unnecessary	

Q-252

When assessing newborn weight on a scale, the nurse must avoid heat loss by ?

A	Radiation	
B	Evaporation	
C	**Conduction**	**CORRECT**
D	Convection	

Q-253

A nurse wraps a newborn in a blanket and keeps the nursery room temperature appropriate. Which type of neonatal heat loss is this intervention MOST directly preventing?

A	Radiation	
B	Conduction	
C	**Convection**	**CORRECT**
D	Evaporation	

Q-254

A mother is asking the nurse how sickle cell could be detected. Which test detects sickle cell disease or traits ?

A	**Hemoglobin electrophoresis**	**CORRECT**
B	Bone marrow aspiration	
C	Complete blood count	
D	Free erythrocyte protoporphyrin	

Q-255

An 11-year-old child has been diagnosed with central diabetes insipidus, characterised by polyuria and polydipsia due to insufficient antidiuretic hormone (ADH) production.Which gland is the PRIMARY source of ADH deficiency in central diabetes insipidus?

A	**Posterior pituitary gland**	**CORRECT**
B	Adrenal medulla	
C	Anterior pituitary gland	
D	Adrenal cortex	

Q-256

A term baby boy is diagnosed with Down syndrome. Physical examination reveals flattened nose, low set ears, upward slanting eyes, single palmar crease. Which is the most common congenital anomaly associated with this disease ?

A	Developmental dysplasia of hip (DDH)	
B	**Congenital heart disease**	**CORRECT**
C	Hypospadias	
D	Pyloric stenosis	

Q-257

A neonate is admitted to the NICU with a meningomyelocele (spina bifida aperta). Vital signs are stable: HR 130, RR 28, Temp 36.7°C. The exposed spinal defect sac needs immediate protection.Which nursing action is MOST appropriate to prevent infection of the meningomyelocele sac?

A	Cleanse the sac with povidone-iodine (betadine) solution every shift	
B	Leave the defect exposed to room air to keep it dry	
C	Apply antibiotic cream to the surface every 24 hours	
D	**Cover the sac with a sterile, moist saline dressing immediately**	**CORRECT**

Q-258

If a full-term infant weighs 3 kg at birth, approximately what weight should the infant be at 12 months old ?

A	7 kg	
B	**9 kg**	**CORRECT**
C	11 kg	
D	13 kg	

Q-259

A newborn has a cephalohematoma on physical examination. This infant is at increased risk for which complication?

A	Sudden death	
B	**Pathological jaundice**	**CORRECT**
C	Infected umbilical cord	
D	Increased intracranial pressure	

Q-260

A 4-day-old baby diagnosed with physiological jaundice. The father wants to know why his baby has this condition. What should the nurse tell the father about the most prominent cause of physiological jaundice ?

A	**Immature hepatic function**	**CORRECT**
B	Decreased milk intake	
C	Rh incompatibility	
D	Red blood cell enzyme defects	

Q-261

A newborn with hyperbilirubinemia was started on phototherapy. What will be the nurse's instruction regarding feeding ?

A	Feed glucose drinks	
B	**Breastfeed two hourly**	**CORRECT**
C	Bottle feed until the bilirubin level reduces	
D	Breastfeed alternatively with bottle feeds	

Q-262

Which action should a nurse include when caring for a newborn receiving phototherapy ?

A	Expose all surfaces	
B	Prevent stimulation	
C	**Cover the eyes with a shield**	**CORRECT**
D	Change position every four hours	

Q-263

A baby born at 35 weeks was admitted to the neonatal intensive care unit 27 hours ago. Physical examination revealed yellow discoloration of sclera and mucous membranes. The bilirubin level was 170 μmol/L. The infant was diagnosed with neonatal jaundice. The physician ordered single phototherapy. What should the nurse consider as a priority during phototherapy for this newborn ?

A	**Ensure proper fitting of eye covering (patches)**	**CORRECT**
B	Monitor bilirubin levels every 48 hours	
C	Feed the infant formula every 4 to 5 hours	
D	Avoid removing the infant from phototherapy	

Q-264

A nurse prepares to administer a vitamin K injection to a full-term newborn. The mother wants to know the importance of the injection. Which of the following is the best response by the nurse to the mother ?

A	**Needed for blood clotting to prevent hemorrhage**	**CORRECT**
B	Accelerate the growth and development of infants	
C	Help in maintaining a healthy gut and passage of meconium	
D	Protect the infant from developing severe respiratory distress	

Q-265

A nurse is caring for a child who has just returned from the operating room following tonsillectomy and adenoidectomy (T&A). The nurse plans the priority assessment for the most common and serious early complication. Which complication should the nurse assess for FIRST?

A	Pulmonary hypertension	
B	**Post-operative haemorrhage**	**CORRECT**
C	Sensorineural hearing loss	
D	Orthopnoea (difficulty breathing lying flat)	

Q-266

A term baby boy is admitted to the Neonatal Intensive Care Unit. Physical examination revealed flattened nose, low set ears, upward slanting eyes, a single palmar crease. Which of the following is a possible diagnosis for the newborn ?

A	Cushing syndrome	
B	**Down syndrome**	**CORRECT**
C	Intrauterine Growth Retardation	
D	Congenital hypothyroidism	

Q-267

A full-term vigorous neonate is crying and has good muscle tone immediately after birth, with no maternal risk factors. Which nursing intervention has the HIGHEST priority?

A	**Dry the neonate and prevent heat loss**	**CORRECT**
B	Administer the vitamin K injection	
C	Obtain a dextrostix blood glucose	
D	Apply identification bands	

Q-268

During the physical assessment of a male infant's genitalia, the nurse found that one of the testes is enlarged. What could be the reason for the swollen testes ?

A	Chordee	
B	Cryptorchidism	
C	**Hydrocele**	**CORRECT**
D	Hypospadias	

Q-269

A newborn is diagnosed with hypospadias. When teaching the parents of this child, the nurse should tell them to avoid which of the following before the hypospadias repair ?

A	**Circumcision**	**CORRECT**
B	Drinking acidic juices	
C	Urinary catheterization	
D	Riding a bicycle	

Q-270

A 6-year-old child is diagnosed with sickle cell disease is admitted with severe pain in upper and lower extremities. What type of crisis that the child experiences ?

A	Sequestration	
B	Aplastic Crisis	
C	**Vasoocclusive**	**CORRECT**
D	Hyperhemolytic	

Q-271

Mother of a sickle cell anemia child is asking why her child can't go hiking with his friends. Which of the following complications hiking can lead to ?

A	Enhance iron absorption	
B	Decrease oxygen consumption	
C	Inhibit hemoglobin production	
D	**Precipitate vaso-occlusive crisis**	**CORRECT**

Q-272

A nurse is performing a complete physical assessment on a newborn. To ensure accuracy and minimize distress, in which sequence should the nurse measure the newborn's vital signs?

A	Pulse ▯ Respirations ▯ Temperature	
B	Temperature ▯ Pulse ▯ Respirations	
C	**Respirations ▯ Pulse ▯ Temperature**	**CORRECT**
D	Respirations ▯ Temperature ▯ Pulse	

Q-273

A nurse is assessing a 2-day-old full-term male neon circumcision. She observed that the circumcised area is oozing a large amount of fresh blood. Which of the following actions should the nurse take ?

A	Apply antibiotic ointment on the affected area	
B	Give the infant another injection of vitamin K	
C	Clean the area with betadine	
D	**Apply gentle pressure with sterile gauze**	**CORRECT**

Q-274

A maternity nurse assesses a newborn 30 minutes after birth. The infant has dry, cracked, and peeling skin with little or no vernix caseosa and absence of lanugo. These findings are most consistent with which gestational age category?

A	<30 weeks	
B	30–35 weeks	
C	36–40 weeks	
D	**>40 weeks**	**CORRECT**

Q-275

A nurse is caring for a female newborn who was born with an imperforate anus. When assessing the newborn's urine, she should notify the doctor immediately if the newborn's urine contains which of the following ?

A	**Meconium**	**CORRECT**
B	Sugar	
C	Albumin	
D	Crystals	

Q-276

Which statement BEST defines developmental dysplasia of the hip (DDH) as a spectrum of hip joint abnormalities?

A	Fracture of the femoral head due to birth trauma	
B	**Abnormal development of the acetabulum (acetabular dysplasia) that may range from mild instability to complete dislocation**	**CORRECT**
C	Complete dislocation of the femoral head from the acetabulum only	
D	Infection of the hip joint causing avascular necrosis	

Q-277

Which of the following is the most commendable site to obtain a Capillary blood sugar sample from a neonate ?

A	Earlobe	
B	Fingertip	
C	**Heel**	**CORRECT**
D	Abdomen	

Q-278

A 6-year-old preschooler returned from the operating room after tonsillectomy. In which position should the nurse place the child post-tonsillectomy ?

A	Supine	
B	**Side lying**	**CORRECT**
C	Low fowler	
D	High fowler	

Q-279

A teenager with sickle cell disease is excited about an upcoming school hiking trip and proudly shows the nurse a new water bottle he plans to bring. Which initial nursing response is MOST therapeutic?

A	What do your parents think about this activity?	
B	You know this type of activity might trigger a pain crisis.	
C	You need to obtain approval from your physician before participating.	
D	**It is great that you are planning to stay well hydrated for this activity.**	**CORRECT**

Q-280

A child with thalassemia was given desferoxamine (Desferal); which of the following should alert the nurse to notify the physician ?

A	**Decreased hearing**	**CORRECT**
B	Hypertension	
C	Red urine	
D	Vomiting	

Q-281

A client who is breastfeeding her newborn requests assistance from the lactation nurse. Which reflex does the nurse explain in order to assist with latching on ?

A	Extrusion reflex	
B	**Rooting reflex**	**CORRECT**
C	Swallowing reflex	
D	Tonic neck reflex	

Q-282

A healthy baby is born normally via vaginal delivery and when transferred to newborn until the nurse administered vitamin K intramuscularly. Which site is recommended for vitamin K injection ?

A	Biceps	
B	Deltoid	
C	**Vastus lateralis**	**CORRECT**
D	Gluteus maximus	

Q-283

The nurse determines that a client understands the purpose of a vitamin K injection for her newborn if the client states that VK is administered for which purpose ?

A	Newborn lack vitamin	
B	Newborn have low blood levels	
C	**Newborn lack intestinal bacteria**	**CORRECT**
D	Newborn cannot produce vitamin K in the liver	

Q-284

While a nurse is assessing the head of a newborn at the first hour after delivery, she observed a soft edema over the vertex which crosses the suture line. Which of the following would be the proper nurse's interpretation ?

A	Cephalohematoma	
B	Hydrocephaly	
C	Large head	
D	**Caput succedaneum**	**CORRECT**

Q-285

A mother asked the nurse that while she was changing the diaper for her female newborn, she noticed a brick-red stain on it. What is the best response by the nurse ?

A	It is a sign of low iron excretion	
B	**It is expected in a female newborn**	**CORRECT**
C	It is due to medication given to the mother	
D	It is due to medication given to the newborn	

Q-286

A nurse is assessing a 4-month-old formula-fed infant. The parent reported that the infant was irritable, crying excessively, not sleeping well, and vomiting, gastroesophageal reflux is expected. What nursing intervention should the nurse expect to teach the parent ?

A	**Place in an infant seat after eating**	**CORRECT**
B	Give frequent feedings	
C	Position the child in a swing	
D	Thin formula with water	

Q-287

The normal systolic BP for newborn ?

A	40–60	
B	**60–80**	**CORRECT**
C	80–100	
D	100–120	

Q-288

What is the approximate stomach capacity of a newborn immediately after birth?

A	**6ml**	**CORRECT**
B	12ml	
C	22ml	
D	28ml	

Q-289

What consideration after Cleft lip 3-6 month surgery ?

A	allow infant to cry	
B	allow to breast feed	
C	**elbow restrain after surgery**	**CORRECT**
D	put the baby on prone position	

Q-290

A 14-month-old infant has just returned from the operating room after cleft palate repair. In which position should the nurse place the infant?

A	Prone position	
B	Supine position	
C	**Side-lying position**	**CORRECT**
D	High Fowler's position	

Q-291

To prevent cleft lip and cleft palate the pregnant woman u should advice Folic acide ?

A	200 IU	
B	**400 mcg**	**CORRECT**
C	600 IU	
D	800 IU	

Q-292

A 32-year-old gravid 1 and para 1 is now planning to become pregnant within the next year. The nurse recommends that the patient begin taking tablets of folic acid. How many micrograms would be most appropriate for this patient ?

A	**400**	**CORRECT**
B	600	
C	1800	
D	4000	

Q-293

A 2-month-old infant with cleft lip is seen in the primary health care to get the regular vaccine of 2 months. The mother asked proper time for the corrective cleft lip surgery of her infant. Which of the following is the best nurse response ?

A	No specific age for repair of cleft lip	
B	It is too late, repair should be done immediately after delivery	
C	**3-6 months**	**CORRECT**
D	The proper time for repair after the age of one year	

Q-294

A nurse is assigned to care for a child after a cleft palate repair. Which of the following types of restraints is very effective for the child ?

A	Mummy restraint	
B	**Elbow restraint**	**CORRECT**
C	Wrist restraint	
D	Mitt restraint	

Q-295

The nurse has been teaching a new mother how to feed a baby born with a cleft lip and palate before surgical repair. Which of the following actions from the mother indicates teaching has been successful ?

A	**Burping the baby frequently**	**CORRECT**
B	Prevent the infant from crying	
C	Placing the baby flat during feeding	
D	Keep the infant prone following feedings	

Q-296

A mother came to the Outpatient Department with an infant having a cleft and palate. The infant was underweight, so the nurse has to consider Teaching the proper way of feeding the child in the treatment plan. Which of the following is the proper way of feeding ?

A	Use a non-squeezable bottle during feeding	
B	**Feed infant in an upright, sitting position**	**CORRECT**
C	Enlarge nipple holes of the bottle to allow more milk to pass through	
D	Feed infant longer than 45 minutes to allow more food to be small	

Q-297

A 40-year-old woman is a gravida 2, para 2 and is currently conceiving. Her previous pregnancy resulted in the birth of a cleft lip and palate. The patient is anxious and concerned pregnancies and the nurse provides genetic counseling and Which foods would most effectively prevent the recurrence of a palate ?

A	**Green vegetables and citrus fruit**	**CORRECT**
B	Eggs, milk, and dairy products	
C	Wheat, corn, rice, oats, and rye	
D	Beef, chicken, and yellow vegetables	

Q-298

A 2-day-old newborn is admitted to the nursery. While the nurse is administering oral feeding, the milk returns through the child's nose and mouth, and the infant becomes cyanotic. Which of the following conditions could the newborn have ?

A	Anorectal malformation	
B	**Tracheoesophageal fistula**	**CORRECT**
C	Cleft lip and palate	
D	Cardiac condition	

Q-299

A 14-month-old child returns from the OR after cleft palate repair and has copious oral secretions with gurgling breath sounds. Oral suctioning is contraindicated. Which nursing action should be implemented FIRST to reduce aspiration risk?

A	Place the child supine	
B	**Position the child side-lying**	**CORRECT**
C	Place in high Fowler's position	
D	Place in Trendelenburg position	

Q-300

A 9-month-old infant has undergone cleft palate repair. Which feeding method should the nurse teach the mother to use during the postoperative period?

A	**Open cup**	**CORRECT**
B	Teaspoon	
C	Bottle feed	
D	Special bottle feed	

Q-301

All of the following are types of spina bifida EXCEPT ?

A	Myelomeningocele	
B	**Hemophilia**	**CORRECT**
C	Meningocele	
D	Spina Bifida Occulta	

Q-302

While caring for a neonate with meningococcal, the nurse should avoid positioning the child on the ?

A	Abdomen	
B	Left side	
C	Right side	
D	**Back**	**CORRECT**

Q-303

An infant is born with spina bifida (myelomeningocele). Which complication is most commonly associated with this condition?

A	**Hydrocephalus**	**CORRECT**
B	Craniosynostosis	
C	Meningitis	
D	Cerebral palsy	

Q-304

On the second day of hospitalization for ventriculoperitoneal shunt revision, a child with spina bifida developed hives, itching, and wheezing. The nurse should determine if the patient has been exposed to ?

A	Peanuts	
B	Strawberries	
C	Eggs	
D	**Latex**	**CORRECT**

Q-305

A full-term infant is admitted to NICU with a diagnosis of Spina. Vital signs are stable. Which of the following positions is suitable for this infant ?

A	Supine position	
B	Semi-fowler position	
C	**Prone position**	**CORRECT**
D	Sitting position	

Q-306

A 24 hours after delivery, the nurses noted that the newborn failed to pass meconium. This indicates which of the following condition A. GERD B. Pyloric stenosis C. Failure to thrive D. Hirsch sprung disease ?

A	GERD	
B	Pyloric stenosis	
C	Failure to thrive	
D	**Hirsch sprung disease**	**CORRECT**

Q-307

A nurse is assessing a 6-month-old infant that has reduced responsiveness and interaction with the environment, fails to smile or make eye contact, and does not attempt to hold or comfort the crying infant. What diagnosis should the nurse anticipate ?

A	Celiac disease	
B	**Failure to thrive**	**CORRECT**
C	Cystic fibrosis	
D	Growth hormone deficiency	

Q-308

A 3-day-old newborn is diagnosed with Hirschsprung disease. Which of the following findings will alert the nurse to suspect this disease in the newborn ?

A	Palpable sausage-shaped mass	
B	Cyanosis of fingers and toes	
C	**Failure to pass meconium within 24-48 hours of life**	**CORRECT**
D	Weight less than expected for height and age	

Q-309

A 9-month-old child is diagnosed with Hirschsprung disease and scheduled for surgical operation. Which of the following should the nurse understand as the purpose for surgical intervention ?

A	**To remove the aganglionic portion of the bowel to relieve obstruction**	**CORRECT**
B	To maintain optimum nutritional status and growth	
C	To stimulate intestinal adaptation with enteral feeding	
D	To minimize complications related to the disease	

Q-310

A 9-month-old child with Hirschsprung disease is scheduled for surgery. Which complication is MOST commonly associated with this condition in infancy?

A	Mechanical obstruction	
B	**Enterocolitis**	**CORRECT**
C	Pleural effusion	
D	Esophageal atresia	

Q-311

An 8-month-old infant is admitted with Hirschsprung disease. Which of the following would be a significant finding in this infant ?

A	Depressed anterior fontanel	
B	Polyuria, hematuria	
C	Weight gain, edema	
D	**Failure to thrive, constipation**	**CORRECT**

Q-312

The nurse is assessing a 2-year-old child with Wilms surgery. Which of the following should the nurse avoid ?

A	Putting the child in lateral position	
B	**Palpating the child's abdomen**	**CORRECT**
C	Putting the child in a private room	
D	Providing mouth hygiene 30 minutes after a meal	

Q-313

A nurse is taking a history from the infant parents who have a suspected diagnosis of intussusception. Which of the following assessment questions would be most helpful ?

A	Do you breastfeed your child	
B	**What does your child's stool look like**	**CORRECT**
C	How often does your child urinate	
D	What is the color of your child's urine	

Q-314

A 5-month-old boy has been vomiting green-colored vomit. He has intermittent abdominal pain during which he draws his chest, turns pale, and cries forcefully. On observation, the nurse notes jelly-like consistency in the stool and a long, tube-like mass in the abdomen. There is no fever, rash, nor diarrhea. Bowel sounds are hyperactive in all quadrants. What is the most likely form of initial treatment ?

A	Manual manipulation	
B	Surgical resection	
C	**Normal saline enema**	**CORRECT**
D	Laparoscopy	

Q-315

A 7-month-old infant seen in the Emergency Department suffering from episodes of severe abdominal pain, and the infant's stool became like red jelly. Abdominal examination revealed a palpable sausage-shaped mass in the right upper quadrant. What is the first line of therapeutic management for this infant ?

A	**Non-surgical hydrostatic reduction**	**CORRECT**
B	Surgical simple reduction	
C	Pyloromyotomy	
D	Endorectal pull-through	

Q-316

A 7-month-old infant seen in the Emergency Department suffering from episodes of severe abdominal pain, and the infant's stool became like red jelly. Abdominal examination revealed a palpable sausage-shaped mass in the right upper quadrant. What is the best diagnosis ?

A	Hirschsprung disease	
B	Hypertrophic pyloric stenosis	
C	Infant colic	
D	**Intussusception**	**CORRECT**

Q-317

A nurse is preparing to care for a child with a diagnosis of intussusception. The nurse reviews the child's record and expects to note which sign of this disorder documented ?

A	Watery diarrhea	
B	Rib bone-like stools	
C	Profuse projectile vomiting	
D	**Red jelly stool**	**CORRECT**

Q-318

A 5-year-old child was seen in the Emergency Department with abdominal pain, a palpable sausage-shaped mass, and suspected intussusception. Which of the following is the best diagnostic evaluation ?

A	X-ray	
B	Endoscopy	
C	Rectal biopsy	
D	**Ultrasonography**	**CORRECT**

Q-319

A newborn underwent pyloromyotomy for pyloric stenosis. Which postoperative intervention is most appropriate?

A	**Maintain IV fluids until adequate oral intake is tolerated**	**CORRECT**
B	Start full feeds immediately	
C	Expect no vomiting postoperatively	
D	Withhold fluids for 48 hours	

Q-320

Surgery for pyloric stenosis involves which movement ?

A	Pylorotomy	
B	Pylorectomy	
C	Pylorostomy	
D	**Pyloromyotomy**	**CORRECT**

Q-321

A 1-month-old infant is admitted to the surgical unit with hypertrophic pyloric stenosis and scheduled for surgery. What findings would be evident on abdominal examination ?

A	Palpable olive-like mass in the left side	
B	**Palpable olive-like mass in the right side**	**CORRECT**
C	Palpable olive-like mass moved from left to right	
D	Palpable olive-like mass moved from right to left	

Q-322

While assessing a child with pyloric stenosis, the nurse is likely to note which of the following ?

A	Regurgitation	
B	Steatorrhea	
C	**Projectile vomiting**	**CORRECT**
D	"Currant jelly" stools	

Q-323

A 5-week-old newborn admitted to the pediatric ward with pyloric stenosis is experiencing weight loss and projectile vomiting after feeding. Which abdominal organs are directly affected by this condition ?

A	**Stomach and duodenum**	**CORRECT**
B	Stomach and esophagus	
C	Liver and spleen	
D	Liver and bile duct	

Q-324

Which instruction should be given to the parents about colostomy care ?

A	Use baby powder after stoma cleaning	
B	Empty the pouch when it is completely full	
C	**Avoid tight diapers around the infant abdomen.**	**CORRECT**
D	Use baby wipes to clean the skin around the stoma	

Q-325

A community health nurse is visiting a family at home. The parents state that their 8-year-old son is "out of control" and does not listen to them. During the visit, the child repeatedly interrupts and acts out to gain the nurse's attention. The parents become frustrated and send him out of the room. Which nursing response is MOST appropriate?

A	That was the right decision. It is important for children to know who is in charge.	
B	Do not worry. Many boys behave this way and usually grow out of it.	
C	**Let us discuss strategies that can help teach your child appropriate behavior and clarify your expectations.**	**CORRECT**
D	You are reinforcing his behavior when you do that. You should place him in time-out instead.	

Q-326

An 11-year-old child admitted to the pediatrics ward has acute lymphocytic leukemia and has been experiencing joint pain for several weeks. What high risk is expected in this case ?

A	**Infection**	**CORRECT**
B	Fractures	
C	Dehydration	
D	Hepatitis	

Q-327

A nurse is teaching a group of new mothers in the post-natal ward on how to manage breast engorgement after they are discharged to home. Which of the following statements by the mother will indicate to the nurse that they understood how to prevent engorgement of the breasts ?

A	Breastfeed every 4 hours	
B	breast feeding during the day and bottle feeds at night	
C	breast feed every 2-3 hours during the day and stop at night	
D	**Breastfeed the baby every 2-3 hours during the day and night**	**CORRECT**

Q-328

When measuring rectal temperature in an infant or young child, approximately how deep should the thermometer be inserted?

A	**2cm**	**CORRECT**
B	3.5cm	
C	4cm	
D	4.5cm	

Q-329

A 15-year-old girl admitted to the hospital with diarrhea, vomiting, and lethargy. Using an electronic thermometer, which measurement would be most appropriate ?

A	Oral	
B	Rectal	
C	Axillary	
D	**Tympanic**	**CORRECT**

Q-330

A clinic uses the following immunization schedule excerpt:- 9 months: Measles (monovalent) + Meningococcal conjugate quadrivalent (MCV4)- 12 months: Oral polio vaccine (OPV) booster after completion of the primary series- 12–15 months: MMR + VaricellaAccording to THIS clinic schedule, which polio vaccine is indicated at 12 months of age after completion of the primary series?

A	**Oral polio vaccine (OPV) booster dose**	**CORRECT**
B	Inactivated polio vaccine (IPV) first-ever primary dose	
C	No polio vaccine is given until school age	
D	Polio vaccine is contraindicated at 12 months	

Q-331

A mother brought her 6-month-old healthy infant to the well-baby clinic. Which immunization should the nurse anticipate to administer as per WHO's recommendation ?

A	Varicella (Chicken pox)	
B	Rotavirus and hepatitis	
C	Measles, Mumps, Rubella	
D	**Diphtheria, Tetanus and pertussis**	**CORRECT**

Q-332

A 6-month-old infant with hydrocephalus has undergone ventriculoperitoneal shunt insertion. Which postoperative finding is MOST concerning?

A	Sunken fontanelle and irritability	
B	Decreased head circumference	
C	**Poor feeding and pupillary change**	**CORRECT**
D	Headache and excessive sleepiness	

Q-333

According to the routine immunization schedule, an 11-month-old infant should already have received immunization against which group of diseases?

A	Pertussis, Tetanus, polio, and varicella	
B	**Polio, Pertussis, Tetanus, and Diphtheria**	**CORRECT**
C	Varicella, polio, Tuberculosis, and pertussis	
D	Measles, Mumps, Rubella, and Tuberculosis	

Q-334

In determining the one minute APGAR score of a male infant the nurse assesses a heart rate of 120 beats per minute and respiratory rate of 44 per minute. He has flaccid muscle tone with slight flexion and resistance to straightening. He has a loud cry with colour is acrocyanotic What is the APGAR score for the infant ?

A	7	
B	**8**	**CORRECT**
C	9	
D	10	

Q-335

Five minutes post-birth, a neonate has a heart rate of 98, irregular breathing, actively moves all extremities, but has bluish hands and feet, as ll as a weak and timid cry. Which is the correct APGAR assessment score ?

A	9	
B	8	
C	7	
D	**6**	**CORRECT**

Q-336

A newborn has the following Apgar findings at 1 minute: heart rate less than 100/min, irregular respirations at 28/min, minimal flexion of extremities, grimace on stimulation, and a pink body with blue extremities. What is the total Apgar score?

A	0	
B	3	
C	**5**	**CORRECT**
D	6	

Q-337

A 5-year-old child with a fractured forearm has multiple bruises, appears fearful, and avoids answering questions. Which nursing action is BEST to begin building trust with this child?

A	Arrange meal	
B	Comfort measures	
C	Show the playing area	
D	**Therapeutic communication**	**CORRECT**

Q-338

During clinical assessment, the nurse suspected that a child has been psychological abuse. Which statement by the child is most likely support the suspicion ?

A	**My parents tell me that I am stupid**	**CORRECT**
B	My parents hurt me for doctors' attention	
C	My mother forces not to give meals on time	
D	My uncle shows me pictures of nude people	

Q-339

While a nurse is assessing vital signs of newborn infant first hour of delivery. HR 170 RR 70 TEM 36 . the nurse would interpret these finding as in the discharge instruction ?

A	Anemia	
B	**Cold distress**	**CORRECT**
C	Heart defects	
D	Hyperglycemia	

Q-340

Toddler is admitted to the pediatric room with several episodes of diarrhea 3 days. the child is diagnosed with gastroenteritis. Which organism is responsible about the most diarrhea episodes in children ?

A	**Rota**	**CORRECT**
B	Bacillus magissterium	
C	Shigella	
D	Staphylococcus	

Q-341

A child with a diagnosis of Tetralogy of Fallot is scheduled to be discharge from the hospital. the nurse who is planning discharge education should instruct the caregivers that during a hyper cyanotic spell, which position is most likely to benefit the child ?

A	Supine	
B	Prone	
C	Side-lying	
D	**Knee-chest**	**CORRECT**

Q-342

A 12- year- old boy was brought to the Emergency respiratory arrest due to drowning. Cardiac resuscitation what is the major complication that might happen if treated after drowning quickly ?

A	Sepsis	
B	Alkalosis	
C	**Acidosis**	**CORRECT**
D	Hypothermia	

Q-343

which of the following is the leading cause of injury for children who are more than five years old ?

A	Accidental suffocation	
B	**Motor vehicle**	**CORRECT**
C	Congenital anomalies	
D	Drowning	

Q-344

A 1-year-old girl admitted to podiatric medical unit significant weight loss, diminished mid-arm circumference diarrhea, and red hair. Which of the following type of malnutrition do the nurse suspect ?

A	Marasmus	
B	Spitting up	
C	**Kwashiorkor**	**CORRECT**
D	Rickets	

Q-345

33 month-old infant is admitted to the Emergency Department (ED) with fractured arm. The mother indicated that while the child was crawling fell down the stairs and broke his arm. Which of the following observation would lead the nurse to suspect that this is a victim of abuse ?

A	Age–inappropriate injury	
B	Pattern and shape of injury	
C	Child appearing malnourished	
D	**Improper explanation of injury cause**	**CORRECT**

Q-346

5-year-old child was brought to the Emergency Room with a fractured right forearm. He had several bruises on his body but showed no signs of an while palpating them. He seemed scared and did not answer any questions asked. Why should the nurse discuss this case with the nurse manager ?

A	Continuity of care	
B	**Rule out child abuse**	**CORRECT**
C	Psychological support	
D	Fracture management	

Q-347

A four-year old child is seen in the Emergency Department with a spiral fracture of the left arm. The x-ray examination showed previously broken healed bones. What is your immediate action ?

A	Arrange foster care	
B	Ask about previous accidents	
C	**Report child abuse**	**CORRECT**
D	Establish rapport with the family	

Q-348

5-year-old child admitted to the pediatric ward with fracture arm. While assessing the child, the se notices a bruises in the child's back. This is the third time in 1 month that the parent brings the child to hospital. ich time, the child family provides vague explanations for various buries. Which of the following e pediatric nurse's priority intervention ?

A	Prevent parents' visit	
B	Question parents about child's injury	
C	Encourage the child to tell the truth	
D	**Report suspicion of abuse**	**CORRECT**

Q-349

Parents of a child with a ventriculoperitoneal shunt are being taught discharge instructions. Which sign suggests shunt malfunction?

A	Depressed fontanel	
B	**Vomiting, lethargy**	**CORRECT**
C	Increased heart rate	
D	Hematuria	

Q-350

A 3 year old child is seen to the emergency department experiencing a seizure at home. Three is no previous of seizure. The mother inform that she does not believe the child epilepsy. Which of the following is the best response ?

A	No need to worry, epilepsy is easily treated	
B	Very few children have actual epilepsy	
C	**The seizure may or may not epilepsy**	**CORRECT**
D	Your child has only had one seizure	

Q-351

A 16-year-old girl is brought to the emergency department with suspected diabetic ketoacidosis (DKA). She is lethargic but arousable (GCS 12), has dry mucous membranes, tachycardia, and deep rapid respirations; her breath smells like acetone. Which immediate therapeutic goal is the PRIORITY to stabilize the patient?

A	Increase blood glucose	
B	Increase serum osmolarity	
C	**Increase circulatory volume**	**CORRECT**
D	Decrease intracranial pressure	

Q-352

The nurse is planning care for several children who were admitted during the shift. Daily weights should be the plan of care for the child who is receiving ?

A	**Total parenteral nutrition (TPN)**	**CORRECT**
B	Supplement oxygen	
C	Intravenous anti-infective	
D	Chest physiotherapy	

Q-353

While planning for discharge education for a mother or rickets, the nurse knows to include the need for an adequate Which food should the mother choose for her child ?

A	Potato and squash	
B	Orange and tomatoes	
C	**Egg yolk and fish**	**CORRECT**
D	Milk and yogurt	

Q-354

Discharge teaching for a child with celiac disease would include instructions about avoiding which of the following ?

A	Rice	
B	Milk	
C	**Wheat**	**CORRECT**
D	Chicken	

Q-355

A 6 year old male is diagnosed with Nephrotic syndrome. When nursing care for the patient the plan of diet should be ?

A	High salt, high fat	
B	High salt, high cholesterol	
C	**Low salt, low fat**	**CORRECT**
D	Low protein, high	

Q-356

5-year-old child was admitted with Nephrotic Syndrome. A nurse noticed that the child has slight facial puffiness with mild pitting edema on his hands and feet. there was no distended abdomen Which type of diet the nurse should order for the child ?

A	High protein, high salt diet	
B	Low protein, low fiber diet	
C	Low protein, normal salt diet	
D	**Normal protein, low salt diet**	**CORRECT**

Q-357

An adolescent with juvenile diabetes mellitus develops chronic renal failure. Which diet is MOST appropriate?

A	Low fat	
B	Low mineral	
C	**Low protein**	**CORRECT**
D	Low carbohydrate	

Q-358

3-year-old child with an elevated body temperature is administered oral aspirin. The nurse records the body temperature of the child two hours and finds that it is still elevated. What is the most likely underlying physiology for the delayed response in action of the aspirin ?

A	**High gastric pH**	**CORRECT**
B	Thin epidermis	
C	Low muscle tone	
D	Short intestines	

Q-359

A 17-year-old woman has fever, sore throat, hoarseness, leukocytosis, and a throat culture positive for beta-hemolytic streptococcus. Which complication is MOST associated with this condition if inadequately treated?

A	Cellulitis	
B	Bacterial cholangitis	
C	Infective endocarditis	
D	**Rheumatic heart disease**	**CORRECT**

Q-360

A 3-year-old child is admitted to the Medical Ward for vomiting, and dehydration. The nurse sat with the parents to comply admission interview and wanted to get as much information as Which of the following communication techniques should the nurse ?

A	Use of question containing the word """"how""""	
B	**Use of question with direct comments to clarify**	**CORRECT**
C	Use of statements indicating patient will be fine	
D	Use of leading questions and those involving yes or no	

Q-361

To decrease the anxiety of a 10-year-old girl who is undergoing surgery. Which of the following should the nurse do ?

A	**Use a heart model to show her how the surgery will go**	**CORRECT**
B	Provide her with verbal explanation of the upcoming surgery	
C	Give her a book to read about the surgery 2 weeks prior	
D	Let her parents talk to her about the importance of having surgery	

Q-362

The nurse is assessing a child who has Tetralogy of Fallot observed that the child is having clubbing in his fingernails Which of the flowing might be the reason for this clubbing ?

A	**Prolonged tissue hypoxia**	**CORRECT**
B	Delayed physical growth	
C	Inactive bone marrow	
D	Pulmonary fibrosis	

Q-363

An 12-year-old child has been diagnosed with Diabetes insipidus which of the following is disorder ?

A	**Posterior pituitary**	**CORRECT**
B	Adrenal medulla	
C	Anterior pituitary	
D	Adrenal cortex	

Q-364

the summer months, a five year-old girl presents with a sore throat and a dry cough that has slowly become worse over the past three weeks. Her body temperature is 38.0oC. On auscultation, there is wheezing and shortness of breath. She lives in an overcrowded house with three brothers, parents and grandparents in a low income neighbourhood where she attends school. Which is the greatest risk factor ?

A	Residing in a low-income neighborhood	
B	Exposure to a pathogen in summer season	
C	Attending school	
D	**Living in crowded conditions**	**CORRECT**

Q-365

Five years old patient was brought to emergency room with several bruises on his body but showed fractured right forearm. He had no signs of pain while palpating them. He seemed scared and didn't answer any questions asked. Why should the nurse discuss this manager with the nurse ?

A	Care continuity	
B	**Abuse role out**	**CORRECT**
C	Support psychological	
D	Management of fracture	

Q-366

A 30-year-old women was admitted with ectopic pregnancy on the sixth gestational week. The patient was scheduled for resection of the involved fallopian tube with end to end anastomosis Which is the initial nursing diagnosis for this patient ?

A	Grieving	
B	**Acute pain**	**CORRECT**
C	Hyperthermia	
D	Knowledge deficit	

Q-367

a nurse is caring for a child with traction of fractured bone. In the chart, a doctor has placed a reminder to maintain even and constant traction What would be the most likely understanding of the nurse for this order ?

A	Add or remove weights every other day	
B	**Allow weights to hang free continuously**	**CORRECT**
C	Elevate head and foot of the bed alternatively when in pain	
D	Allow weights to hang free every 12 hours for good circulation	

Q-368

A child was admitted to the hospital three hours ago with a injury. The child responds appropriately, but sluggishly to drifts in and out of sleep Which of the following best describes this patient's level of ?

A	**Lethargic**	**CORRECT**
B	Obtunded	
C	Comatose	
D	Semi comatose	

Q-369

A nurse is providing postpartum care for a GSP4 mother who had a rapid labor of an infant weighing 4000 gm. Assessment revealed a boggy uterus, heavy lochia and stable vital signs. After fundal massage and bladder evacuation. the fundus remains soft. which of the following is the most appropriate next nursing action ?

A	**Inform the physician**	**CORRECT**
B	Reassess the vital signs	
C	Continue fundal massage	
D	Take venous blood sample	

Q-370

child has a third- degree burns of the hand, chest, face, which nursing diagnosing takes priority ?

A	**Ineffective airway clearance**	**CORRECT**
B	Disturbed body image	
C	Impaired urinary elimination	
D	Risk for infection	

Q-371

An 8-year-old girl with a fibular fracture has a fiberglass cast rather than a plaster cast. Which is an advantage of a fiberglass cast?

A	Cheaper	
B	**Dries rapidly**	**CORRECT**
C	Smooth external	
D	Shape closely to body parts	

Q-372

A woman who is 24 weeks pregnant is crying because the fetus is female and her family wanted a boy. She asks for an immediate abortion. Which nursing action is most appropriate initially?

A	**Calm her down and reassure for an appropriate solution**	**CORRECT**
B	Provide moral support and book her for the procedure	
C	Repeat ultrasound and wait for a few more weeks	
D	Family counseling and follow religious guidance	

Q-373

9-year-old child is admitted to paediatric word diagnosed with Glomerulonephritis (AGN). The mother ask the nurse why you the blood pressure frequently which of the following the nurse should be respond based on knowledge ?

A	**Acute hypertension must be anticipated and identified**	**CORRECT**
B	Hypotension leading to sudden shock	
C	Blood pressure fluctuations are a common side effect of therapy	
D	Blood pressure fluctuations are a sign that the condition has become chronic	

Q-374

Which of the following terms applis to the tiny. blanched. slightly raised end arterioles found on the face. neck. arms. and chest during pregnancy ?

A	Epulis	
B	Linea nigra	
C	Striae gravidarum	
D	**Telangiectasia**	**CORRECT**

Q-375

Neonate is admitted to the neonatal intensive care unit for observation with a diagnosis of probable meconium aspiration syndrome (MAS) the neonate weight 4.650 grams and is at 40 weeks gestation which of the following would be the priority problem ?

A	Impaired skin integrity	
B	Hyperglycemia	
C	Risk for impaired parent-infant child attachment	
D	**Impaired gas exchange**	**CORRECT**

Q-376

Treating a pregnant woman who has already been diagnosed with syphilis is considered which level of prevention?

A	Primary level of prevention	
B	**Secondary level of prevention**	**CORRECT**
C	Tertiary level of prevention	
D	Primary and secondary	

Q-377

A women breastfeed her infant one or two hours and her infant cries most of the time and she feels pain in her breast. Which of the following instructions are appropriate for the nurse to give the mother ?

A	**Regulate breastfeeding every 3 hours**	**CORRECT**
B	That's a normal feeding problem	
C	Shift to bottle feeding	
D	Start weaning your baby	

Q-378

A 7-year-old child is admitted to the Emergency Department, injury The child is oriented to the place, person and time spontaneously obeys commands. The nurse is doing aped Coma Scale (PGCS). Which of the following score the nurse should record ?

A	3	
B	8	
C	12	
D	**15**	**CORRECT**

Q-379

A 3 years old child is admitted to the hospital with seizures. He was alert, oriented and has a rash in his extremities and is diagnosed with meningitis. While doing physical examination of him, he starts to develop seizures. Blood pressure 100/57 mmHg Heart rate 110/min Respiratory rate 30/min Temperature 39.5 C Which of the following vaccine is used to prevent meningitis ?

A	**Hib vaccine**	**CORRECT**
B	Varicella vaccine	
C	BCG vaccine	
D	Rubella vaccine	

Q-380

A nurse is caring for a pregnant patient who is diagnosed with abruption placenta. Which of the following findings of assessment would indicate a concealed hemorrhage ?

A	Maternal tachycardia	
B	Decrease in fundal height	
C	**Rigid, board-like abdomen**	**CORRECT**
D	Acceleration in fetal heart rate	

Q-381

In placenta Previa marginalia, the placenta is found at the ?

A	Internal cervical os partly covering the opening	
B	External cervical os slightly covering the opening	
C	**Lower segment of the uterus with the edges near the internal cervical**	**CORRECT**
D	Lower portion of the uterus completely covering the cervix	

Q-382

54- community health nurse visited a postnatal primigravida mother who ent back to work. The nurse instructed the woman the different positions breast-feeding in order to lessen the burden of the mother at night. Which of the following position will the nurse recommend for the mother night ?

A	Cradle hold	
B	Football hold	
C	Reclining position	
D	**Side lying position**	**CORRECT**

Q-383

A 7-week-old infant boy is admitted with projectile vomiting decreased urine output decreased bowel movements and weight loss. He has poor turgor and appears hungry. The nurse observes left-to right peristaltic waves after he vomits. The nurse would expect to find which of the following during the physical assessment ?

A	Splenomegaly	
B	**A palpable pyloric mass**	**CORRECT**
C	Lymphadenopathy	
D	Bulging fontanelles	

Q-384

A woman is 5 weeks gestation diagnosed with hyperemesis gar what is the most important nursing action ?

A	Psychological support	
B	Folic acid supplementation	
C	**Strict intake and output record**	**CORRECT**
D	Providing the woman with a high protein diet	

Q-385

Before administering a dose of furosemide (Lasix) to a 2-year old with a congenital heart defect, the nurse should confirm the child's identify by checking the hospital ID band and ?

A	Verifying the child's room number	
B	Verifying the identity with a second nurse	
C	**Asking the parent the child's name**	**CORRECT**
D	Asking the child to tell you his name	

Q-386

A 4-month old infant is admitted with diarrhea and vomiting. To prevent the recurrence of diarrhea the nurse should instruct the mother to do which of the following ?

A	**Frequent hand washing**	**CORRECT**
B	Increase milk intake	
C	Increase water intake	
D	Change diaper frequently	

Q-387

In the 12th week of gestation, a client completely expels the products of conception. Because the client is Rh-negative, the nurse must ?

A	**Administer RhoGam within 72 hours**	**CORRECT**
B	Make certain she receives RhoGAM on her first clinic visit	
C	Not give RhoGam since it is not the birth of a stillborn	
D	Make certain the client does not receive RhoGAM since the gestation...	

Q-388

nurse is caring for a child with a diagnosis of pneumonia. The plan of nre includes nebulizer treatments and chest physiotherapy. When should the nurse perform chest physiotherapy ?

A	Prior to the nebulizer treatment	
B	**After the nebulizer treatment**	**CORRECT**
C	Intermittently during the nebulizer treatment	
D	Continuously during the nebulizer treatment	

Q-389

A nurse is teaching cord care to a group of new mothers during a baby bath demonstration. One of the mothers ask the nurse on how to prevent infection of the cord. Which of the following is the best nursing response ?

A	Apply antibiotic cream to the cord after every diaper	
B	**change Clean the cord with water when necessary and keep dry**	**CORRECT**
C	Clean the cord with surgical spirits twice a day	
D	Cover the cord with a bandage and change daily	

Q-390

A new nurse is caring for an adolescent in the pediatric unit who has injuries secondary to a motor vehicle accident. The nurse has started a blood transfusion. After 30 minutes, the client complains of nausea and a headache. An observing nurse should determine that the new nurse intervened appropriately when the new nurse took which action first ?

A	Obtained a set of vital signs	
B	Called the primary health-care provider	
C	Flushed the infusion tubing with normal saline and restarted the blood	
D	**Stopped the transfusion**	**CORRECT**

Q-391

A 3-year-old child is admitted to the hospital with seizures. He oriented and has a rash in his extremities and is diagnosed meningitis. While doing physical examination of him, he starts to seizures. Blood pressure 100/57 mmHg Heart rate 110 /min Respiratory rate 30 /min Temperature 39.5 Which of the following is the priority of care during the seizure ?

A	Put the child on the right side	
B	**Protect the child from injury**	**CORRECT**
C	Call the physician immediately	
D	Administer oxygen 100%	

Q-392

A 5 years old child admitted with bacterial meningitis and is having seizure. Which of the following intervention the nurse should initiate ?

A	Restrain the child's limbs to prevent injury	
B	**Slowly put the child on his side on the floor**	**CORRECT**
C	Clear the area of objects and administer oxygen	
D	Roll the child to the prone position to protect the airway	

Q-393

A 25-year-old-primipare visited her primary health care clinic husband. He says that his wife delivered 5 days ago. For the past days she is very irritable and crying for nothing, she is tired and sleep and he is very concerned about her condition. Which of the following diagnosis by the attending physician will her symptoms ?

A	**Post-partum blues**	**CORRECT**
B	Postpartum psychosis	
C	Postpartum depression	
D	Postpartum anxiety	

Q-394

A client in the second stage of labor is unable to push and lacks to bear down. What is the most appropriate next step ?

A	**Assess fetal descent**	**CORRECT**
B	Infuse intravenous fluids	
C	Empty the client's bladder	
D	Administer oxygen to the mother	

Q-395

A postpartum mother calls the mother–infant unit and reports very heavy bright-red vaginal bleeding at home. What is the MOST appropriate advice the nurse should give?

A	Do not worry; heavy bleeding is normal after delivery.	
B	Call your physician and ask what you should do.	
C	**Lie down and massage your lower abdomen. If the bleeding continues, seek emergency care immediately.**	**CORRECT**
D	Lie down for about an hour and check the bleeding again. If it is still heavy, call back.	

Q-396

A 9-month-old child who has a repair cleft palate the nurse explaining mother on how she will give feeds to her child. Which of the following instruction can be expected to include feeling education ?

A	**Open cup**	**CORRECT**
B	Teaspoon	
C	Bottle feed	
D	Special bottle feed	

Q-397

A nurse I,s preparing to assess the uterine fundus of a client in the immediate postpartum period. When the nurse locates the fundus she notes that the uterus feels soft and boggy. Which of the following nursing interventions would be most appropriate initially ?

A	**Massage the fundus until it is firm**	**CORRECT**
B	Elevate the mother's legs	
C	Push on the uterus to assist in expressing clots	
D	Encourage the mother to void	

Q-398

A 9-year-old girl is seen in the emergency department because of a fracture in the right fibula. Which of the following is the expected response to parent question about bone healing period of the girl ?

A	4–6 weeks	
B	2–4 weeks	
C	**6–8 weeks**	**CORRECT**
D	8–10 weeks	

Q-399

A 13-weeks-pregnant, multi gravida women is anxious and apprehensive she has five children and is not willing to continue with this pregnancy She is requesting the midwife to abort the fetus. She is under weight malnourished and is over worked. BMI 17 Kg/m2 What intervention is desired immediately ?

A	Admission and intravenous line management for induction	
B	Family planning and birth control measures	
C	Dietary management and supplements	
D	**Support, reassurance, and counseling**	**CORRECT**

Q-400

When is the ideal time to administer analgesia to a women in labour ?

A	As soon as she requests analgesia	
B	When labor is well established	
C	When the woman enters into the transition phase	
D	**When the woman progresses from latent to active phase**	**CORRECT**

Q-401

An 11-month-old infant weighs 8 kg and has vomited several times. Approximately how much oral rehydration solution can be given over the rehydration period?

A	200	
B	**600**	**CORRECT**
C	800	
D	1200	

Q-402

A child has had diarrhea seven times, is irritable, and has decreased skin turgor. What degree of dehydration is most likely present?

A	Mild	
B	**Moderate**	**CORRECT**
C	Severe	
D	Extensive	

Q-403

Baby boy's birth weight is 3 kg. What is the expected weight at the age of 1 year ?

A	7	
B	**9**	**CORRECT**
C	11	
D	13	

Q-404

Oral iron supplements are prescribed for a child with iron deficiency anemia. The nurse instructs the mother to administer the iron with which food ?

A	**Orange juice**	**CORRECT**
B	Apple juice	
C	Milk	
D	Water	

Q-405

A nurse is caring for an infant diagnosed with esophageal atresia (EA) and a tracheoesophageal fistula (TEF) prior to surgical correction. Which assessment finding indicates that a priority goal is being met?

A	Gavage feedings tolerated well	
B	**Airway patent with frequent suction**	**CORRECT**
C	Identification of support system by parents	
D	Temperature within normal range	

Q-406

Three years old has returned to the clinic after 4 days of being diagnosed with gastroenteritis and dehydration. When evaluating for signs of dehydration, the nurse will assess the patient's skin turgor by ?

A	**Grasping the skin over the abdomen with two fingers and raising the skin with two fingers**	**CORRECT**
B	Grasping the skin over the forehead with two fingers and raising the skin with two fingers	
C	Holding the patient's mouth open and assessing the tongue for deep creases or furrows	
D	Drawing two tubes of blood and running blood urea nitrogen (BUN) and creatinine (Cr)	

Q-407

When examining the tympanic membrane of an infant by otoscope, the nurse should move the INFANT pinna in which direction ?

A	Down and forward	
B	Up and back	
C	Up and forward	
D	**Down and back**	**CORRECT**

Q-408

A 6-year-old child is admitted with acute glomerulonephritis. Which finding in the history supports this diagnosis?

A	Pain in urination	
B	Frequent urination	
C	Difficulty in urination	
D	**Pharyngitis 15 days ago**	**CORRECT**

Q-409

A 9-year-old child has a fractured femur and full leg cast has been applied. Which of the following is a physiological effect of immobilization ?

A	**Venous stasis**	**CORRECT**
B	Increase metabolic rate	
C	Positive nitrogen balance	
D	Increased need for oxygen	

Q-410

A 3-week-old newborn is diagnosed with Hirschsprung disease. Which preoperative intervention should be included in the plan of care?

A	**Restricting oral intake to clear fluids**	**CORRECT**
B	Administering a tap water enema	
C	Inserting a gastrostomy tube	
D	Using povidone-iodine to prepare the perineum	

Q-411

A 10-year-old child has a very limited vocabulary and interaction skills. She has an IQ of 45, and she is diagnosed to have mental disease retardation of this classification ?

A	Profound	
B	Mild	
C	**Moderate**	**CORRECT**
D	Sever	

Q-412

A child with beta-thalassemia is being discharged. Which teaching point is most important for the mother?

A	Compliance to hydroxyurea	
B	Compliance to hemosiderosis	
C	**Compliance to disferal**	**CORRECT**
D	Compliance to iron supplement	

Q-413

Which of the following considers a contraindication of tonsillectomy ?

A	Child with adenoid infection more than 4 times per year	
B	Child with tonsillitis more than 4 times per year	
C	**Child age less than three years old**	**CORRECT**
D	Child with hypertrophied adenoids	

Q-414

A child has been seizure-free for 2 years. A mother asks the nurse how much longer that the child will need to take the antiseizure medications. ?

A	Medication can be discontinued at this time	
B	**The medication dosage can be reduced gradually**	**CORRECT**
C	New medication can be ordered after one year	
D	Medications can be discontinued after 5 years	

Q-415

Child with cerebral palsy was brought to the outpatient department for a monthly follow-up visit. One of the strategies to maximize the growth and development of the child during feeding is to maintain a pleasant and distraction-free environment. Which of the following instructions should be recommended to the mother ?

A	Serve food that will not stick to the spoon	
B	**Place the child in a sitting position during eating**	**CORRECT**
C	Encourage the child to eat with other children	
D	Encourage finger foods that child can handle alone	

Q-416

What should the nurse teach women aged 20 to 25 years about oral contraceptives?

A	Increase risk of pelvic inflammatory disease	
B	Cause acne to worsen	
C	Decrease risk of breast/cervical cancer	
D	**Decrease risk of endometriosis**	**CORRECT**

Q-417

A 3 year is brought by the mother to the emergency Department with fever diarrhea and vomiting. She passed four loose motions and three vomiting the last 24 hours, she is anorexic, irritable, has dry lips and moderate skin turgor. She is given ORS to drink, but she refused it after the first stip. [O2: 96 - HR: 36 - TEMP: 38.8] What is the immediate nursing intervention is required to encourage the baby to drink the ORS ?

A	Give In a cup once cold a day	
B	Help her to drink with a syringe	
C	**Give in a small amount frequently**	**CORRECT**
D	Engage in playing and help to her drink it	

Q-418

A female teenager was diagnosed with sickle cell anemia informs a nurse that her school arranged a hiking activity in nearby mountains. She shows excitement while forming the nurse about her new water bottle for this trip What is the appropriate initial response by the nurse ?

A	What do your parents think	
B	**You realize this activity might cause a pain crisis**	**CORRECT**
C	You need to get approval from your doctor	
D	It's great you're hydrating for the activity	

Q-419

Which of the following contraceptive method offers protection against sexually transmitted infection ?

A	Coitus interrupt	
B	Intrauterine device	
C	**Latex condom**	**CORRECT**
D	Oral contraceptive	

Q-420

Which of the following risk can be determined by Alpha fetoprotein analysis screening test ?

A	**Neural tube defects**	**CORRECT**
B	Placental insufficiency	
C	Hydrous fatalism	
D	Intrauterine growth retardation	

Q-421

Which of the following pain assessment scale is the most is the most appropriate for seven year-old boy who twisted his ankle while playing football at school ?

A	Numeric	
B	Behavioral	
C	**Wong-Baker faces**	**CORRECT**
D	Simple descriptive	

Q-422

The nurse who is planning to discharge education should instruct the caregivers that during hyper cyanotic spell, which position is the most likely to benefits the child ?

A	Supine	
B	Prone	
C	Side lying	
D	**Knee chest position**	**CORRECT**

Q-423

What is the priority nursing assessment before administering methergine for management of postpartum hemorrhage ?

A	**Blood pressure**	**CORRECT**
B	Uterine atony	
C	Amount of lochia	
D	Deep tendon reflex	

Q-424

A 3-year-old child with nephrotic syndrome is hospitalized with oliguria and generalized edema. Which factor is likely to have the greatest effect on the child's adjustment to hospitalization?

A	**Lack of parental visits**	**CORRECT**
B	Inability to select a variety of foods	
C	Response of peers to the edematous appearance	
D	Willingness to participate in cooperative play activities	

Q-425

A toddler is admitted to the hospital with acute laryngitis (croup). The child has a respiratory rate of 50 breaths/min and a temperature of 38.7°C. What is the priority nursing intervention while caring for this child?

A	Decrease stimulation to promote rest	
B	Monitor the toddler's temperature	
C	**Frequently assess respiratory status**	**CORRECT**
D	Clean the nares with a bulb syringe	

Q-426

What are the important considerations for the nurse to check after the placenta is delivered ?

A	Check if the cord is long enough for baby	
B	Check if the umbilical cord has 3 blood vessels	
C	Check if the cord has a meaty portion and a shiny portion	
D	**Check if the placenta is complete including the membranes**	**CORRECT**

Q-427

A woman admits drinking coffee before a scheduled C-section. What action should the nurse take first ?

A	**Inform anesthesia care provider**	**CORRECT**
B	Ensure preoperative lab results are available	
C	Start prescribed IV with lactated ringers	
D	Contact the patient's obstetrician	

Q-428

Which of the following is NOT always considered an immediate obstetrical emergency requiring instant life-saving intervention in every case?

A	Ectopic pregnancy	
B	**Placenta previa**	**CORRECT**
C	Molar pregnancy	
D	Eclampsia	

Q-429

When caring for a 3-day-old neonate who is receiving phototherapy to treat jaundice, the nurse in charge would expect to do which of the following: ?

A	Turn the neonate every 6 hours	
B	Encourage the mother to discontinue breast-feeding	
C	Notify the physician if the skin becomes bronze in colour	
D	**Check the vital signs every 2 to 4 hours**	**CORRECT**

Q-430

A newborn APGAR score at 1 and 5 minutes is 5 and 10, half an hour later the baby became bluish in color with heart rate of 140/m, your first action would be: ?

A	Estimate the score again	
B	Shower the baby with warm water	
C	**Give oxygen immediately**	**CORRECT**
D	Ignore the finding because it is normal	

Q-431

Which intervention is most effective in helping prevent mastitis during breastfeeding?

A	**Provide feedings on demand**	**CORRECT**
B	Apply vitamin E cream	
C	Use prophylactic antibiotics	
D	Apply heat after feeding only	

Q-432

A pregnant client presents with headache and visual changes. Which measure is most likely to improve these symptoms?

A	**Sleeping in a lateral position**	**CORRECT**
B	Consumption of 8 ounces of water per day	
C	Exposure to bright lighting	
D	Ambulation every 30 minutes	

Q-433

What is Risk factors of otitis media ?

A	Breast feeding	
B	Vertical position of feeding	
C	Feeding formula	
D	**Short wide ear**	**CORRECT**

Q-434

Erikson's stage of psychological development after a 15-year-old's accident ?

A	**identity vs role confusion**	**CORRECT**
B	Trust vs mistrust	
C	Autonomy vs shame and doubt	
D	Initiative vs guilt	

Q-435

Surfactant secreted in lung at gestation age of ?

A	22	
B	**24**	**CORRECT**
C	26	
D	28	

Q-436

A nurse in the newborn nursery is assessing a 2-hour old newborn. She observed that the newborn has a caput succedaneum. Which intervention has the highest nursing priority ?

A	Activate code blue immediately	
B	Turning on the radiant warmer	
C	**Do nothing, it will resolve in 3-4 days**	**CORRECT**
D	Administer oxygen by nasal cannula	

Q-437

A newborn with a myelomeningocele was admitted to the neonatal intensive care unit 4 hours ago. Which of the following would the nurse do the when the presents see the child for the first time ?

A	**Ask the mother to hold, feed and cradle the infant**	**CORRECT**
B	Highlight the infant's normal features	
C	Reassure the parents about surgery	
D	Give verbal and written information about defect	

Q-438

What is Newborn examination after delivery ?

A	**Vital Signs. Inspection .Auscultation. Percussion. Palpation.**	**CORRECT**
B	Inspection .Auscultation. Percussion. Palpation. Vital Signs	
C	Palpation Inspection .Auscultation. Percussion. Vital Signs	
D	Auscultation. Inspection. Palpation. Percussion. Vital Signs	

Q-439

A nurse is caring for a child who sustained a head injury after falling from a tree. On assessment of the child, the nurse notes the presence of a watery discharge from the child's nose. The nurse will immediately test the discharge for the presence of which of the following substance ?

A	**Glucose**	**CORRECT**
B	Protein	
C	White blood cells	
D	Neutrophils	

Q-440

A women should get their (pap smear test) each: ?

A	6 months	
B	1 year	
C	**3 years**	**CORRECT**
D	5 years	

Q-441

A nurse develops a plan of care for a child at risk for tonic-clonic seizures. In the plan of care, the nurse identifies seizure precautions and documents that which item(s) need to be placed at the child's bedside ?

A	Emergency cart	
B	Tracheotomy set	
C	Padded tongue blade	
D	**Suctioning equipment and oxygen**	**CORRECT**

Q-442

A neonatal nurse performs Apgar assessment at 1 minute of birth to evaluate the physical condition of the newborn and immediate need for resuscitation. At 1 minute, Apgar score is 7. At 5 minutes Apgar score is to the progression of scores suggests ?

A	**A healthy newborn**	**CORRECT**
B	Need for supplemental oxygen	
C	Genetic defect	
D	Infant becoming stable	

Q-443

Causes of hemodilution in pregnancy ?

A	Anemia	
B	**Increase plasma**	**CORRECT**
C	Increase WBCs	
D	Decrease RBCs	

Q-444

At what age is cleft lip repair most commonly performed?

A	1–2 months	
B	**2–3 months**	**CORRECT**
C	3–4 months	
D	4–6 months	

Q-445

Preterm baby which findings is suspected ! ?

A	Ear cartilage well	
B	Sole(foot)well deep crease	
C	have more subcutaneous fat	
D	**Prominent labia minor and smaller labia majora**	**CORRECT**

Q-446

Fertilization occurs in the fallopian tube,egg and sperm united to form zygote which moves towards the uterus in along journey to implant in the uterus. How long the zygote takes to implant in the uterus ?

A	5_8 day	
B	3_7 day	
C	**7_10 day**	**CORRECT**
D	10_14 day	

Q-447

Diaphragmatic hernia diagnostic test ?

A	Radiology	
B	**Ultrasound**	**CORRECT**
C	MRI	
D	CT scan	

Q-448

Cleft lip repair at which age ?

A	1-2 month	
B	2-3 mont	
C	3-4month	
D	**4-6 month**	**CORRECT**

Q-449

Side effect of HCG hormone ?

A	Anorexia	
B	**Depression**	**CORRECT**
C	Osteoarthritis	
D	Menopause	

Q-450

When a nurse places a febrile baby into cold water, the baby loses body heat through which mechanism?

A	Evaporation	
B	**Conduction**	**CORRECT**
C	Convection	
D	Radiation	

Q-451

When developing a plan care for a hospitalized child, nurse Mica knows that children in which age group are most likely to view illness as a punishment for misdeeds ?

A	Infancy	
B	**Preschool age**	**CORRECT**
C	School age	
D	Adolescence	

Q-452

What is the food should be limited during pregnancy ?

A	**Raw meat**	**CORRECT**
B	Cooked meat	
C	Cooked fish	
D	Well-washed vegetables	

Q-453

During labor, what is the most common cause of transient fetal hypoxia?

A	Fetal descent	
B	Full dilation of cervical	
C	**Contraction of uterine**	**CORRECT**
D	Cervical effacement	

Q-454

A nurse is taking care of a woman who is in active labour. She is multipara at 38 weeks gestation. Her cervix is 5 cm dilated at -2 station with ruptured membranes. On the fetal heart rate tracing, the nurse observes a fetal heart rate baseline of 150 beats per minute with Deceleration in fetal heart rate to as low as 100 beats per minute. Deceleration in heart rate occurs both during and between contractions. With each deceleration heart rate quickly returns to baseline after a few seconds. The nurse has anticipated which of the following. ?

A	Client will probably deliver quickly	
B	**Client may need rapid intervention for a prolapsed cord**	**CORRECT**
C	Client has a normal fetal heart rate tracing for a multipara in active labour	
D	Client has a fetal heart rate tracing consistent with poor uteroplacental blood flow	

Q-455

Which of the following terms describes premature separation of a normally implanted placenta from the uterine wall ?

A	**Abruptio placentae**	**CORRECT**
B	Placenta previa	
C	Placental infarcts	
D	Low-lying placenta	

Q-456

A5 - year - old child was brought to the Emergency Room with a fractured right forearm. He had several bruises on his body but showed no signs of ain while palpating them. He seemed scared and did not answer any questions asked. How should the nurse initiate therapeutic communication with the child ?

A	Start interviewing	
B	Encourage him to speak	
C	Explain about the fracture	
D	**Greet and show gentleness - nurse gives health**	**CORRECT**

Q-457

Encouraging fantasy play and participation by children in their own care is a useful developmental approach for which pediatric age-group ?

A	**Preschool age (3 to 5 years)**	**CORRECT**
B	Adolescence (10 to 19 years)	
C	School-age (5 to 10 years)	
D	Toddler (1 to 3 years)	

Q-458

Oral contraceptives increase risk for any cancer – ?

A	Cervical	
B	Ovarian	
C	Skin	
D	**Breast cancer**	**CORRECT**

Q-459

Woman has recurred vaginal infection after prescribing treatment by the doctor she asked the nurse about how she could prevent infection Which of the following is most appropriate answer to prevent infection and kill normal flora ?

A	**Stop vaginal douche and perfume sprays**	**CORRECT**
B	Wear cotton underwear	
C	Wash from back to front	
D	Wear condom to prevent infection	

Q-460

A 6-month-old infant receives a diphtheria, tetanus, and acellular pertussis (DTAP) immunization at a well baby clinic. The mother returns home and calls the clinic to report that the infant has developed swelling and redness at the site of injection. A nurse tells the mother ?

A	Monitor the infant for a fever	
B	Bring the infant back to the clinic	
C	Apply a hot pack to the injection site	
D	**Apply an ice pack to the injection site**	**CORRECT**

Q-461

A woman with recurrent vaginal infections tells the nurse how she plans to prevent future infections. Which statement indicates that she needs further teaching?

A	Wear cotton underwear	
B	Wipes front to back after toilet	
C	**Wear condom to prevent infection**	**CORRECT**
D	Avoid douch and perfume spray	

Q-462

The nurse has started intravenous fluid therapy on a child. Which of the following action is appropriate ?

A	Using a padded arm board if the child is active	
B	Apply lotion twice daily to prevent readiness and irritation	
C	Determine the total volume infused every four hours	
D	**Use an infusion pump to control the rate of infusion**	**CORRECT**

Q-463

A 5-year-old child is evaluated for cognitive delay and has an IQ score of 45. How should the nurse document this finding?

A	The range of normal intelligence	
B	Mild cognitive impairment	
C	**Moderate cognitive impairment**	**CORRECT**
D	Severe cognitive impairment	

Q-464

Why is the APGAR score measured immediately after birth?

A	It helps to plan the treatment for congenital diseases	
B	It serves as a permanent record for newborn babies	
C	**It provides the basis for comparison, a few minutes later**	**CORRECT**
D	It helps in identifying abnormalities related to muscular	

Q-465

A 5 year old child was bought to the E room with a fractured right forearm. He had several bruises on showed no signs of pain while palpating them. He seemed scared and did not answer any questions asked. Which of the areas should the nurse focus on to utilize her critical thinking approach ?

A	**Physical abuse**	**CORRECT**
B	Child's schooling	
C	Developmental milestones	
D	Mother-child relationship	

Q-466

A 6-month-old infant comes for routine immunization. The mother says a previous child had meningitis and worries this infant may develop the same illness. What is the best nursing response?

A	Meningitis rarely occurs during infancy	
B	Genetic predisposition to meningitis is found	
C	Vaccination is now available to prevent all types of meningitis	
D	**HIB vaccination has decreased the incidence of meningitis**	**CORRECT**

Q-467

The nurse is aware that the age at which the anterior fontanelle closes is... months ?

A	20 to 24	
B	**16 to 18**	**CORRECT**
C	6 to 10	
D	10 to 12	

Q-468

You have learned that in babies and children with developmental dysplasia of the hip (DDH), the hip joint has not formed normally. Which of the following is the most common form of DDH ?

A	Acetabular dysplasia	
B	Dislocation	
C	Preluxion	
D	**Subluxion**	**CORRECT**

Q-469

Mother with hypothyroidism high risk for ?

A	**Preterm labor**	**CORRECT**
B	Hemorrhage	
C	Congenital anomalies	
D	Eclampsia	

Q-470

Maternal hyperthyroidism during pregnancy increases the risk of which complication?

A	Preterm labor	
B	**Pre-eclampsia**	**CORRECT**
C	Hemorrhage	
D	Congenital anomalies	

Q-471

woman at 24 weeks' gestational age has fever body ache and has coughing last days she is sent to hospital with admission prescriptions for H1N1influenza. which prescription has the highest priority ?

A	**Assign private room**	**CORRECT**
B	Vital signs every hours	
C	Obtain specimens for culture	
D	Ringer lactate IV	

Q-472

A newborn born to a mother with poorly controlled diabetes mellitus is being assessed immediately after birth. Which neonatal condition is most strongly associated with maternal diabetes in this situation?

A	Preterm labor	
B	Term labor	
C	**Macrosomia**	**CORRECT**
D	Hyperglycemia	

Q-473

pregnant women Said to nurse feel depends on my husband and my family ?

A	**self concern**	**CORRECT**
B	ambivalence	
C	normal	
D	esteem	

Q-474

When teaching a woman who is HIV-positive about pregnancy, which statement indicates a need for further teaching?

A	The baby can get the virus through the placenta during pregnancy.	
B	I am planning to start birth control pills.	
C	Not every mother with HIV gives birth to a baby who has HIV.	
D	**I will need to have a cesarean section if I become pregnant.**	**CORRECT**

Q-475

The neonate is delivered by cesarean section the baby should be transported to NICU. Which type of baby incubator should be used ?

A	Closed box incubators	
B	**Portable incubators**	**CORRECT**
C	Double walled incubators	
D	Servo control incubators	

Q-476

Talking with the parents of child with Down syndrome, which of the Police would the appropriate foal for the care of the child ?

A	Encourage self-care skills in the child	
B	Teaching the child something new each day	
C	Encourage more lenient behavior limits for the Cho	
D	**Achieving age-appropriate social skills**	**CORRECT**

Q-477

28-year-old married woman is admitted in the Gynecology Ward for the observation after her miscarriage. She has not been able to sustain any pregnancy since she got married for the past three years and she had three miscarriages during this time What intervention is the most appropriate ?

A	Family history	
B	**Past medical history**	**CORRECT**
C	Physical examination	
D	Laboratory investigations	

Q-478

When the Zygote enter to the uterus after fertilization ?

A	2 day	
B	**4 day**	**CORRECT**
C	6 day	
D	8 day	

Q-479

Neonate is near to cold window what is the type of heat loss ?

A	**Radiation**	**CORRECT**
B	Convection	
C	Conduction	
D	Evaporation	

Q-480

A multiparous woman at 38 weeks' gestation is in active labor with ruptured membranes and the fetus remains at a high station. The fetal heart tracing shows abrupt decelerations to 100 beats/min that occur during and between contractions, with rapid return to baseline. Which interpretation is most appropriate?

A	Client will probably deliver quickly	
B	**Client may need rapid intervention for prolapsed cord**	**CORRECT**
C	Client has normal fetal heart rate tracing for multipara in active labor	
D	Client has fetal heart rate tracing consistent with poor uteroplacental blood flow	

Q-481

Mother of nine children, three of them with congenital anomalies and one down syndrome: she is primary school graduate, with low. financial status. She is not using any method of family planning. So, the primary health care nurse has referred her for counseling. Which of the following indicates that the summarizes the important points during counseling ?

A	Provision broad ideas to the client	
B	**Restatement for better understanding**	**CORRECT**
C	Keeping silent while the client asking questions	
D	Interpreting feelings and resistance of the client	

Q-482

What percentage of patients with ectopic pregnancy will have normally rising HCG levels ?

A	0.1	
B	**0.25**	**CORRECT**
C	0.5	
D	0.95	

Q-483

A community midwife conducts an educational session for a group of women focusing on maternal health, annual gynecological examinations, mammography, and Pap smear screening.Which outcome is MOST desired as a result of this health education initiative?

A	Disease prevention	
B	Increased healthy living	
C	**Early detection of related issues**	**CORRECT**
D	Strengthened marital relationship	

Q-484

A 25-year-old woman has a family history of breast cancer. The nurse reviews the breast self-examination (BSE) procedure and asks when is the best time for a woman to perform BSE.

A	a few days before her period	
B	during her menstrual period	
C	on the last day of menstrual flow	
D	**3- 7days after the beginning of her period**	**CORRECT**

Q-485

Establishes baby's hydration 11-month-old boy with cleft lip palate was discharged from the hospital after surgery. The nurse provided the parents with teaching. Which of the following statement by the parents indicate appropriate understanding of the teaching instruction ?

A	**I should avoid that my infant's cry as much as possible**	**CORRECT**
B	I will use spoon to feed my child after the surgery	
C	I will put my child in his abdomen after feeding	
D	I will use lotion to ease my child's lip irritation	

Q-486

Epidural anesthesia site ?

A	**L3 L4**	**CORRECT**
B	L1 L2	
C	T3 T4	
D	C1 C2	

Q-487

The scale used by nurse to assess the gestational age of newborn is ?

A	Bishop score	
B	**Ballard score**	**CORRECT**
C	Bel ward score	
D	Apgar score	

Q-488

Mother of nine children, three of them with congenital anomalies Down syndrome. she is primary school graduate, with low status. She is not using any method of family planning. So, the health care nurse has referred her. for counseling. Which of the following application the counsellor can help Mrs. regarding family planning ?

A	Prevention level	
B	**Gather model**	**CORRECT**
C	Group teaching	
D	Rejection of Mrs.M expression	

Q-489

Which condition is an absolute indication for cesarean section?

A	preterm labor	
B	severe preeclampsia	
C	**total placenta previa**	**CORRECT**
D	partial placenta previa	

Q-490

nurse is giving health education for mother who has mastitis. Which of the following if stated by the mother about what she needs to do, indicate the additional education is needed ?

A	Take antibiotics	
B	Use analgesics	
C	Wear supportive bra	
D	**Stop breast-feeding**	**CORRECT**

Q-491

The nurse was planning care for 25-year-old primigravida post-partum mother who had engorgement due to poor feeding technique. the left breast appeared red and swollen and was diagnosed as. Which of the following is the best education for the mother ?

A	Avoid wearing brassiere	
B	Begin suckling on the right breast	
C	Stop pumping milk from the left breast	
D	**Take antibiotics till the soreness subsides**	**CORRECT**

Q-492

A nurse is teaching a mother who has been diagnosed with mastitis. Which statement by the mother indicates a need for further teaching?

A	I need to take antibiotics and should begin to feel better within 24 to 48 hours.	
B	I can use analgesics to help relieve some of the discomfort.	
C	I should wear a supportive bra to reduce breast discomfort.	
D	**I need to stop breastfeeding until the infection resolves.**	**CORRECT**

Q-493

A woman had an uncomplicated vaginal delivery and is seen at home on postpartum day 4. Which assessment finding requires further evaluation by the nurse?

A	Frequent urination	
B	Lochia serosa	
C	**Bright red vaginal bleeding with clots**	**CORRECT**
D	Uterus below the umbilical level	

Q-494

month-old boys with hydrocephalus is admitted to surgical Ward post ventriculoperitoneal Shunt (VPS) What is the priority postoperative assessment ?

A	**Neurological Assessment**	**CORRECT**
B	decreased head circumference	
C	poor feeding and pupillary change	
D	headache and excessive sleepiness	

Q-495

34-weeks-pregnant mother experiences sudden gush from her vagina and mild uterine contractions. She informs about her condition and requests if she could wait until the delivery. Which of the following is the best desired response for report to the hospital ?

A	Intravenous fluids and medicines need to be administered	
B	**Observation is necessary to identify premature labour**	**CORRECT**
C	Pain and fluid flow both need to be controlled	
D	Fetal heart sound monitoring is necessary	

Q-496

Bioeffects report claims that obstetrical scanning may be harmful to particular group of patients. What should be the response of the medical community ?

A	Perform the exams on all patients when the risks outweigh the benefits	
B	Stop all diagnostic exams	
C	Ignore the report	
D	**Perform exams on all patients when the benefits outweigh the risks**	**CORRECT**

Q-497

10 years' boy with polyuria and dysuria after assessment diagnosed with urinary tract infections what should do to take urine sample ?

A	**Increase fluid intake**	**CORRECT**
B	Decrease urine intake	
C	Regular intake of fluid	
D	Zero intake of fluid	

Q-498

20 weeks pregnant, primary gravid woman visits the antenatal has sickle cell anemia trait and worried this disease transmitted to her baby which of the following should be initial intervention ?

A	Plan for the fetal genetic screening	
B	Educate mother that her disease is inactive	
C	Discuss the chances of genetic disease in the fetus	
D	**Gather data about the other family members having the disease**	**CORRECT**

Q-499

child has an abdominal pain and Hepatomegaly, what should the nurse expect ?

A	**Hepatitis**	**CORRECT**
B	Cancer	
C	Liver damage	
D	Low level of hemoglobin	

Q-500

A community health nurse plans an initial follow-up visit to a family whose firstborn child died from sudden infant death syndrome (SIDS). Which action is most important during the first visit?

A	Help the family in planning for future children	
B	Make referral for genetic counselling and education	
C	**Allow time for the parents to express their anger an**	**CORRECT**
D	Educate the family on the causes of SIDS	

Q-501

17-year-old arrived at the emergency room complaining abdominal pain on right lower quadrant. Pain was rated as numeric scale with positive rebound tenderness over the pain.Blood pressure 120/70 *Heart rate 100* Respiratory rate 22 Which of the following interventions has the highest priority ?

A	**keep NPO**	**CORRECT**
B	secure an IV access	
C	prepares for ultrasound	
D	prepares for abdominal surgery	

Q-502

Rayed is provided framework wheelchair program needs. Which of the following Priority should include in the program ?

A	School age	
B	Psychiatric	
C	**Pre-eclampsia**	**CORRECT**
D	Measles	

Q-503

The nurse is assigned to care for an 8-year-old child with diagnosis of basilar skull fracture. The nurse reviews the health care provider's (HCP's) prescriptions and should contact the HCP to question which prescription ?

A	Obtain daily weight	
B	Provide clear liquid intake	
C	**Nasotracheal suction as needed**	**CORRECT**
D	Maintain patent intravenous line	

Q-504

infant who weighs kg (19.8 lbs.) requires 900ml of fluids per day for maintenance fluids. The infant typically consumes 120ml during each feeding. The infant must have how many feedings per day to meet the fluid maintenance needs ?

A	4	
B	**8**	**CORRECT**
C	10	
D	12	

Q-505

nurse is caring for 14 month old immediately after surgical repair of cleft palate. In which of the following positions should the nurse put the child ?

A	**Prone**	**CORRECT**
B	lateral	
C	Supine	
D	Lithotomy	

Q-506

How can the nurse detect the poor oxygenation for fetus ?

A	Absent Deceleration	
B	**Absent acceleration**	**CORRECT**
C	Non-reactive fetal heart ctg tracing	
D	Breathing movement	

Q-507

Pregnant 36 weeks gestational with irregular painless contraction this signs called ?

A	Hegar's sign	
B	Chadwick sign	
C	**Braxton Hicks (false labor)**	**CORRECT**
D	True labor	

Q-508

nurse explains some of the purposes of the placenta to client during prenatal visit. The nurse determines that the client understands some of these purposes when the client states that the placenta ?

A	Cushions and protects the baby	
B	Maintains the temp of the baby	
C	**Is the way the baby gets food and oxygen**	**CORRECT**
D	Prevents all antibodies and viruses from passing to the baby	

Q-509

Ibuprofen 3 mg/kg by mouth every 6 hours is prescribed for a child who weighs 73 lb. The available concentration is 50 mg/2 mL. How many mL should the nurse administer per dose?

A	1 ml/dose	
B	**3.9 ml/dose**	**CORRECT**
C	2.9 ml/dose	
D	6 ml/dose	

Q-510

what complications after cleft palate repair ?

A	Teeth pain	
B	Deviated septum	
C	**speech difficulty**	**CORRECT**
D	recurrent tonsillitis	

Q-511

The nurse is caring for a postpartum mother diagnosed with DVT. What is the most appropriate nursing action?

A	Ambulation	
B	Elevate the affected leg	
C	Apply ice to the back	
D	**Administer prescribed anticoagulant**	**CORRECT**

Q-512

The nurse should avoid the dorsogluteal intramuscular injection site in children because of the risk of injury to which nerve?

A	Vigus	
B	**Sciatic**	**CORRECT**
C	Ilioinguinal	
D	Lumbar plexus	

Q-513

A pregnant woman reports leg cramps. Which advice should the nurse give to help relieve the cramping episode?

A	**Elevate the leg above hip level**	**CORRECT**
B	Change her position continuously	
C	Apply foot support during setting	
D	Wearing slipper	

Q-514

Sudden infant death syndrome (SIDS) is one of the most common causes of death in infants. To prevent this syndrome, the nurse should keep infant inside incubators in which position ?

A	Left side	
B	**Back**	**CORRECT**
C	Prone	
D	Right side	

Q-515

Sudden infant death syndrome (SIDS) is one of the most common causes of death in infants. Which of the following position should the nurse avoid for infant that cause SIDS ?

A	Left side	
B	Back	
C	**Prone**	**CORRECT**
D	Right side	

Q-516

Infant 11 month On ECG heart rate 240 b/m. Embedded in the QRS complexes and absent wave. What is the expected diagnosis for the infant ?

A	Ventricular tachycardia (VT)	
B	Bradycardia	
C	**Supraventricular tachycardia (SVT)**	**CORRECT**
D	Atrial fibrillation	

Q-517

A child with iron deficiency anemia complains of constant tiredness. The nursing diagnosis of fatigue is primarily related to which factor?

A	**Decreased ability of the blood to transparent oxygen to the Tissues**	**CORRECT**
B	An increased paroxysmal abdominal pain and distension to the stomach	
C	A decreased anxiety level during hospitalization	
D	A decreased nutritional intake with mal absorption of	

Q-518

When should stop performing sponges bathing for febrile infant ?

A	**Shivering**	**CORRECT**
B	Tachycardia	
C	Mettled skin	
D	Increase respiratory rate	

Q-519

Immediately after birth, what is a major benefit of placing the newborn skin to skin with the mother?

A	Control mother and baby temperature	
B	**Initiate and facilitate early breast-feeding during 3rd stage of labor**	**CORRECT**
C	Improve circulation of baby	
D	Improve Uterine Contraction	

Q-520

Pregnant women are very tired. She is feeling anxious and anxiety for her baby. What is describe woman situation according to Maslow hierarchy ?

A	Self esteem	
B	**Safety**	**CORRECT**
C	Physiological needs	
D	Love and belonging	

Q-521

nurse is preparing teaching session for elementary school students about the safety measures of hazards. Which of the following is the most appropriate topics for safety measure for children at this age ?

A	Sport activities	
B	**Riding bicycle**	**CORRECT**
C	Swimming	
D	Driving	

Q-522

10-year-old child is brought to the hospital with high fever and chills. The nurse records the vital signs and finds that her temperature is 104° (40° C), blood pressure is 130/85 mm Hg, and pulse rate is 120/min. The fever remains mostly high but is interspersed with periods of normal body temperature. What pattern of fever does the child have ?

A	Sustained	
B	**Intermittent**	**CORRECT**
C	Remittent	
D	Relapsing	

Q-523

nurse is monitoring 3-year-old child for signs and symptoms of increased intracranial pressure (ICP) after craniotomy. The nurse plans to monitor for which early sign or symptom of increased ICP ?

A	**Excessive vomiting**	**CORRECT**
B	Bulging anterior fontanel	
C	Increasing head circumference	
D	Complaints of frontal headache	

Q-524

pregnant mother has been in labor for three hours with her membranes spontaneously ruptured. The nurse observed that the liquor amnl is meconium stained. Which of the following is the nurse's best interpretation ?

A	**Fetal hypoxia**	**CORRECT**
B	Low-lying placenta	
C	Intrauterine infection	
D	It is mixed with maternal urine	

Q-525

Which contraceptive method is most appropriate for a mother who is breastfeeding?

A	Combined oral contraceptives	
B	Contraceptive Patches	
C	Estrogen only pills contraceptive	
D	**Progesterone only mini pills**	**CORRECT**

Q-526

2-year-old child is admitted to the pediatric unit with diagnosed pneumonia. Which of the following intervention would be nursing priority ?

A	Encourage coughing	
B	Encourage exercise	
C	**Perform postural drainage**	**CORRECT**
D	Avoid food high in carbohydrates	

Q-527

Mastitis is an infection of the breast that occurs most often 2-4 after childbirth. Which of the following is considered first line treatment of mastitis ?

A	Drainage of breast abscess	
B	Antibiotic therapy and cessation of breast feeding	
C	**Antibiotic therapy and continuation of breastfeeding**	**CORRECT**
D	Advise mother to stop breastfeeding until infection is clean	

Q-528

After repairing for child with cleft lip left side. Which of the following position should the nurse put the baby to prevent Aspiration ?

A	Prone	
B	On stomach	
C	**Right lateral**	**CORRECT**
D	Left lateral	

Q-529

The child diagnosed with anemia and what should the nurse instruct about the food should be Limited and avoided for child ?

A	Apple juice	
B	Orange juice	
C	Lemon juice	
D	**Chocolate**	**CORRECT**

Q-530

patient with pre-eclampsia is admitted to the unit with an order for magnesium sulfate. The nurse will understand that the therapy is effective if ?

A	Scotomas are present	
B	Ankle clonus is increased	
C	**No seizures occur**	**CORRECT**
D	Blood pressure drops	

Q-531

Pregnant woman came to ER with rupture of membrane. Why should the nurse Limit vaginal examination for her ?

A	**Prevent risk of infection**	**CORRECT**
B	Avoid bleeding	
C	Prevent further loss of membrane fluid	
D	Prevent fetal hypoxia	

Q-532

Getting birth for mother who has gestational diabetes. How will this affect delivery process ?

A	It will be Easy	
B	**It will be Difficult**	**CORRECT**
C	It will be fast	
D	It will be slow	

Q-533

How to prevent heat loss via evaporation for neonate after delivery ?

A	Avoid exposure to air draft	
B	Avoid contact to wall	
C	**Dry neonate and cover him, avoid any cold objects**	**CORRECT**
D	Warm any equipment's before touching neonate	

Q-534

The nurse is caring for a child receiving a blood transfusion. The child becomes flushed and is wheezing. What should the nurse do first ?

A	Notify the physician	
B	Administer oxygen	
C	**Switch the transfusion to normal saline solution**	**CORRECT**
D	Take the child's vital signs	

Q-535

After hypospadias repair in a 15-month-old child, which postoperative instruction should the nurse give to the parents?

A	Limit activity for weeks	
B	**Avoid apply ointment or powder**	**CORRECT**
C	Give child diet that is high in protein	
D	Isolate the child from other children with the infection	

Q-536

An 11-month-old infant generally requires approximately how many milliliters of oral fluid in 24 hours?

A	200	
B	400	
C	**800**	**CORRECT**
D	1200	

Q-537

The nurse is performing prenatal examination on client in the third. trimester. The nurse begins an abdominal examination that includes Leopold. maneuvers. What information should the nurse be able to determine after performing the assessment's first maneuver ?

A	Fetal descent	
B	Placenta previa	
C	**Fetal lie and presentation**	**CORRECT**
D	Strength of uterine contractions	

Q-538

A nurse is caring for a hospitalized toddler who has just been admitted to the NICU. After the mother leaves the unit, the child begins crying loudly, calling for the mother, and refusing comfort from staff members. Which stage of separation anxiety is the child experiencing?

A	**Protest**	**CORRECT**
B	Despair	
C	Denial	
D	Detachment	

Q-539

Which of the following of maternal age and other factors that affect negatively on labor and cause severe complications ?

A	**Female 50and above**	**CORRECT**
B	Female 16 or less	
C	Hypertension	
D	Anemia	

Q-540

nurse is collecting urine of 4-year-old child with nephrotic syndrome. Which of following observation about the color of the child's urine the nurse expected to will chart ?

A	Bright red	
B	Amber	
C	**Dark, frothy**	**CORRECT**
D	Orang	

Q-541

Which of the following mothers is High risk for laceration during labor ?

A	1 para mother for 12-hour delivery	
B	**3 para mother for 9 hours delivery**	**CORRECT**
C	2 para mother for 9 hours delivery	
D	2 para mother for 6 hours delivery	

Q-542

In a postpartum client with heavy bleeding, which finding would suggest progression to hypovolemic shock?

A	Hemoglobin	
B	Hematocrit	
C	**Cold clammy skin**	**CORRECT**
D	Increase Pulse	

Q-543

After surgery for pyloric stenosis, which postoperative finding may still be expected initially?

A	Abdominal pain	
B	Watery stool	
C	**Vomiting**	**CORRECT**
D	Urinary	

Q-544

Which week lung (surfactant) will be mature ?

A	20 week	
B	24 week	
C	16 week	
D	**28 week**	**CORRECT**

Q-545

Which organism is the most common cause of bacterial meningitis in children?

A	Meningococcal	
B	Staphylococcus	
C	H. Influenza	
D	**Streptococcal Pneumonia**	**CORRECT**

Q-546

5-week-old newborn was admitted to pediatric Ward with pyloric stenosis, the newborn has weight loss, and projectile vomiting during feeding. They scheduled surgical repair of pyloric stenosis Which of the following. postoperative intervention for this ?

A	**IV fluid infant is retaining adequate amount by mouth**	**CORRECT**
B	Administration of proper analgesia until infant discomfort resolve	
C	Start feeding immediately after postoperative	
D	Vomiting is uncommon in the first24-48 hrs	

Q-547

Which hormone is primarily responsible for maintaining pregnancy during the early weeks?

A	Estrogen	
B	**Progesterone**	**CORRECT**
C	Oxytocin	
D	Prolactin	

Q-548

For a woman with a normal pre-pregnancy body mass index (BMI 18.5–24.9), what is the recommended total weight gain during pregnancy?

A	12.5 -18 Kg	
B	**11.5 -16 Kg**	**CORRECT**
C	7 -11.5 Kg	
D	5 Kg	

Q-549

child with asthma has an order for albuterol, before administration of the medication the nurse MUST ?

A	Pre-oxygenate the patient	
B	**Assess the patient's heart rate**	**CORRECT**
C	Obtain venous Access	
D	Feed the patient snack	

Q-550

postpartum priority assessment episiotomy for ?

A	**Colour**	**CORRECT**
B	Edema	
C	Discharge	
D	Appearance	

Q-551

postpartum patient was in labor for 30 hours and had ruptured membranes for 24 hours. For which of the following would the nurse be alert ?

A	**Endometritis**	**CORRECT**
B	Endometriosis	
C	Salpingitis	
D	Pelvic thrombophlebitis	

Q-552

After rupture of membranes in a laboring client, the fetal monitor shows variable decelerations. What should the nurse do first?

A	Stop the oxytocin infusion	
B	**Change the client's position**	**CORRECT**
C	Prepare for immediate delivery	
D	Take the client's blood pressure	

Q-553

Offer ... medical equipment to encourage the child to expression of his feelings about new hospitalization experience and illness ?

A	Imitation	
B	**Toys**	**CORRECT**
C	Material	
D	Rules	

Q-554

A child with marasmus is admitted for treatment. If the condition is not managed properly, which complication is the child most at risk for developing?

A	**Severe dehydration**	**CORRECT**
B	Rickets	
C	Kwashiorkor	
D	Hyperactivity of the central nervous system	

Q-555

the child fears of being alone and some machine sound during hospitalization at age ?

A	5 months	
B	8 months	
C	9 months	
D	**7years**	**CORRECT**

Q-556

At approximately what age does the child immune system reach a mature level comparable to that of adults?

A	**10 years**	**CORRECT**
B	9 years	
C	12 months	
D	15 years	

Q-557

Which of the following we consider Congenital diaphragmatic hernia is related to any conditions or under cases ?

A	Sepsis	
B	**Pulmonary**	**CORRECT**
C	Heart	
D	Alkalosis	

Q-558

A student nurse measures the pulse of a 3-month-old infant at 165 beats per minute during a routine checkup. What should the supervising staff nurse do first?

A	Inform the doctor	
B	Ask parents about history of heart disease	
C	**The staff nurse should check all the vital signs and repeat assessment**	**CORRECT**
D	Ask the student nurse to check child's file	

Q-559

An 8-month-old patient has gastroenteritis, and He is treated, now what do you instruct the mother about ?

A	weaning	
B	**Nutritional requirements**	**CORRECT**
C	Toilet training	
D	Accidents	

Q-560

NICU child, when his mother came out, he sat shouting, and crying at Which stage of separation ?

A	Despair	
B	Denial	
C	**Protest**	**CORRECT**
D	Anxiety	

Q-561

pregnant women G1 P0 vaginal delivery observed in the second postpartum day that the perineal pad. saturated with bright red lochia rubra what is the priority nursing intervention ?

A	Massage fundus	
B	Obtain vital signs	
C	Inform physician	
D	**Inquire about time of pervious saturated perineal pads**	**CORRECT**

Q-562

The mother of a 1-month-old infant reports vomiting and diarrhea for 2 days. Which is the priority nursing action?

A	Instruct the mother to provide the infant with 50 mL of glucose water	
B	Instruct the mother to measure the infant's urine output for 24 hours	
C	Instruct the mother to give the infant at least 2 ounces of juice every 2 hours	
D	**Instruct the mother to bring the infant to the clinic for evaluation**	**CORRECT**

Q-563

During a third-trimester teaching session, which maternal statement indicates the need to contact the hospital immediately?

A	**Gush of urinary outflow without any urge**	**CORRECT**
B	Low back pain at night and difficulty in sleep	
C	Activity intolerance and breathlessness on exertion	
D	Absence of contraction after 42 week of pregnancy	

Q-564

The Postpartum mother was asking the nurse about timing for restating sexual intercourse activity. What should the nurse response ?

A	3 weeks after delivery	
B	As long as taking contraceptives	
C	**After stop of lochia discharges**	**CORRECT**
D	Any time she wants	

Q-565

Infant months with patent ductus arteriosus. What is the expected signs and symptoms for infant ?

A	Acrocyanosis	
B	Central cyanosis	
C	**Tachycardia and tachypnea**	**CORRECT**
D	Tachypnea	

Q-566

Late deceleration patterns are noted when assessing the monitor tracing of woman whose labor is being induced with an infusion of Pitocin. FHT go down from 140 b/m to 130 b/m. The woman is in sidelying position. and her vital signs are stable and fall within normal range. Contractions are intense. last 90 seconds. and occur every 1/2 to minutes. The nurse's immediate action would be to ?

A	Change the woman's position	
B	**Stop the Pitocin**	**CORRECT**
C	Elevate the woman's legs	
D	Administer oxygen via tight mask at to 10 liters/minute	

Q-567

A mother of a child with spastic cerebral palsy asks the nurse whether her child will definitely develop intellectual disability as an adult. Which is the most appropriate response?

A	"Most children with cerebral palsy have normal intelligence."	
B	"All children with cerebral palsy develop severe intellectual disability."	
C	"Cerebral palsy always results in cognitive impairment."	
D	**"Intellectual ability in cerebral palsy varies widely depending on brain involvement."**	**CORRECT**

Q-568

The neonate after delivery with normal heart rate and normal respiration rate. The neonate with Pink skin, active reflexes and Lusty cry. What is the most appropriate Apgar score ?

A	9	
B	**10**	**CORRECT**
C	8	
D	7	

Q-569

A primiparous mother asks about an important benefit of breastfeeding for her infant. Which response by the nurse is most appropriate?

A	**Lowers risk of asthma and allergies**	**CORRECT**
B	Lower risk of haemolytic diseae	
C	Decreass rate of infant linear growth	
D	Increase child abstract cognition	

Q-570

42 multpara arrive to ER on active labour with rupture of membranes and she want to have mormal delivery without medication ...her husband come with her and appear anxtious What is appropriate response from nurse ?

A	Offer her non pharmacological method ...as she can do	
B	**Support her decision and offer non pharmacological method when needed**	**CORRECT**
C	Speak with her husband to convince her about other method	
D	Use pharmacological method	

Q-571

A child has iron overload from receiving multiple blood transfusions for treating thalassemia major. A nurse should anticipate the physician will likely:

A	order intravenous (IV) fluids to dilute the excess iron and increase urinary excretion	
B	change the type of blood product being transfused	
C	reduce the frequency of blood transfusions	
D	**begin chelation therapy**	**CORRECT**

Q-572

Pregnant woman with cervical dilatation 7 cm and fetus head on zero station. What is the stage of labor ?

A	Second stage	
B	**Active phase**	**CORRECT**
C	Transition phase	
D	Latent phase	

Q-573

The community nurse visited Postpartum mother and she complained her. She feels abdominal pain during breastfeeding and she never feel that on previous delivery before. What is the most appropriate action ?

A	It is not important. No action	
B	It is important. Stop breastfeeding	
C	**It is important. Continuous breastfeeding**	**CORRECT**
D	It is not important. Continuous breastfeeding	

Q-574

nurse is assigned to the antenatal clinic to give health education to group of pregnant women on the danger signs in pregnancy Which of the following would the nurse instruct women to immediately come to hospital ?

A	If they experience some headaches	
B	**If they start bleeding from the vagina**	**CORRECT**
C	If their estimated data of delivery has passed	
D	If they experience more than 10 fetal movements per day	

Q-575

Amnion. inner membrane surrounding the fetus. The amniotic fluid, fetus, and umbilical cord are all found within the amnion. Chorion. Outermost embryonic membrane and forms part of the placenta. To prevent and releive fetal distress related to maternal hypotension. Which of the position should apply ?

A	**Left side**	**CORRECT**
B	Right side	
C	Semi fowler	
D	Knee chest position	

Q-576

5-year-old boy has dietary modification due to his diabetes, In his parents' encourage him to value good nutritional habits, they decided to deny him playing favorite toys when he eats food that is not on his diet plan. What this mode of value transmission is called ?

A	Modelling	
B	Moralising	
C	Responsible choice	
D	**Rewarding and punishing**	**CORRECT**

Q-577

10-month-old infant was admitted with recurrent otitis made with in months. On assessment, the nurse noticed that the parents lock knowledge about the condition. Health teaching is planned. Which risk factor should the nurse include in health teaching ?

A	High fever	
B	Painful ear	
C	Foreign body	
D	**Respiratory infection**	**CORRECT**

Q-578

Which structure secret HCG hormones to sign pregnancy ?

A	decidua	
B	Zygote	
C	Morula	
D	**Blastocyst**	**CORRECT**

Q-579

During pregnancy, labor, and the postpartum period, why is regular bladder emptying important?

A	Pain	
B	False reading	
C	**Bleeding**	**CORRECT**
D	Infection	

Q-580

A child has a newly applied cast. Which nursing action is appropriate for cast care?

A	Put in hot water	
B	**Put infront of fan or cooller to dry fast**	**CORRECT**
C	Put in cold water to dry fast	
D	Put powder on the edges of the cast to prevent itching	

Q-581

pregnant lady she come to gynocolical word she have vaginal bleeding and cervex not dialted the problem ocuured before she followed bed rest and when she did effort it returned back to her They diagnosed her with threatened abortion. What is the treatment should the nutse expect for this lady ?

A	surgical treatment	
B	induction of labor(syntocinon)	
C	dialitation and curtage	
D	**Repeate Bed rest**	**CORRECT**

Q-582

Contraindication for oral contraceptives ?

A	Hypotension	
B	**Hypertension**	**CORRECT**
C	Anemia	
D	Infection	

Q-583

For a child with measles, how long should airborne isolation be maintained after the onset of rash in a routine case?

A	**5 days**	**CORRECT**
B	1 week	
C	2 weeks	
D	3 weeks	

Q-584

what is the dose of vitamin K according to WHO 2017 ?

A	0.2	
B	0.5	
C	**1**	**CORRECT**
D	2	

Q-585

The nurse Assess Neonat after delivery using Apgar score. Sponteanous respiration Prompt respond Limitted cry 98 pulse Pinkish body color execpt hands What is the expected score ?

A	8	
B	**7**	**CORRECT**
C	6	
D	5	

Q-586

When giving analgesic for pregnant mother during labor. What is the most important consideration should the nurse taken ?

A	Mother	
B	Fetus	
C	Contraction	
D	**It will affect and cause prolonged labor**	**CORRECT**

Q-587

Which chest assessment finding is classically associated with vitamin D deficiency in a child?

A	Dull sound	
B	**Rosary**	**CORRECT**
C	Crackle	
D	Chest deformity	

Q-588

child is treated for bacterial meningitis with an intravenous antimicrobial agent. Which of the following BEST indicates effectiveness of the treatment ?

A	Increased appetite	
B	**Low Temperature**	**CORRECT**
C	Decrease pulse	
D	Nodul of skin disappear	

Q-589

When administering medication to four year-old child, which of the following actions should nurse take ?

A	Ask the child to take the medication	
B	Indicate to the child firm expectation to take the medication	
C	**Mix the medication with large amount of the child's favourite food or drink**	**CORRECT**
D	Inform the child that an injection will be necessary, if the child refuses to take oral medication	

Q-590

When administering an intramuscular injection to an infant, which of the following sites appropriate for the nurse to use ?

A	**Rectus femoris**	**CORRECT**
B	Deltoid	
C	Dorsogluteal	
D	Ventrogluteal	

Q-591

When the bag of water ruptures, the nurse should watch for which of the following risks ?

A	Fetal distress	
B	**Cord prolapse**	**CORRECT**
C	Respiratory distress	
D	Bleeding	

Q-592

nurse in the labor room is performing vaginal assessment on pregnant client in labor. The nurse notes the presence of the umbilical cord protruding from the vagina. Which of the following would be the initial nursing action ?

A	**Place the client in Trendelenburg's position**	**CORRECT**
B	Call the delivery room to notify the staff that the client will be transported immediately	
C	Gently push the cord into the vagina	
D	Find the closest telephone and stat page the physician	

Q-593

pregnant mother is in the active labour. Her cervix is fully effaced dilated with crowing of the fetal head. The mother is exhausted, perspiring, and is having increasingly painful and severe uterine contractions. Which of the following intervention is best desired by the assisting midwife ?

A	exert pressure on abdomen to aid in child birth	
B	increase the rate of intravenous medication	
C	wipe face with wet towel and hold hands	
D	**instruct mother to push harder**	**CORRECT**

Q-594

The mother and her husband are sickle cell anemia carrier. What is the child percentage to be carrier ?

A	0.25	
B	**0.5**	**CORRECT**
C	0.75	
D	1	

Q-595

months baby diagnosed with hirschsprung disease what is the disease ?

A	Symptoms occur after months	
B	affect both small and large intestine	
C	**absences of prestalisis movement in the distal part of large intestine /colon**	**CORRECT**
D	telescoping of the intestine	

Q-596

The Vitro fertlization is related to (indications) ?

A	**Blockage of fallobian tube**	**CORRECT**
B	Donner of sperm	
C	Absence of spearm	
D	imnunolergic hormone	

Q-597

For the baby immediately after head delivery to expect good crying What should the nurse provide ?

A	Endotrachial tube	
B	**Suction secretion from nose and mouth**	**CORRECT**
C	Warm bath	
D	Slap baby on his buttocks	

Q-598

A child has wheezing, nasal flaring, and respiratory distress. The physician prescribes nebulized Pulmicort and salbutamol. Which diagnosis is most consistent with these findings?

A	Viral bronchitis	
B	**Asthma**	**CORRECT**
C	Rhinitis	
D	Because his parents are smoking	

Q-599

Postpartum mother after days of Cesarean Section. She has BMI 29. The nurse wants to give health instructions for her. Which of the following teachings should the nurse provide about ?

A	Infection	
B	Puerperal sepsis	
C	**Diet and exercises**	**CORRECT**
D	Bleeding	

Q-600

A newborn with tracheoesophageal fistula (TEF) is scheduled for surgical repair. What is the most appropriate preoperative feeding management?

A	Gastrostomy feeding	
B	Breastfeeding	
C	**NPO + IV fluids + continuous suction**	**CORRECT**
D	Bottle feeding	

Q-601

How often should a healthy baby usually be bathed?

A	**twice week with warm water**	**CORRECT**
B	Every day with warm water	
C	Every day with warm water and acidic soap	
D	twice week with warm water and alkaline soap	

Q-602

lot of theories took about early skin contact in 3rd stage of labour what is the purpose from early skin to skin contact between mother and child ?

A	at warm baby	
B	**improve bonding**	**CORRECT**
C	improve uterine contraction	
D	decrease maternal pulse rate	

Q-603

2 years old girl came to ER with perant. She experienced frequent urination. She lost kg of her weight. Which of the following is the best diagnostic tests ?

A	CT	
B	CBC	
C	Fat	
D	**Blood glucose level**	**CORRECT**

Q-604

Postpartum Mother was complaining from hemorrhage. The bleeding controlled and stop hours ago. The mother is asking now the nurse to go bathroom for urination. What should the nurse response ?

A	Don't let her go to bathroom	
B	Let her to go bathroom	
C	**Instruct mother to set on the bed then put her leg down gradually**	**CORRECT**
D	Keep her in bed and Provide bed pan	

Q-605

RSV vaccine route for premature baby is ?

A	**IM**	**CORRECT**
B	IV	
C	SC	
D	Oral	

Q-606

During the active phase of the first stage of labor, the fetus had variable decelerations. When the placenta is inspected after delivery, which abnormality is most likely to be found?

A	Normal	
B	Circumvallate	
C	Succenturiate	
D	**Velamentous**	**CORRECT**

Q-607

A laboring woman develops late decelerations. Which nursing intervention should be performed first among the following options?

A	**Administration of oxygen**	**CORRECT**
B	increase rate of pitucin	
C	Put pt in supine position	
D	Documents fetal heart rate and continuous monitoring	

Q-608

33-year-old patient in her 13th week of pregnancy has come for her routine gynecological Appointment. According to the ultrasound, her fetus is female. She already has daughters but her family wants the male child, so she asked the nurse guidance to terminate her pregnancy. The Nurse explained that baby's gender is determined by the father. She later involved her husband in the Discharge planning and finally helped the father agree to continue the mother's pregnancy. What professional obligation is fulfilled through the nursing implementation ?

A	**Influenced decision making**	**CORRECT**
B	Incident prevention beforehand	
C	Empathetic leadership approach	
D	Sympathetic knowledge sharing	

Q-609

The midwife teaches premenopausal and postmenopausal women about having regular Pap smear tests. Which nursing problem is primarily being addressed?

A	Ineffective coping	
B	Disease prevention	
C	**Health maintenance**	**CORRECT**
D	Therapeutic regimen	

Q-610

A child with childhood disintegrative disorder is being evaluated for improvement. Which finding is the earliest sign of progress among the following options?

A	Child no longer steal things	
B	Child no longer blame others	
C	Persist aggressive behavior	
D	**Child no longer loss of bladder control**	**CORRECT**

Q-611

A newborn born by elective caesarian section under general anesthesia term 30 weeks of pregnancy. His weight is 1340 gm, and he is in (20) the percentile in intrauterine growth chart. He is admitted to Neonatal intensive Care Unit. Which of the following is the classification of this newborn according to gestational age and birth weight using intrauterine growth chart ?

A	**He is appropriate for gestational age**	**CORRECT**
B	He is extremely low birth weight	
C	He is small for gestational age	
D	He is very low birth weight	

Q-612

Postpartum mother came to ER with colic pain and dysurea. She has high temperature 38°c and WBCs 12,000. What is the initial nursing intervention ?

A	Administer antipyretics	
B	**Administer antibiotics as ordered by doctor**	**CORRECT**
C	Collect midstream urine sample	
D	Encourage her to drink plenty of fluids	

Q-613

The most common normal position of the fetus in utero in 36 week is ?

A	Transverse position	
B	**Vertical position**	**CORRECT**
C	Oblique position	
D	Diagonal position	

Q-614

Child post appendectomy with severe pain. What is the most appropriate nursing intervention ?

A	**Give pain medication as ordered**	**CORRECT**
B	Rest read book	
C	Walk with parents	
D	Talk with same group age child	

Q-615

Pregnant women with varicose vein. What is the Nursing intervention ?

A	**Elastic stock**	**CORRECT**
B	Elevation leg on pillow	
C	Wear flat shoes not wearing heels)	
D	appropriate position while sitting with support back	

Q-616

A newborn delivered at 30 weeks gestation weighs 1000 g. According to the growth chart used in this item, which percentile is indicated?

A	**0.2**	**CORRECT**
B	0.1	
C	0.9	
D	0.95	

Q-617

newborn born by elective caesarian section under general anesthesia 32 weeks of pregnancy. His weight is 1000 gm. He is admitted to Neonatal intensive Care Unit. Which of the following is the percentile gestation of this newborn on the chart ?

A	**0.1**	**CORRECT**
B	0.2	
C	0.9	
D	0.95	

Q-618

Postpartum Mother complaining of breast engorgement and pain during feeding what to do ?

A	Apply ice pack, before feeding	
B	**Apply warm pack, before feeding**	**CORRECT**
C	Massage breast	
D	Apply analgesic cream	

Q-619

When selecting activities to help develop child's fine motor skills, which of the following would best meet this goal ?

A	**Sorting cardboard objects that are in different shapes**	**CORRECT**
B	Singing while turning the pages of book that plays music	
C	Jumping rope	
D	Riding three-wheeled bicycle	

Q-620

A child with croup has respirations of 50 per minute and fever. Which nursing intervention is most appropriate among the following options?

A	Monitor respiration	
B	ICP position	
C	**Rise the HOB**	**CORRECT**
D	Heparin antidote	

Q-621

Which of the following is produced oxytocin hormone ?

A	pituitary gland	
B	**Hypothalamus**	**CORRECT**
C	Postrior pituiyary gland	
D	Anterior pituitary gland	

Q-622

In this item, cleft palate repair is planned later than cleft lip repair. Which option is the best available timing for surgery?

A	**After one year**	**CORRECT**
B	After two years	
C	After the child is able to hold cup	
D	After improving his awareness	

Q-623

Why is better for preventing use of powder for children after bathing ?

A	**Respiratory problems**	**CORRECT**
B	Itching skin	
C	Diarrhea	
D	Skin dryness	

Q-624

An infant has depressed nasal bridge development with a flat facial profile caused by expansion of the bone marrow from chronic red blood cell destruction. Which diagnosis best explains this finding?

A	Iron deficiency anemia	
B	Sickle cell anemia	
C	A plastic anemia	
D	**Hemolytic anemia**	**CORRECT**

Q-625

A child with type 1 diabetes mellitus is being cared for at home. Which sign should the nurse tell the mother requires urgent attention?

A	Polyuria	
B	**Vomiting**	**CORRECT**
C	Dizziness	
D	Thirsty	

Q-626

A breastfeeding mother has mastitis with engorgement of the left breast. Which nursing instruction is most appropriate?

A	Stop feeding and take antibiotics	
B	Continue breast feeding on right breast	
C	**Use breast pump**	**CORRECT**
D	Stop feeding and wait until its gone	

Q-627

A 5-year-old child with vomiting and diarrhea needs maintenance IV fluids for 24 hours. Approximately how much fluid should the child receive?

A	900 ml	
B	1200 ml	
C	**1500 ml**	**CORRECT**
D	1700 ml	

Q-628

What is the first assessment for neonate after cutting umbilical cord ?

A	**Cover baby with towel and keep warming**	**CORRECT**
B	Encourage early contact with mother	
C	Check baby from cyanosis	
D	Check score assessment	

Q-629

43 years female 12 weeks pregnant presents to her OB-GYN for HIV testing following recent knowledge of her husband's infidelity. She tests positive and becomes increasingly emotional stating """"There is no point in me continuing this pregnancy since my baby will be born HIV positive."""" Given the client's statement what is the best response by the nurse ?

A	If that is how you feel we can discuss different options for abortion	
B	While it is true your baby will be born HIV positive, this doesn't mean him or her can't live happy life	
C	**If we start you on series of medications called antiretrovirals and you stick to your prescribed treatment there is very small chance your baby will be born HIV positive**	**CORRECT**
D	There is no reason to worry; your baby can only become HIV positive if he or she is breastfed once born	

Q-630

physician has ordered gavage feeding every hours for 12- week-old infant with failure to thrive. In order to know how far to insert the feeding tube. The nurse should measure the distance from ?

A	The infant’s mouth to the xiphoid process of the sternum	
B	The tip of the infant’s nose to the ear and then to the umbilicus	
C	The infant’s mouth to the ear and then to the umbilicus	
D	**The tip of the infant’s nose to the ear and then to the xiphoid process of the sternum**	**CORRECT**

Q-631

Lochia alba usually disappears by approximately how many days postpartum?

A	5 days	
B	7–10 days	
C	18–21 days	
D	**28–30 days**	**CORRECT**

Q-632

Child with Marasmus. What is type of deficiency for him ?

A	Low vitamis and low calories	
B	**Low protein and low calories**	**CORRECT**
C	Enough protein and low calories	
D	Enough calories and low protein	

Q-633

How many millitters of fluids should the breastfeeding women increase more than her needs ?

A	100 ml	
B	400 ml	
C	600 ml	
D	**800 ml**	**CORRECT**

Q-634

A child has severe vomiting with dehydration. What urine color is most likely expected?

A	Cloudy	
B	Yellow	
C	**Yellow brownish**	CORRECT
D	Bright red	

Q-635

How many cm should the baby increase length after months of delivery ?

A	0.5	
B	**1.5**	CORRECT
C	2.5	
D	3.5	

Q-636

When can breastfeeding jaundice develop with a latent onset ?

A	**2 – 4 weeks**	CORRECT
B	4 – 7 weeks	
C	After month	
D	After 3 months	

Q-637

When occurs late jaundice related to breast feeding ?

A	1 to 2 days	
B	7 days	
C	**10 days**	CORRECT
D	More than 3 month	

Q-638

What is the important nutrition during pregnancy ?

A	High mercury fish (tuna, marlin, king mackerel)	
B	Undercooked or raw fish	
C	**Vitamin B9**	CORRECT
D	Raw eggs	

Q-639

A child has tracheoesophageal fistula and surgical repair is planned. Which preoperative intervention is appropriate?

A	Put the patient in supine position	
B	Give Sedatives	
C	Oral feeding	
D	**Antibiotic therapy**	CORRECT

Q-640

The girl patient presented with diarrhea, vomiting, decreased tear production in the eyes, clammy skin, and a sodium level (NA) below 130. What level of dehydration is she experiencing ?

A	Mild isotonic	
B	Moderate isotonic	
C	**Moderate hypotonic**	CORRECT
D	Moderate hypertonic	

Q-641

Based on current evidence-based practice, which routine labor intervention is considered harmful and should not be done routinely?

A	**Enema during delivery**	**CORRECT**
B	Amniotomy	
C	Vaginal examination	
D	Filling the portogram	

Q-642

What is the side effect of oxytocin ?

A	**Water intoxication**	**CORRECT**
B	Kidney toxicity	
C	Diuretics	
D	Fluid excess	

Q-643

Why must the nurse monitor a laboring client's intake and output closely while oxytocin is being infused?

A	**Oxytocin causes water intoxication**	**CORRECT**
B	Oxytocin causes excessive thirst	
C	Oxytocin is toxic to the kidneys	
D	Oxytocin has a diuretic effect	

Q-644

What is a common finding in most children with congenital heart disease ?

A	Mental retardation	
B	Delayed physical growth	
C	Clubbing of fingers	
D	**Cyanosis**	**CORRECT**

Q-645

What are the disadvantage of the mini pill (progesterone-only pill) ?

A	**Spotting between menses**	**CORRECT**
B	Premenstrual syndrome	
C	Weight loss	
D	Endometriosis	

Q-646

What is the preferred method for measuring a newborn's temperature?

A	Tympanic.	
B	**Axillary.**	**CORRECT**
C	Oral.	
D	Rectal.	

Q-647

In early pregnancy, from where is human chorionic gonadotropin (hCG) secreted?

A	**Embryo**	**CORRECT**
B	Corpus luteum	
C	Ovary	
D	Pituitary gland	

Q-648

What does the blastocyst secrete ?

A	**HCG**	**CORRECT**
B	Estrogen	
C	ADH	
D	Progesterone	

Q-649

A patient is coming with a radiograph and complaining of chest pain. Which of the following questions should the radiologist ask the patient first before conducting the radiograph for chest X-ray ?

A	Can you hold your breath well or not	
B	Do you have any accessories on or are you wearing any accessories	
C	**Ask her if she is pregnant**	**CORRECT**
D	Can you raise your hand to perform a certain action	

Q-650

A parent comments that her infant has had several ear infections in the past few months. Why are infants more susceptible to otitis media ?

A	Infants are in a supine or prone position most of the time.	
B	Sucking on a nipple creates middle ear pressure.	
C	They have increased susceptibility to upper respiratory tract infections.	
D	**The eustachian tube is short, straight, and wide.**	**CORRECT**

Q-651

A patient 4 years old needs to receive a doctor-prescribed medication at a dosage of 10mg/kg/day for one week. The medication is available in a concentration of 125mg/5ml. The patient's body weight is 15 kg. How many ml per day should be given to the patient ?

A	2 ml QID	
B	**3 ml Bid**	**CORRECT**
C	5 ml OD	
D	6 ml PRN	

Q-652

A 4-year-old child weighs 15 kg and is prescribed 10 mg/kg/day of a medication divided into three equal doses. The drug concentration is 125 mg/5 mL. How many milliliters should the child receive per dose?

A	1 mL TID	
B	1.5 mL TID	
C	**2 mL TID**	**CORRECT**
D	3 mL TID	

Q-653

What are the most common causes of fetal death or mortality ?

A	Asthma	
B	Accident	
C	Malnutrition disease	
D	**Cardiac disease**	**CORRECT**

Q-654

A Community nurse make Antenatal education for group of pregnant women, what's the goal of this program (NCLEX) ?

A	Psychological adaptation to parenthood	
B	**Reducing risks and problems**	**CORRECT**
C	Modes of delivery during childbirth	
D	Birth control options	

Q-655

Clients with gestational diabetes are usually managed by which of the following therapies (NCLEX) ?

A	Oral hypoglycemic drugs and insulin	
B	Oral hypoglycemic drugs	
C	NPH insulin (long-acting)	
D	**Diet**	**CORRECT**

Q-656

A nurse teaches a 13-year-old patient how to self-administer insulin. This nursing action is best described as:

A	Inspiring	
B	Empower	
C	**Enabling**	**CORRECT**
D	Encouraging	

Q-657

Hyperemesis gravidarum is a common occurrence for pregnant women, and there are home remedies that have been proven to relieve nausea and vomiting. Which one of the following is one of them ?

A	Cucumber	
B	**Ginger**	**CORRECT**
C	Coffee	
D	Cinnamon	

Q-658

A 21-year-old female experiences irregular menstrual cycles that are described as anovulatory cycles. What does the term "anovulatory" mean?

A	One ovum is released from the ovary	
B	Two ova are released from the ovary	
C	**No ovum is released from the ovary**	**CORRECT**
D	Ovulation occurs two days later than expected	

Q-659

Which of the following is not considered as an obstetrical emergency ?

A	Ectopic pregnancy	
B	Placenta previa	
C	**Placenta anterior**	**CORRECT**
D	Eclampsia	

Q-660

A 12-year-old boy came to the clinic with his mother. He has a warm body, weight loss, and trouble sleeping. What does the nurse suspect ?

A	**Hyperthyroidism**	**CORRECT**
B	Hypothyroidism	
C	Hyperparathyroidism	
D	Hypoparathyroidism	

Q-661

Why should hypospadias be repaired before three years old ?

A	The child's movement is limited.	
B	Decrease risk infection.	
C	This is because the child is cooperative.	
D	**Before the penis/urethra is fully developed**	**CORRECT**

Q-662

A 3 days old newborn who is diagnosed with Hirschsprung disease presents with failure to pass meconium within 24-48 hours of life. What is the diagnostic test for Hirschsprung disease ?

A	Chest X-ray	
B	Ultrasound	
C	MRI	
D	**Rectal Biopsy**	**CORRECT**

Q-663

A nurse is monitoring a pregnant client with pregnancy induced hypertension who is at risk for PreeclampsiThe nurse checks the client for which specific signs of Preeclampsia ?

A	Increased respirations	
B	Negative urinary protein	
C	**Elevated blood pressure and positive urinary protein**	**CORRECT**
D	Facial edema	

Q-664

A child has third-degree burns of the hands, face, and chest. Which nursing diagnosis takes priority ?

A	Risk for infection related to epidermal disruption	
B	**Ineffective airway clearance related to edema**	**CORRECT**
C	Disturbed body image related to physical appearance	
D	Impaired urinary elimination related to fluid loss	

Q-665

A woman comes to the ER with brown vaginal bleeding. After reviewing the ultrasound, the doctor decided to perform an emergency Cesarean section (CS). What should be anticipated ?

A	Preeclampsia	
B	**Total placenta previa**	**CORRECT**
C	Partial placenta previa	
D	Preterm labor	

Q-666

A pregnant woman's last menstrual period began on April 8, 2005, and ended on April 13. Using Naegele's rule her estimated date of birth would be ?

A	July 1, 2006	
B	**January 15, 2006**	**CORRECT**
C	January 20, 2006	
D	November 5, 2005	

Q-667

In a school-aged child with possible diabetes, which complaint is most likely to prompt parents to seek evaluation?

A	Polyphagia	
B	Dehydration	
C	**Bedwetting**	**CORRECT**
D	Weight loss	

Q-668

In children suspected to have a diagnosis of diabetes, which one of the following complaints would be most likely to prompt parents to take their school-aged child for evaluation ?

A	Polyphagia	
B	Vomiting	
C	**Bedwetting**	**CORRECT**
D	Thirsty	

Q-669

Gracie, the mother of a 3-month-old infant calls the clinic and states that her child has a diaper rash. What should the nurse advise ?

A	Use baby wipes with each diaper change	
B	Switch to cloth diapers until the rash is gone	
C	Offer extra fluids to the infant until the rash improves	
D	**Leave the diaper off while the infant sleeps**	**CORRECT**

Q-670

A mother infected with COVID-19 wants to breastfeed her baby. What instructions should the nurse provide ?

A	Stop breastfeeding	
B	Exposed to breastfeeding	
C	Switch to bottle	
D	**Breastfeeding with precautions**	**CORRECT**

Q-671

A pregnant woman at 38 weeks gestation and in stage 1 active phase. She presented to the emergency department with signs of labor, and her cervix is dilated 8 cm. The nurse needs to transfer her to the operating room (OR), but when she called the OR, they said there are no available beds. What is the expected action for the nurse to take ?

A	Tell her to go to another hospital.	
B	Refer to gynecology department	
C	Ask to take deep breath to prolong labor	
D	**They deliver her in the emergency room**	**CORRECT**

Q-672

A 33 week pregnant mother is on her routine medications that include iron supplement, folic acid, multivitamins and calcium supplement, despite all medication her hemoglobin has not been increase since last two month, she is experiencing more fatigue and lethargy since past few weeks HB 80 ..... HCT 0.22. Which of the following intervention is the most desired ?

A	**should separate the iron and calcium for two hours**	**CORRECT**
B	Start injectable multivitamins as per regimen	
C	Advise increase intake of organ meat and fortified food	
D	Advise increased food intake by frequent small meals and snacks	

Q-673

Pregnant women in active labor, how many times the midwife did vaginal examination ?

A	With each contraction	
B	As much as pot	
C	Every 4 hours	
D	**Limited vaginal examination**	**CORRECT**

Q-674

The Wassermann test should be done before maternity for the early identification of which of the following ?

A	Hepatitis C	
B	HIV	
C	**Syphilis**	**CORRECT**
D	Toxicology	

Q-675

A female patient came to the ER two weeks after postpartum and presented with hemorrhage. What type of postpartum hemorrhage is the nurse expecting ?

A	**Late postpartum hemorrhage**	**CORRECT**
B	Early postpartum hemorrhage	
C	Atonic	
D	Traumatic	

Q-676

A nonstress test is performed on a client who is pregnant, and the results of the test indicate nonreactive findings. The health care provider (HCP) prescribes a contraction stress test. The test is performed, and the nurse notes that the HCP has documented the results as negative. How should the nurse interpret this finding ?

A	**A normal test result**	**CORRECT**
B	An abnormal test result	
C	A high risk for fetal demise	
D	The need for a cesarean delivery	

Q-677

The child presented with a low-grade fever,is sneezing and appears restless, What instructions would you give to the parents ?

A	Penicillin for 3 days	
B	Antivirus 10 days	
C	**Antipyretic**	**CORRECT**
D	Cough depressant	

Q-678

A newborn presented with mild fever cough, poor feeding, sneezing, crying and appears restless. What advice did the nurse give to the mother ?

A	Amoxicillin for 3 days	
B	Antiviral for a week	
C	**Give antipyretic for mild fever and discomfort**	**CORRECT**
D	Cough depressant	

Q-679

A 2-month-old infant comes for immunization and is found to have a temperature of 38.1°C during assessment. What is the best action?

A	Go on with the infant immunization	
B	Give paracetamol and wait for his fever to subside	
C	**Refer the infant to the physician for further assessment**	**CORRECT**
D	Advise the infant mother to bring him back for immunization when he is well	

Q-680

During neonatal resuscitation, if congenital diaphragmatic hernia is suspected, what should you do first?

A	**Avoid mask and bag ventilation**	**CORRECT**
B	Administer nitric oxide	
C	Immediate surgery repair after resuscitation	
D	Start iv fluid	

Q-681

A Nurse is caring for 3rd day post partum woman, what should the nurse be alert about mother take ?

A	I am interested to return home.	
B	The baby hair look alike his grandmother hair	
C	**I am tired and I can't sleep all night the baby cry all the night.(wont stop crying)**	**CORRECT**
D	I finally become a mother	

Q-682

Which procedure can increase the risk of cord prolapse and infection?

A	Cardiocentesis	
B	Amniocentesis	
C	Trendelenburg position	
D	**Amniotomy**	**CORRECT**

Q-683

A nurse is caring for a toddler after surgical repair of a cleft palate, the nurse should position the child ?

A	On his back	
B	**On his stomach**	**CORRECT**
C	On his back with his head slightly elevated	
D	For comfort	

Q-684

A pregnant woman at 32 weeks' gestation complains of feeling dizzy and lightheaded while her fundal height is being measureHer skin is pale and moist. The nurse's initial response would be to : ?

A	Assess the woman's blood pressure and pulse	
B	Have the woman breathe into a paper bag	
C	**Turn the woman on her side**	**CORRECT**
D	Raise the woman's legs	

Q-685

Nurse Mariane is caring for an infant with spina bifidWhich technique is most important in recognizing possible hydrocephalus ?

A	Magnetic resonance imaging (MRI)	
B	Performing a lumbar puncture	
C	Obtaining skull X-ray	
D	**Measuring head circumference**	**CORRECT**

Q-686

A 10-year-old girl is seen in the emergency department with a right fibular fracture. Her parent asks how long it will take for the fracture to heal. Which of the following is the most appropriate response by the nurse?

A	4-6 weeks	
B	2-4 weeks	
C	**6-8 weeks**	**CORRECT**
D	8-10 weeks	

Q-687

A newborn delivered at 24 weeks' gestation weighs 1000 g. On a growth chart, this weight would most likely fall into which percentile category for gestational age?

A	**Between 10 to 90**	**CORRECT**
B	Less than 10	
C	Greater than 90	
D	At 90 percentage	

Q-688

What is the recommended maximum duration for a single suction pass in a child?

A	**Less than 5 second**	**CORRECT**
B	Less than 10 second	
C	Less then 30 second	
D	Less than 40 second	

Q-689

A postpartum woman came to the clinic with her baby. The nurse assessed the umbilical corWhat are the signs of cord infection ?

A	**Reddened base**	**CORRECT**
B	Bluish white	
C	Black and dry	
D	Dry	

Q-690

A primigravid client who is at 14 weeks gestation has been diagnosed with hyperemesis gravidarum. The nurse explains to the client that the condition is related to high levels of ?

A	Testosterone	
B	**Estrogen**	**CORRECT**
C	Aldosterone	
D	Progesteron	

Q-691

A pregnant woman with sickle cell anemia is admitted in active labor. Which nursing intervention is MOST important to reduce the risk of fetal hypoxia during labor?

A	Provide effective pain management	
B	**Administer supplemental oxygen to the mother**	**CORRECT**
C	Encourage frequent position changes	
D	Monitor maternal intake and output	

Q-692

Sickle cell disease follows which pattern of genetic inheritance?

A	Autosomal dominant inheritance	
B	**Autosomal recessive inheritance**	**CORRECT**
C	X-linked recessive inheritance	
D	Mitochondrial inheritance	

Q-693

Vitamin k dose in newborn ?

A	0.25 mg	
B	0.5mg	
C	**1 mg**	**CORRECT**
D	2mg	

Q-694

A nurse is caring for a child post-tonsillectomy. Which nursing action is most appropriate for postoperative care?

A	Encourage the child to cough spontaneously	
B	**Observe for subtle signs of hemorrhage**	**CORRECT**
C	Place the child in the prone position	
D	Suction the mouth to clear the airway	

Q-695

A postpartum woman was hospitalized for 24 hours after delivery. A community nurse visits her 2 days after discharge. Which of the following findings is abnormal at this time?

A	Frequent urination	
B	**Lochia serosa**	**CORRECT**
C	Uterus below umbilical level	
D	Both breast full of milk	

Q-696

A 30-year-old pregnant lady in her 33 weeks pregnancy. When the nurse assesses the health condition of the lady, she provides nursing care and health teaching. Which of the following types of home visiting is the best to be conducted ?

A	Selective	
B	**Follow up**	**CORRECT**
C	Fieled trip	
D	Systemic	

Q-697

Mother has 8 months child wants to give her baby an egg to eat what is the kind of egg she should give ?

A	Give whole egg	
B	Don't give for child until 1 year	
C	Give white egg without yolk	
D	**Give yolk egg without white**	**CORRECT**

Q-698

Which symptom is most closely associated with the effect of hCG in early pregnancy among the following options?

A	**Aneroxia**	**CORRECT**
B	Osteoarthritis	
C	Menopause	
D	Depression	

Q-699

17-years-old mother presented to the primary health after delivery. She is suffering from fatigue, anemia, fever vaginal discharge (see lab results) 81/50 mmHg Blood pressure 98 /min Heart rate 26 /min Respiratory rate 39.6C Temperature Result Test 4.6 RBC 4.7-6.1 × 1012/L (Male) Normal Values 4.2-5.4 ×1012 /L (Female) 88 Hb 130-170 g/L (Male) 120-160 g/L (Female) 2.50 Calcium 2.15-2.62 mmol/L Which of the following is considered as the main maternal postpartum haemorrhage complication ?

A	**Death**	**CORRECT**
B	Candidacies	
C	Cervical cancer	
D	Uterine prolapsed	

Q-700

Mother 32 week is worry about her fetus and want to ensure her fetus health is well being and growth. What is the most appropraite and best test ?

A	**Measure fundal hight**	**CORRECT**
B	Ultrasonography	
C	Non stress test	
D	Abdominal girth	

Q-701

A nurse is collecting a urine of a 4-year-old child with nephritic syndrome. Which of following observation about the color of the child's urine the nurse expected to will chart. ?

A	**Bright red**	**CORRECT**
B	Amber	
C	Dark, frothy	
D	Orange	

Q-702

year-old girl admitted to paediatric medical unit significant weight loss,diminished mid -arm circumference dirrhea,muscle like stick .which of the following type of malnutration do the nurse suspect ?

A	**Marasmus**	**CORRECT**
B	Spitting up	
C	Kwashiorkor	
D	Rickets	

Q-703

Which of the following statement by the nurse about the clomid as an ovulation inducing drug ?

A	Given for the first 15 days in each cycle	
B	Maximum dose is 50 mg daily for a month	
C	It increases the risk of birth defects	
D	**It increase the risk of multiple pregnancies**	**CORRECT**

Q-704

Clomiphene citrate (Clomid) is prescribed for a 32-year-old infertility treatment. The nurse should understand that this medication is used for following actions ?

A	**induce ovulation**	**CORRECT**
B	Decrease prolactin level	
C	Reduce endometriosis	
D	Stimulate the release of Follicle-Stimulating Hormone	

Q-705

A 4 years old girl, was playing outside, she came to her mom crying and holding her right upper arm, she went to the hospital with swelling over the upper arm, pain and itching, the appropriate management is: ?

A	Maintain patent airway	
B	**Administer s/c Epinephrine**	**CORRECT**
C	Prepare for intubation	
D	Administer I.V Epinephrine	

Q-706

During vaginal delivery in a 38-year-old woman, the nurse should pay close attention to which fetal assessment parameter?

A	Acute bleeding and coma	
B	Low potassium	
C	Brain Injury	
D	**Fetal heart rate**	**CORRECT**

Q-707

Which food should be limited or avoided during pregnancy?

A	Pasteurized Milk	
B	Processed Cheese	
C	**Soft cheese**	**CORRECT**
D	Yogurt	

Q-708

Mother has child with Spastic cerebral palsy. The mother was asking the nurse when her child be adult he will have mental retardation or impairement. What should the nurse reply ?

A	Who has cerebral palsy get more than 70% in IQ .	
B	Who has epilepsy and CP Limited for them to have mental problem	
C	Who has CP the main cause genetic factors.	
D	**Who has CP most of them has cognitive impairement with some mental retardation**	**CORRECT**

Q-709

A nurse is caring for a pregnant woman with sickle cell anemia during labor. Which assessment finding would indicate that the fetus may be experiencing distress?

A	Maternal blood pressure of 120/80 mmHg	
B	**Fetal heart rate of 90 beats per minute**	**CORRECT**
C	Maternal respiratory rate of 20 breaths per minute	
D	Maternal temperature of 37°C	

Q-710

Upon reviewing the pregnant client's blood test results, the nurse that traces of mercury are present even after the nurse had healthy dietary modifications. Which action of the client does the nurse discuss to reduce risk client ?

A	Client has five soake d walnuts every day	
B	**Client consumes king mackerel very often**	**CORRECT**
C	Client eats one medium bowl of flax seeds daily	
D	client has cooked soybean seeds as an evening snack	

Q-711

A 24-week pregnant woman is crying because her family wants a boy and she is requesting abortion after learning the fetus is female. What is the most appropriate plan?

A	Calm her down and reassure for an appropriate solution	
B	Provide moral support and book her for procedure	
C	Repeat ultrasound and wait for a few more weeks	
D	**Family counselling and follow religious guidance**	**CORRECT**

Q-712

A couple who are both carriers of sickle cell trait attend a primary health care clinic for premarital counseling. They ask the nurse about the probability of having a child with sickle cell disease. Which response by the nurse is most accurate?

A	All of your children will have sickle cell disease	
B	Each pregnancy carries a 50% chance of having an affected child	
C	There is a 75% chance that your child will inherit the disease	
D	**Each pregnancy carries a 25% chance of having a child with sickle cell disease**	**CORRECT**

Q-713

If both parents have sickle cell trait, what is the probability that their child will also have sickle cell trait?

A	100%.	
B	**50%.**	**CORRECT**
C	75%.	
D	0.25	

Q-714

Which of the following is the main reason the makes nurses concerned about adolescents health status ?

A	**Take risky behaviors**	**CORRECT**
B	Consider themselves as adult	
C	Have more health issues	
D	Transitional period to adulthood	

Q-715

Which of the following birth weights is classified as low birth weight (LBW)?

A	**1800 grams**	**CORRECT**
B	2600 grams	
C	3200 grams	
D	4100 grams	

Q-716

A nurse performs a vaginal examination during labor and palpates the posterior fontanel, indicating the fetal occiput, in the left posterior quadrant of the maternal pelvis. Which fetal position is present?

A	ROP	
B	**LOP**	**CORRECT**
C	ROA	
D	LOA	

Q-717

Which of the following birth weights is classified as very low birth weight (VLBW)?

A	800 grams	
B	**1200 grams**	**CORRECT**
C	2600 grams	
D	3200 grams	

Q-718

Which of the following birth weights is classified as extremely low birth weight (ELBW)?

A	**800 grams**	**CORRECT**
B	1200 grams	
C	2600 grams	
D	3200 grams	

Q-719

The clinic nurse prepares to assess a client who is in the second trimester of pregnancy. When measuring the fundal height, what should the nurse expect to note with this measurement regarding gestational age?

A	It is less than gestational age.	
B	**It correlates with gestational age.**	**CORRECT**
C	It is greater than gestational age.	
D	It has no correlation with gestational age.	

Q-720

A pregnant client tells the nurse that she felt wetness on her peripad and found some clear fluid. The nurse inspects the perineum and notes the presence of the umbilical cord. What is the immediate nursing action?

A	Monitor the fetal heart rate.	
B	Notify the primary health care provider.	
C	Transfer the client to the delivery room.	
D	**Place the client in the Trendelenburg position.**	**CORRECT**

Q-721

On assessment of a newborn being admitted to the nursery, the nurse palpates the anterior fontanel and notes that it feels soft. The nurse determines that this finding indicates which condition?

A	Dehydration	
B	**A normal finding**	**CORRECT**
C	Increased intracranial pressure	
D	Postterm by at least 2 weeks	

Q-722

A prenatal client has been diagnosed with a vaginal infection from the organism Candida albicans. What would the nurse expect to note on assessment of the client?

A	Costovertebral angle pain	
B	Absence of any observable signs	
C	**Pain, itching, and vaginal discharge**	**CORRECT**
D	Proteinuria, hematuria, and hypertension	

Q-723

A prenatal client has a suspected diagnosis of iron deficiency anemia. On assessment, which finding would the nurse expect to note as a result of this condition?

A	Dehydration	
B	Fluid overload	
C	A high hematocrit level	
D	**A low hemoglobin level**	**CORRECT**

Q-724

The nurse caring for a postpartum client should suspect that the client is experiencing endometritis if what is noted during an assessment?

A	Breast engorgement	
B	Elevated white blood cell count	
C	Lochia rubra on the second day postpartum	
D	**Fever over 38° C (100.4° F), beginning 2 days postpartum**	**CORRECT**

Q-725

The nurse is performing an assessment on a postterm infant. Which physical characteristic would the nurse expect to observe in this infant?

A	**Peeling of the skin**	**CORRECT**
B	Smooth soles without creases	
C	Lanugo covering the entire body	
D	Vernix that covers the body in a thick layer	

Q-726

A postterm infant, delivered vaginally, is exhibiting tachypnea, grunting, retractions, and nasal flaring. The nurse interprets that these assessment findings are indicative of which condition?

A	Hypoglycemia	
B	Respiratory distress syndrome	
C	**Meconium aspiration syndrome**	**CORRECT**
D	Transient tachypnea of the newborn	

Q-727

The nurse is assessing a 3-day-old preterm neonate being treated for a diagnosis of respiratory distress syndrome (RDS). Which assessment finding indicates that the neonate's respiratory condition is improving?

A	Edema of the hands and feet	
B	**Urine output of 3 mL/kg/hr**	**CORRECT**
C	Presence of a systolic murmur	
D	Respiratory rate between 60 and 70 breaths/min	

Q-728

The nurse is caring for a term newborn. Which assessment finding would predispose the newborn to the occurrence of jaundice?

A	**Presence of a cephalhematoma**	**CORRECT**
B	Infant blood type of O negative	
C	Birth weight of 8 pounds 6 ounces	
D	A negative direct Coombs' test result	

Q-729

The nurse, caring for a client in the active stage of labor, is monitoring the fetal status and notes that the monitor strip shows a late deceleration. Based on this observation, which action would the nurse take immediately?

A	Document the findings.	
B	Prepare for immediate birth.	
C	Increase the rate of an oxytocin infusion.	
D	**Administer oxygen to the client via face mask.**	**CORRECT**

Q-730

A preschooler with a history of cleft palate repair comes to the clinic for a routine well-child checkup. To determine whether this child is experiencing a long-term effect of cleft palate, which question would the nurse ask the parent?

A	"Does the child play with an imaginary friend?"	
B	"Was the child recently treated for pneumonia?"	
C	**"Does the child respond when called by name?"**	**CORRECT**
D	"Has the child had any difficulty swallowing food?"	

Q-731

A child sustains a greenstick fracture of the humerus after a fall. Which description best explains a greenstick fracture?

A	**An incomplete fracture in which one side of the bone bends and the other side breaks**	**CORRECT**
B	A complete fracture where the bone breaks into two equal pieces	
C	A fracture where the bone is shattered into multiple fragments	
D	A fracture in which the bone pierces through the skin	

Q-732

A 2-year-old toddler has just returned from surgery where a hip spica cast was applied. Which nursing action will best maintain the child's skin integrity?

A	**Changing the toddler's diapers every 2 hours.**	**CORRECT**
B	Keeping the toddler's genital area open to the air.	
C	Implementing a 3-hour turning schedule for the toddler.	
D	Assessing the toddler's perineal area for redness regularly.	

Q-733

A client diagnosed with gestational hypertension has just been admitted and is in early active labor. Which assessment finding would the nurse most likely expect to note?

A	Increased urine output	
B	**Increased blood pressure**	**CORRECT**
C	Decreased fetal heart rate	
D	Decreased brachial reflexes Eclampsia	

Q-734

An emergency department nurse prepares to plan care for a child diagnosed with acetaminophen overdose. The nurse reviews the primary health care provider's prescriptions and prepares to administer which medication?

A	Succimer	
B	Vitamin K	
C	**N-acetylcysteine**	**CORRECT**
D	Protamine sulfate	

Q-735

The nurse who has been closely monitoring a child who has been exhibiting decorticate (flexor) posturing after sustaining severe head trauma notes that the child suddenly exhibits decerebrate (extensor) posturing. The nurse interprets that this change in the child's posturing indicates what?

A	An insignificant finding	
B	An improvement in condition	
C	Decreasing intracranial pressure	
D	**Deteriorating neurological function**	**CORRECT**

Q-736

The nurse, while caring for a hospitalized infant being monitored for hydrocephalus, notes that the anterior fontanel bulges when the infant cries. Based on this assessment finding, which conclusion would the nurse draw?

A	**No action is required.**	**CORRECT**
B	The head of the bed needs to be lowered.	
C	The infant needs to be placed on nothing by mouth (NPO) status.	
D	The primary health care provider should be notified immediately.	

Q-737

The nurse assessing the vital signs of a 3-year-old child hospitalized with a diagnosis of croup notes that the respiratory rate is 28 breaths/min. Based on this finding, which nursing action is appropriate?

A	Begin administering supplemental oxygen.	
B	**Document the findings according to facility policies.**	**CORRECT**
C	Notify the child's primary health care provider immediately.	
D	Reassess the respiratory rate, rhythm, and depth in 15 minutes.	

Q-738

The nurse is performing an assessment on a female client who is suspected of having mittelschmerz. Which subjective finding supports the possibility of this condition?

A	Experiences pain during intercourse	
B	Has pain at the onset of menstruation	
C	Experiences profuse vaginal bleeding	
D	**Has sharp pelvic pain during ovulation Problems/Fertility/Infertility**	**CORRECT**

Q-739

During a health assessment, the client tells the nurse that she was diagnosed with endometriosis. Which explanation presented by the client demonstrates an understanding of the description of the condition?

A	"Endometriosis is known as primary dysmenorrhea."	
B	"Endometriosis is what causes me the pain that occurs when I ovulate."	
C	"Endometriosis is the condition that has caused me to stop menstruating."	
D	**"Endometriosis means that I have uterine tissue growing outside my uterus." Problems**	**CORRECT**

Q-740

A pregnant client reports that her last menstrual period (LMP) was February 9, 2022. Using Näegele's rule, what will the nurse determine as the estimated date of birth?

A	October 7, 2022	
B	October 16, 2022	
C	November 7, 2022	
D	**November 16, 2022**	**CORRECT**

Q-741

The nurse is preparing to measure the fundal height of a client whose fetus is 28 weeks of gestation. In what position would the nurse place the client to perform the procedure?

A	In a standing position	
B	In the Trendelenburg position	
C	Supine with the head of the bed elevated to 45 degrees	
D	**Supine with her head on a pillow and knees slightly flexed**	**CORRECT**

Q-742

The nurse is measuring the fundal height on a client who is 36 weeks of gestation when the client reports feeling lightheaded. What finding would the nurse expect to note when assessing the client?

A	Fear	
B	Anemia	
C	A full bladder	
D	**Pallor and hypotension**	**CORRECT**

Q-743

The nurse in the prenatal clinic is monitoring a client who is pregnant with twins. The nurse monitors the client closely for which priority complication that is associated with a twin pregnancy?

A	Hemorrhoids	
B	Postterm labor	
C	**Maternal anemia**	**CORRECT**
D	Costovertebral angle tenderness	

Q-744

A clinic nurse is assessing a prenatal client who has been diagnosed with heart disease. The nurse carefully assesses the client's vital signs, weight, and fluid and nutritional status to detect for complications caused by which pregnancy-related concern?

A	Rh incompatibility	
B	Fetal cardiomegaly	
C	**The increase in circulating blood volume**	**CORRECT**
D	Hypertrophy and increased contractility of the heart	

Q-745

A nursing childbirth educator tells a class of expectant parents that it is standard routine to instill the ophthalmic ointment form of which medication into the eyes of a newborn infant as a preventive measure against ophthalmia neonatorum?

A	Penicillin	
B	Neomycin	
C	Vitamin K	
D	**Erythromycin**	**CORRECT**

Q-746

After assisting with a vaginal delivery, what would the nurse do to prevent heat loss via conduction in the newborn?

A	Wrap the newborn in a blanket.	
B	Close the doors to the delivery room.	
C	Dry the newborn with a warm blanket.	
D	**Place the newborn on a warm crib pad.**	**CORRECT**

Q-747

The nurse is caring for a child recovering from a tonsillectomy. Which fluid or food item would be offered to the child?

A	**Green Jell-O**	**CORRECT**
B	Cold soda pop	
C	Butterscotch pudding	
D	Cool cherry-flavored Kool-Aid	

Q-748

The nurse provides a class to new mothers on newborn care. When teaching cord care, the nurse would instruct the mothers to take which action?

A	If antibiotic ointment has been applied to the cord, it is not necessary to do anything else to it.	
B	All that is necessary is to wash the cord with antibacterial soap and allow it to air-dry once a day.	
C	Apply alcohol thoroughly to the cord, being careful not to move the cord because it will cause pain to the newborn infant.	
D	**Apply the prescribed cleansing agent to the cord, ensuring that all areas around the cord are cleaned two to three times a day.**	**CORRECT**

Q-749

The nurse assessing the apical heart rates of several different newborn infants notes that which heart rate is normal for this newborn population?

A	90 beats/min	
B	**140 beats/min**	**CORRECT**
C	180 beats/min	
D	190 beats/min	

Q-750

The nurse managing a child's post-supratentorial craniotomy care would assure that the client is maintained in which position?

A	Prone	
B	Supine	
C	**Semi-Fowler's**	**CORRECT**
D	Dorsal recumbent	

Q-751

An infant has been found to be human immunodeficiency virus (HIV) positive. When teaching condition-specific care, which action would the nurse instruct the mother to take to minimize the infant's risk for condition-related injury?

A	Check the anterior fontanel for bulging and the sutures for widening each day.	
B	Feed the infant in an upright position with the head and chest tilted slightly back to avoid aspiration.	
C	Feed the infant with a special nipple and burp the infant frequently to decrease the tendency to swallow air.	
D	**Provide meticulous skin care to the infant and change the infant's diaper after each voiding or stool.**	**CORRECT**

Q-752

The nurse is checking postoperative prescriptions and planning care for a 110-pound child after spinal fusion. Morphine sulfate, 8 mg subcutaneously every 4 hours PRN for pain, is prescribed. The pediatric medication reference states that the safe dose is 0.1 to 0.2 mg/kg/dose every 3 to 4 hours. From this information, the nurse determines what about the prescription?

A	The dose is too low.	
B	There is no safe range for children	
C	**The dose is within the safe dosage range.**	**CORRECT**
D	There is not enough information to determine the safe dose.	

Q-753

What action would the nurse take to assess the pharyngeal reflex on a child prescribed liquids post-appendectomy?

A	Ask the client to swallow.	
B	Pull down on the lower eyelid.	
C	Shine a light toward the bridge of the nose.	
D	**Stimulate the back of the throat with a tongue depressor.**	**CORRECT**

Q-754

The nurse is monitoring a child with mumps for complications. Which manifestation is a sign of the most common complication of this disease?

A	Pain	
B	**Nuchal rigidity**	**CORRECT**
C	Impaired hearing	
D	A red swollen testicle	

Q-755

An adolescent is hospitalized with a diagnosis of Rocky Mountain spotted fever (RMSF). The nurse anticipates that which medication will be prescribed?

A	Ganciclovir	
B	Amantadine	
C	**Doxycycline**	**CORRECT**
D	Amphotericin B	

Q-756

A clinical nurse specialist is asked to present a clinical conference to the student group about brain tumors in children younger than 3 years. The nurse would include which information in the presentation?

A	Radiation is the treatment of choice.	
B	**The most significant symptoms are headache and vomiting.**	**CORRECT**
C	Head shaving is not required before removal of the brain tumor.	
D	Surgery is not normally performed because of the increased risk of functional deficits.	

Q-757

The nurse caring for a child admitted to the hospital with a diagnosis of viral pneumonia describes the treatment plan to the parents. The nurse determines the need for further teaching when the parents make which statement regarding the treatment?

A	"We need to be very careful since oxygen is extremely flammable."	
B	**"It's important that the child isn't allergic to the antibiotic that is prescribed."**	**CORRECT**
C	"It's difficult to watch the needle be inserted when intravenous fluids are needed."	
D	"Chest physiotherapy will loosen the congestion, so coughing will clear the lungs."	

Q-758

A child hospitalized with a diagnosis of lead poisoning is prescribed chelation therapy. The nurse caring for the child would prepare to administer which medication?

A	Ipecac syrup	
B	Activated charcoal	
C	Sodium bicarbonate	
D	**Sodium calcium edetate (sodium calcium EDTA)**	**CORRECT**

Q-759

The nurse is teaching the parents of a child diagnosed with celiac disease about dietary measures. The nurse would instruct the parents to take which measure?

A	Restrict corn and rice in the diet.	
B	Restrict fresh vegetables in the diet.	
C	Substitute grain cereals with pasta products.	
D	**Avoid foods that contain hidden sources of gluten.**	**CORRECT**

Q-760

A client in labor has a diagnosis of sickle cell anemia. Which action would the nurse take to assist in preventing the client from experiencing a sickling crisis during labor?

A	Being reassuring	
B	**Administering oxygen**	**CORRECT**
C	Preventing bearing down	
D	Maintaining strict asepsis	

Q-761

The nurse is caring for a client in active labor. Which intervention would the nurse implement to prevent fetal heart rate decelerations?

A	Discourage the client from walking.	
B	Increase the rate of the oxytocin infusion.	
C	Monitor the fetal heart rate every 30 minutes.	
D	**Encourage upright or side-lying maternal positions.**	**CORRECT**

Q-762

A client diagnosed with gestational diabetes is at 36 weeks of gestation. The client has had weekly reactive nonstress tests for the last 3 weeks. This week, the nonstress test was nonreactive after 40 minutes. Based on these results, the nurse would prepare the client for which intervention?

A	**A contraction stress test**	**CORRECT**
B	Immediate induction of labor	
C	Hospitalization with continuous fetal monitoring	
D	A return appointment in 2 days to repeat the nonstress test	

Q-763

The nurse is administering magnesium sulfate to a client experiencing severe preeclampsia. What intervention would the nurse implement during the administration of magnesium sulfate for this client?

A	Schedule a daily ultrasound to assess fetal movement.	
B	Schedule a nonstress test every 4 hours to assess fetal well-being.	
C	Assess the client's temperature every 2 hours because the client is at high risk for infection.	
D	**Assess for signs and symptoms of labor since the client's level of consciousness may be altered. Sulfate Eclampsia**	**CORRECT**

Q-764

The nurse is planning to give a tepid tub bath to a child experiencing hyperthermia. Which action would the nurse plan to perform?

A	Obtain isopropyl alcohol to add to the bath water.	
B	Allow 5 minutes for the child to soak in the bath water.	
C	**Have cool water available to add to the warm bath water.**	**CORRECT**
D	Warm the water to the same body temperature as the child's.	

Q-765

The nurse is assigned to care for an infant on the first postoperative day after a surgical repair of a cleft lip. Which nursing intervention is appropriate when caring for this child's surgical incision?

A	**Rinsing the incision with sterile water after feeding**	**CORRECT**
B	Cleaning the incision only when serous exudate forms	
C	Rubbing the incision gently with a sterile cotton-tipped swab	
D	Replacing the Logan bar carefully after cleaning the incision	

Q-766

An infant diagnosed with spina bifida cystica (meningomyelocele type) has had the sac surgically removed. The nurse plans which intervention in the postoperative period to maintain the infant's safety?

A	Covering the back dressing with a binder	
B	Placing the infant in a head-down position	
C	Strapping the infant in a baby seat sitting up	
D	**Elevating the head with the infant in the prone position**	**CORRECT**

Q-767

The nurse is preparing to assess the respirations of several newborns in the nursery. The nurse performs the procedure and determines that the respiratory rate is normal if which finding is noted?

A	A respiratory rate of 28 breaths/min in a crying newborn	
B	**A respiratory rate of 46 breaths/min in an awake newborn**	**CORRECT**
C	A respiratory rate of 65 breaths/min in a sleeping newborn	
D	A respiratory rate of 76 breaths/min in a newly delivered newborn	

Q-768

During a routine prenatal visit, a client in her third trimester of pregnancy reports having frequent calf pain when she walks. The nurse suspects superficial thrombophlebitis and checks for which sign associated with this condition?

A	Severe chills	
B	Kernig's sign	
C	Brudzinski's sign	
D	**Palpable hard thrombus**	**CORRECT**

Q-769

The nurse is caring for a child diagnosed with Reye's syndrome. The nurse monitors for manifestations of which condition associated with this syndrome?

A	Protein in the urine	
B	Symptoms of hyperglycemia	
C	**Increased intracranial pressure**	**CORRECT**
D	A history of a staphylococcus infection	

Q-770

A child is admitted to the hospital with a diagnosis of rheumatic fever. The nurse reviews the blood laboratory findings, knowing that which finding will confirm the likelihood of this disorder?

A	Increased leukocyte count	
B	Decreased hemoglobin count	
C	**Increased antistreptolysin-O (ASO titer)**	**CORRECT**
D	Decreased erythrocyte sedimentation rate	

Q-771

The nurse caring for a 5-year-old with a history of tetralogy of Fallot notes that the child has clubbed fingers. This finding is indicative of which associated condition?

A	**Tissue hypoxia**	**CORRECT**
B	Chronic hypertension	
C	Delayed physical growth	
D	Destruction of bone marrow	

Q-772

A pregnant client at 32 weeks of gestation is admitted to the obstetrical unit for observation after a motor vehicle crash. When the client begins experiencing slight vaginal bleeding and mild cramps, which action would the nurse take to determine the viability of the fetus?

A	Insert an intravenous line and begin an infusion at 125 mL/hr.	
B	Administer oxygen to the woman via a face mask at 7 to 10 L/min.	
C	**Position and connect the ultrasound transducer to the external fetal monitor.**	**CORRECT**
D	Position and connect a spiral electrode to the fetal monitor for internal fetal monitoring.	

Q-773

The nurse is reviewing the results of a sweat test performed on a child diagnosed with cystic fibrosis (CF). Which finding would the nurse identify as supporting this diagnosis?

A	An evening sweat potassium concentration greater than 60 mEq/L	
B	An early morning sweat chloride concentration of less than 40 mEq/L	
C	A sweat potassium concentration that is consistently less than 40 mEq/L	
D	**A sweat chloride concentration that is consistently greater 60 mEq/L**	**CORRECT**

Q-774

A child is admitted to the pediatric unit with a diagnosis of celiac disease. Based on this diagnosis, the nurse expects that the child's stools will have which characteristic?

A	**Malodorous**	**CORRECT**
B	Dark in color	
C	Unusually hard	
D	Abnormally small in amount	

Q-775

A clinic nurse is caring for a client with a suspected diagnosis of gestational hypertension. The nurse assesses the client, expecting to note which set of findings if gestational hypertension is present?

A	Edema, ketonuria, and obesity	
B	Edema, tachycardia, and ketonuria	
C	Glycosuria, hypertension, and obesity	
D	**Sudden weight gain and proteinuria Eclampsia**	**CORRECT**

Q-776

Which nursing assessment finding indicates the presence of an inguinal hernia on a child?

A	Reports of difficulty defecating	
B	Reports of a dribbling urinary stream	
C	Absence of the testes within the scrotum	
D	**Painless groin swelling noticed when the child cries**	**CORRECT**

Q-777

A newborn infant is diagnosed with esophageal atresia. Which assessment finding supports this diagnosis?

A	Slowed reflexes	
B	**Continuous drooling**	**CORRECT**
C	Diaphragmatic breathing	
D	Passage of large amounts of frothy stool	

Q-778

The nurse is teaching a pregnant client about prenatal nutritional needs. The nurse would include which information in the client's teaching plan?

A	All mothers are at high risk for nutritional deficiencies.	
B	Calcium intake is not necessary until the third trimester.	
C	Iron supplements are not necessary unless the mother has iron deficiency anemia.	
D	**The nutritional status of the mother significantly influences fetal growth and development.**	**CORRECT**

Q-779

The nurse is assigned to care for a client experiencing hypertonic labor contractions. The nurse plans to conserve the client's energy and promote rest by performing which intervention?

A	Keeping the TV or radio on to provide distraction	
B	**Assisting the client with breathing and relaxation techniques**	**CORRECT**
C	Keeping the room brightly lit so the client can watch her monitor	
D	Avoiding uncomfortable procedures such as intravenous infusions or epidural anesthesia	

Q-780

The nurse is assessing a client diagnosed with cardiac disease at the 30 weeks of gestation antenatal visit. The nurse assesses lung sounds in the lower lobes after a routine blood pressure screening. The nurse performs this assessment to elicit what information?

A	Identify mitral valve prolapse.	
B	Identify cardiac dysrhythmias.	
C	Rule out the possibility of pneumonia.	
D	**Assess for early signs of heart failure (HF).**	**CORRECT**

Q-781

The nurse has admitted a client diagnosed with gestational hypertension who is in labor. The nurse monitors the client closely for which complication of gestational hypertension?

A	**Seizures**	**CORRECT**
B	Hallucinations	
C	Placenta previa	
D	Altered respiratory status Eclampsia	

Q-782

The nurse performing a prenatal assessment on a client in the first trimester of pregnancy discovers that the client frequently consumes beverages containing alcohol. Why would the nurse initiate interventions immediately to assist the client in avoiding alcohol consumption?

A	To reduce the potential for fetal growth restriction in utero	
B	To promote the normal psychosocial adaptation of the mother to pregnancy	
C	To minimize the potential for placental abruptions during the intrapartum period	
D	**To reduce the risk of teratogenic effects to embryo's developing fetal organs and tissue**	**CORRECT**

Q-783

A postpartum nurse caring for a client who delivered vaginally 2 hours ago palpates the fundus and notes the character of the lochia. Which characteristic of the lochia would indicate to the nurse that the client's recovery is normal?

A	Pink-colored lochia	
B	White-colored lochia	
C	Serosanguineous lochia	
D	**Dark red-colored lochia**	**CORRECT**

Q-784

The nurse is performing a prenatal examination on a client in the third trimester. The nurse begins an abdominal examination that includes Leopold maneuvers. What information would the nurse be able to determine after performing the assessment's first maneuver?

A	Fetal descent	
B	Placenta previa	
C	**Fetal lie and presentation**	**CORRECT**
D	Strength of uterine contractions	

Q-785

A prenatal client is being evaluated for possible gestational diabetes. Which data identified and documented after the nursing assessment would support that diagnosis?

A	22 years old	
B	**A gravida 4, para 0, aborta 3**	**CORRECT**
C	5' 6" tall, weighs 130 pounds	
D	Stated, "I get really tired after working all day"	

Q-786

The nurse is caring for a client diagnosed with preeclampsia. When the client's condition progresses from preeclampsia to eclampsia, what would the nurse's first action be?

A	**Prepare to maintain an open airway.**	**CORRECT**
B	Prepare to administer oxygen by face mask.	
C	Assess the maternal blood pressure and fetal heart tones.	
D	Administer an intravenous infusion of magnesium sulfate. Eclampsia	

Q-787

Which piece of equipment would the nurse routinely use to assess the fetal heart rate of a woman at 16 weeks of gestation?

A	Fetal heart monitor	
B	An adult stethoscope	
C	Bell of a stethoscope	
D	**Ultrasound fetoscope**	**CORRECT**

Q-788

The nurse determines that a client understands the purpose of a phytonadione injection for her newborn when she is heard making which statement to the baby's father?

A	"The baby's liver cannot produce that vitamin."	
B	"Most newborns need a supplement of this vitamin."	
C	**"All newborns lack intestinal bacteria to produce this vitamin."**	**CORRECT**
D	"It's unusual but our baby lack's the vitamin that helps the blood to clot."	

Q-789

The nurse is assigned to give a child a tepid tub bath to treat hyperthermia. After the bath, which action would the nurse take?

A	Leave the child uncovered for 15 minutes.	
B	**Assist the child to put on a cotton sleep shirt.**	**CORRECT**
C	Take the child's axillary temperature in 2 hours.	
D	Place the child in bed and cover the child with a blanket.	

Q-790

The nurse caring for an infant demonstrating diarrhea would monitor the infant for which early sign of dehydration?

A	Cool extremities	
B	Gray, mottled skin	
C	Capillary refill of 3 seconds	
D	**Apical pulse rate of 200 beats/min**	**CORRECT**

Q-791

The nurse is caring for a newly delivered breast-feeding infant. Which nursing intervention would best prevent jaundice in this infant?

A	Placing the infant under phototherapy	
B	Keeping the infant NPO until the second period of reactivity	
C	**Encouraging the mother to breast-feed the infant every 2 to 3 hours**	**CORRECT**
D	Encouraging the mother to supplement breast-feeding with formula	

Q-792

The nurse in the newborn nursery is planning for the admission of a large for gestational age (LGA) infant whose mother is diabetic. In preparing to care for this infant, the nurse would obtain equipment to perform which diagnostic test?

A	Serum insulin level	
B	**Heel stick blood glucose**	**CORRECT**
C	Rh and ABO blood typing	
D	Indirect and direct bilirubin levels	

Q-793

Twelve hours after delivery, the nurse assesses the client for uterine involution. The nurse determines that the uterus is progressing normally toward its prepregnancy state when palpation of the client's fundus is at which level?

A	**At the umbilicus**	**CORRECT**
B	One finger breadth below the umbilicus	
C	Two finger breadths below the umbilicus	
D	Midway between the umbilicus and the symphysis pubis	

Q-794

The nurse teaches a postpartum client about postdelivery lochia. The nurse determines that the education has been effective when the client says that on the second day postpartum, the lochia should be which color?

A	**Red**	**CORRECT**
B	Pink	
C	White	
D	Yellow	

Q-795

The newborn nursery nurse is performing an admission assessment on a newborn with the diagnosis of cephalohematoma. Which intervention would the nurse implement to assess for the primary symptom associated with subdural hematoma?

A	Monitor the urine for blood.	
B	Monitor the urinary output pattern.	
C	Test for contractures of the extremities.	
D	**Test for equality of extremity reflexes.**	**CORRECT**

Q-796

The nurse is preparing to administer eardrops to an infant. The nurse would plan to proceed by taking which step to assure the appropriate instillation of the medication?

A	Pull down and back on the auricle, and direct the solution onto the eardrum.	
B	Pull up and back on the earlobe, and direct the solution toward the wall of the ear canal.	
C	Pull up and back on the auricle, and direct the solution toward the wall of the ear canal.	
D	**Pull down and back on the auricle, and direct the solution toward the wall of the ear canal.**	**CORRECT**

Q-797

A client has arrived at the labor and delivery unit in active labor. The nursing assessment reveals a recurrent history of diagnosed genital herpes and the presence of lesions in the genital tract. Which intervention would the nurse initiate?

A	Limiting visitors	
B	Maintaining reverse isolation	
C	**Preparing for a cesarean delivery**	**CORRECT**
D	Preparing for the artificial membrane rupturing	

Q-798

A friend of the parents of a newborn with a diagnosis of congenital tracheoesophageal fistula contacts the home health nurse with an offer to help. Which is the best nursing action at this time to address the needs and rights of the family?

A	**Inform the friend to directly contact the family and offer assistance to them.**	**CORRECT**
B	Request that the friend come to the client's home during the next home health visit.	
C	Report the friend's call to the nurse manager for referral to the client's social worker.	
D	Assure the friend that there is no need for assistance since the nurse is visiting daily.	

Q-799

The nurse is caring for a child with a diagnosis of intussusception. During care, the child passes a formed brown stool. Which action is most appropriate for the nurse to take at this time?

A	Note the child's physical symptoms.	
B	Prepare the child for hydrostatic reduction.	
C	Prepare the child and parents for the possibility of surgery.	
D	**Report the passage of a normal brown stool to the primary health care provider.**	**CORRECT**

Q-800

A pregnant client tests positive for the hepatitis B virus. The client asks the nurse if she will be able to breast-feed the baby as planned after delivery. Which therapeutic response would the nurse communicate to the client?

A	"You will not be able to breast-feed the baby until 6 months after delivery."	
B	"Breast-feeding is not advised, and you should seriously consider bottle-feeding the baby."	
C	"Breast-feeding is not a problem, and you will be able to breast- feed immediately after delivery."	
D	**"Breast-feeding is allowed if the baby receives prophylaxis treatment at birth and scheduled immunizations."**	**CORRECT**

Q-801

A delivery room nurse is preparing a client for a cesarean delivery to facilitate the birth of triplets. Which position will promote maximum uteroplacental perfusion during this surgery?

A	Prone position	
B	Semi-Fowler's position	
C	Trendelenburg's position	
D	**Supine position with a wedged right hip**	**CORRECT**

Q-802

The nurse in the day care center is told that a child with a diagnosis of autism will be attending the center. The nurse collaborates with the staff of the day care center and plans activities that will meet the child's needs. Which priority consideration would the nurse incorporate in planning activities for this child?

A	**Safety**	**CORRECT**
B	Verbal stimulation	
C	Social interactions	
D	Familiarity and orientation	

Q-803

The registered nurse (RN) is reviewing a plan of care developed by a new nurse for a child who is being admitted to the pediatric unit with a diagnosis of seizures. The RN determines that the new nurse needs further teaching and should revise the plan of care if which incorrect intervention is documented?

A	Maintain the bed in a low position.	
B	**Immobilize the child if a seizure occurs.**	**CORRECT**
C	Place padding on the side rails of the bed.	
D	Place the child in a side-lying lateral position postseizure.	

Q-804

The nurse prepares for the admission of the child with a diagnosis of tonic-clonic seizures and plans to place which items at the bedside?

A	A tracheotomy set and oxygen	
B	**Suction apparatus and oxygen**	**CORRECT**
C	An endotracheal tube and an airway	
D	An emergency cart and laryngoscope	

Q-805

A home care nurse is providing instructions to the mother of a toddler regarding safety measures in the home to prevent an accidental burn injury. Which statement by the mother indicates a need for further instruction?

A	"I need to use the back burners for cooking."	
B	"I need to remain in the kitchen when I prepare meals."	
C	**"I need to be sure to place my cup of coffee on the counter."**	**CORRECT**
D	"I need to turn pot handles inward and to the middle of the stove."	

Q-806

A primary health care provider has written a prescription to administer methylergonovine maleate to a postpartum client. The nurse would contact the primary health care provider to verify the prescription if which condition is present in the mother?

A	**Hypertension**	**CORRECT**
B	Excessive lochia	
C	Difficulty locating the uterine fundus	
D	Excessive bleeding and saturation of more than one peripad per hour	

Q-807

A child diagnosed with a malignant brain tumor is admitted for removal of the tumor. The nurse would include which action in the plan of care to ensure a safe environment for the child?

A	**Initiating seizure precautions**	**CORRECT**
B	Using a wheelchair for out-of-bed activities	
C	Assisting the child with ambulation at all times	
D	Minimizing contact with other children on the nursing unit	

Q-808

The nurse is reviewing the results of the rubella screening (titer) with a pregnant client. The test results are positive, and the client asks if it is safe for her toddler to receive the vaccine. Which response by the nurse is most appropriate?

A	"Most children do not receive the vaccine until they are 5 years of age."	
B	"You are still susceptible to rubella, so your toddler should receive the vaccine."	
C	"It is not advised for children of pregnant women to be vaccinated during their mother's pregnancy."	
D	**"Your titer supports your immunity to rubella, and it is safe for your toddler to receive the vaccine."**	**CORRECT**

Q-809

After delivery, the postpartum nurse instructs the client with known cardiac disease to call for the nurse when she needs to get out of bed or when she plans to care for her newborn infant. Which rationale is the basis for these instructions?

A	Help the mother assume the parenting role.	
B	Minimize the potential of postpartum hemorrhage.	
C	Provide an opportunity for the nurse to teach newborn infant care techniques.	
D	**Avoid maternal or infant injury caused by the potential for syncope or overexertion.**	**CORRECT**

Q-810

A 17-year-old client is discharged to home with her newborn baby after the nurse provides information about home safety for children. Which statement by the client should alert the nurse that further teaching is required regarding home safety?

A	"I can keep my aluminum pots and pans in my lower cabinets."	
B	"I will not use the microwave oven to heat my baby's formula."	
C	"I have locks on all my cabinets that contain my cleaning supplies."	
D	**"I have a car seat that I will put in the front seat to keep my baby safe."**	**CORRECT**

Q-811

The nurse is assigned to care for a hospitalized toddler. Which measure would the nurse plan to implement as the highest priority of care?

A	Providing a consistent caregiver	
B	**Protecting the toddler from injury**	**CORRECT**
C	Adapting the toddler to the hospital routine	
D	Allowing the toddler to participate in play and diversional activities	

Q-812

The nurse is assigned to care for a client with a diagnosis of preeclampsia. The nurse would plan to implement which action to provide a safe environment?

A	Maintain fluid and sodium restrictions.	
B	Take the client's vital signs every 4 hours.	
C	**Turn off the room lights and draw the window shades.**	**CORRECT**
D	Encourage visits from family and friends for psychosocial support. Eclampsia	

Q-813

When a hospitalized child develops a rash that covers the trunk and extremities, the nurse notes in the history that the child was exposed to varicella 2 weeks ago. Which nursing intervention has priority?

A	Immediately reassign the child's roommate.	
B	**Place the child in a private room on strict isolation.**	**CORRECT**
C	Confirm the exposure occurred with the child's parent.	
D	Assess the progression of the rash and report it to the primary health care provider.	

Q-814

The nurse is caring for a pregnant client with preeclampsia who is receiving a prescribed intravenous (IV) infusion of magnesium sulfate. To provide a safe environment, the nurse would ensure that which priority item is available?

A	Tongue blade	
B	Percussion hammer	
C	**Calcium gluconate injection**	**CORRECT**
D	Potassium chloride injection Sulfate Eclampsia	

Q-815

The nurse provides dietary instruction to the parents of a child with a diagnosis of cystic fibrosis. The nurse would tell the parents that which diet plan should be followed?

A	Fat free	
B	Low in protein	
C	Low in sodium	
D	**High in calories**	**CORRECT**

Q-816

A clinic nurse providing home care instructions to an adolescent diagnosed with iron deficiency anemia concentrates on the administration of oral iron preparations. The nurse would tell the adolescent that it is best to take the iron with which liquid?

A	Cola	
B	Soda	
C	Water	
D	**Tomato juice**	**CORRECT**

Q-817

The nurse reviews the pattern of a nonstress test performed on a pregnant client and interprets the finding as which result? (Refer to the figure.)

A	**Reactive**	**CORRECT**
B	Abnormal	
C	Nonreactive	
D	Nonreassuring	

Q-818

The community health nurse provides an educational session regarding the risk factors for cervical cancer to women in the local community. The nurse determines that further teaching is needed if a woman attending the session identifies which as a risk factor for this type of cancer?

A	Smoking tobacco	
B	**Single sex partner**	**CORRECT**
C	Early age of first intercourse	
D	Human papillomavirus (HPV) infection	

Q-819

The community health nurse teaches a group of females how to prevent pelvic inflammatory disease (PID). What instruction would the nurse include?

A	To douche monthly	
B	**To avoid unprotected intercourse**	**CORRECT**
C	To use only ultra-low dose oral contraceptive pills	
D	To consult with a gynecologist regarding the placement of an intrauterine device (IUD) Problems	

Q-820

The nurse provides instructions to a new mother who is about to breast-feed her newborn infant. The nurse observes the new mother as she breast-feeds for the first time and determines the mother needs further teaching if the new mother applies which technique?

A	Turns the newborn infant on his side, facing the mother	
B	**Tilts up the nipple or squeezes the areola, pushing it into the newborn's mouth**	**CORRECT**
C	Draws the newborn the rest of the way onto the breast when the newborn opens his mouth	
D	Places a clean finger in the side of the newborn's mouth to break the suction before removing the newborn from the breast	

Q-821

The clinic nurse provides home care instructions to a mother regarding the care of her child who is diagnosed with croup. Which statement by the mother indicates the need for further instructions?

A	"I will give Tylenol for the fever."	
B	**"I will give cough syrup every night at bedtime."**	**CORRECT**
C	"Sips of warm fluids during a croup attack will help."	
D	"I will place a cool-mist humidifier next to my child's bed."	

Q-822

The nurse caring for a child with congestive heart failure who will be discharged to home provides instructions to the parents regarding the administration of digoxin. Which statement by the mother indicates a need for further teaching?

A	**"I will mix the medication with food."**	**CORRECT**
B	"I will check my child's pulse before giving the medication."	
C	"If my child vomits after I give the medication, I will not repeat the dose."	
D	"I will check the dose of medication with my husband before I give the medication."	

Q-823

The nurse provides discharge instructions to the mother of a child who was hospitalized for heart surgery. Which instruction would the nurse provide to the mother?

A	The child can play outside for short periods of time.	
B	After bathing, rub lotion and sprinkle powder on the incision.	
C	The child may return to school 1 week after hospital discharge.	
D	**Notify the primary health care provider if the child develops a fever greater than 100.5° F (38° C).**	**CORRECT**

Q-824

The clinic nurse provides instructions to a client who will begin taking oral contraceptives. Which statement by the client indicates the need for further teaching?

A	"I will take one pill daily at the same time every day."	
B	"If I miss a pill, I must take it as soon as I remember."	
C	**"I will not need to use an additional birth control method after I start these pills."**	**CORRECT**
D	"If I miss two pills, I will take them both as soon as I remember, and then two pills the next day." Problems/Fertility/Infertility	

Q-825

A client with a family history of heart disease presents to the primary health care provider's office asking to begin oral contraceptive therapy for birth control. What important topic would the nurse ask the client about next?

A	**Smoking**	**CORRECT**
B	Regular exercise	
C	A low-cholesterol diet	
D	Alternative birth control methods Problems/Fertility/Infertility	

Q-826

The clinic nurse is providing instructions to a client in the third trimester of pregnancy regarding relief measures for heartburn. Which instruction would the nurse provide to the client?

A	**Sip on milk or hot tea.**	**CORRECT**
B	Use antacids that contain sodium.	
C	Eat fatty foods once a day in the morning only.	
D	Eat three large meals a day rather than small, frequent meals.	

Q-827

The nurse provides instructions regarding home care to a parent of a 3-year-old child who has been hospitalized with hemophilia. Which statement by the parent indicates the need for further teaching?

A	"I should not leave my child unattended."	
B	"I need to pad table corners in my home."	
C	**"My child should not have any immunizations."**	**CORRECT**
D	"I need to remove household items that can tip over."	

Q-828

A toddler with suspected conjunctivitis is crying and refuses to sit still during the eye examination. Which is the most appropriate statement for the nurse to make to the child?

A	**"Would you like to see my flashlight?"**	**CORRECT**
B	"Don't be scared, the light won't hurt you."	
C	"If you will sit still, the exam will be over soon."	
D	"I know you are upset. We can do this exam later."	

Q-829

The nurse instructs a perinatal client about measures to prevent urinary tract infections. Which statement by the client indicates an understanding of these measures?

A	"I can wear my tight-fitting jeans."	
B	"I should always use scented toilet paper."	
C	**"I should choose underwear with a cotton panel liner."**	**CORRECT**
D	"I can take a bubble bath as long as the soap doesn't contain any oils."	

Q-830

The nurse instructs a client with mild preeclampsia about home care measures. Which statement by the client indicates to the nurse that the teaching has been effective concerning the assessment of complications for preeclampsia?

A	"I need to check my weight every day at different times during the day."	
B	"I need to take my blood pressure each morning and alternate arms each time."	
C	**"I need to check my urine with a dipstick every day for protein and call the doctor if it is 2+ or more."**	**CORRECT**
D	"As long as the home care nurse is visiting me daily, I do not have to keep my next primary health care provider's appointment." Eclampsia	

Q-831

The nurse has provided instructions to a new mother with a urinary tract infection regarding foods and fluids to consume that will acidify the urine. The nurse determines that further teaching is needed if the mother indicates that which fluid will acidify the urine?

A	Prune juice	
B	Apricot juice	
C	Cranberry juice	
D	**Carbonated drinks**	**CORRECT**

Q-832

A postpartum nurse has instructed a new mother regarding how to bathe her newborn. The nurse demonstrates the procedure to the mother and, on the following day, asks the mother to perform the procedure. Which observation by the nurse indicates that the mother is performing the procedure correctly?

A	The mother cleans the ears and then moves to the eyes and the face.	
B	**The mother begins to wash the newborn infant by starting with the eyes and face.**	**CORRECT**
C	The mother washes the arms, chest, and back followed by the neck, arms, and face.	
D	The mother washes the entire newborn infant's body and then washes the eyes, face, and scalp.	

Q-833

The nurse is teaching umbilical cord care to a new mother. What information would the nurse provide to the mother related to cord care?

A	Alcohol is the only agent to use to clean the cord.	
B	Cord care is done only at birth to control bleeding.	
C	It takes at least 21 days for the cord to dry up and fall off.	
D	**The process of keeping the cord clean and dry will decrease bacterial growth.**	**CORRECT**

Q-834

The nurse creates a teaching plan regarding the administration of eardrops for the parents of a 6-year-old child. The nurse tells the parents that, when administering the drops, which action is appropriate?

A	Wear gloves.	
B	**Pull the ear up and back.**	**CORRECT**
C	Hold the child in a sitting position.	
D	Position the child so that the affected ear is facing downward.	

Q-835

The nurse is providing discharge instructions to the mother of an 8-year-old child who had a tonsillectomy. The mother tells the nurse that the child loves tacos and asks when the child can safely eat one. To prevent complications of the surgical procedure, what would be the appropriate response to the mother?

A	"In 1 week"	
B	**"In 3 weeks"**	**CORRECT**
C	"Six days after surgery"	
D	"When the primary health care provider says it is okay"	

Q-836

After a cleft lip repair, the nurse instructs the parents about cleaning of the lip repair site. The nurse would plan to use which solution when demonstrating this procedure to the parents?

A	Tap water	
B	**Sterile water**	**CORRECT**
C	Full-strength hydrogen peroxide	
D	Half-strength hydrogen peroxide	

Q-837

A child with a diagnosis of umbilical hernia has been scheduled for surgical repair in 2 weeks. The clinic nurse instructs the parents about the signs of possible hernia strangulation. The nurse tells the parents that which sign requires primary health care provider notification?

A	Fever	
B	Diarrhea	
C	**Vomiting**	**CORRECT**
D	Constipation	

Q-838

The mother of a child with celiac disease asks the nurse how long a special diet is necessary. The nurse provides which instruction to the mother to promote dietary compliance?

A	**A gluten-free diet will need to be followed for life.**	**CORRECT**
B	A lactose-free diet will need to be followed temporarily.	
C	Added dietary sodium will help prevent episodes of celiac crisis.	
D	Supplemental vitamins, iron, and folate will prevent complications.	

Q-839

The nurse teaches the mother of a newly circumcised infant about postcircumcision care. Which statement by the mother indicates an understanding of the care required?

A	"I need to clean the penis every hour with baby wipes."	
B	**"I need to check for bleeding every hour for the first 12 hours."**	**CORRECT**
C	"My baby will not urinate for the next 24 hours because of swelling."	
D	"I need to wrap the penis completely in dry sterile gauze, making sure that it is dry when I change his diaper."	

Q-840

The nurse is preparing to care for the mother of a preterm infant. When should the nurse plan to begin discharge planning?

A	When the mother is in labor	
B	When the discharge date is set	
C	**After stabilization of the infant during the early stages of hospitalization**	**CORRECT**
D	When the parents feel comfortable with and can demonstrate adequate care of the infant	

Q-841

The nurse is developing goals for the postpartum client who is at risk for uterine infection. Which goal is most appropriate for this client?

A	The client will verbalize a reduction of pain.	
B	The client will report how to treat an infection.	
C	**The client will be able to identify measures to prevent infection.**	**CORRECT**
D	The client will identify the presence of Braxton Hicks contractions.	

Q-842

A nurse working in the neonatal intensive care unit (NICU) teaches hand-washing techniques to the parents of an infant who is receiving antibiotic treatment for a neonatal infection. The nurse determines that the parents understand the primary purpose of hand washing if which statement is made?

A	"It is primarily done to reduce their fears."	
B	"It is primarily done to minimize the spread of infection to other siblings."	
C	"It is primarily done to allow them an opportunity to communicate with each other and staff."	
D	**"It is primarily done to reduce the possibility of transmitting an environmental infection to the infant."**	**CORRECT**

Q-843

The nurse has conducted a class for pregnant clients diagnosed with diabetes mellitus about the signs/symptoms of potential complications. The nurse determines that the teaching was effective if a client makes which statement?

A	"I should not have ultrasounds done because I am diabetic."	
B	"I'm glad I don't have to worry about developing hypoglycemia while I am pregnant."	
C	**"I need to watch my weight for any sudden gains because I could develop what they call gestational hypertension."**	**CORRECT**
D	"My insulin needs should decrease during the last 2 months because I will be using some of the baby's insulin supply."	

Q-844

A postpartum client recovering from disseminated intravascular coagulopathy is to be discharged on low dosages of an anticoagulant medication. What action would the nurse encourage the client to avoid?

A	Brushing her teeth	
B	**Taking acetylsalicylic acid (aspirin)**	**CORRECT**
C	Walking long distances and climbing stairs	
D	All activities because bruising injuries can occur	

Q-845

The nurse is teaching a mother diagnosed with diabetes mellitus who delivered a large-for-gestational-age (LGA) infant about the care of the infant. The nurse tells the mother that LGA infants appear to be more mature because of their large size, but that, in reality, these infants frequently need to be aroused to facilitate nutritional intake and attachment. Which statement by the mother indicates the need for further teaching about the care of the infant?

A	"It's best to talk to babies when they are in a quiet, alert state."	
B	**"I will allow my baby to sleep through the night because rest is most important"**	**CORRECT**
C	"I will breast-feed my baby every 2½ to 3 hours and will use arousal techniques."	
D	"I will watch my baby closely because I know that LGA babies may not be as mature concerning motor development."	

Q-846

The nurse is planning to teach a teenage client about sexuality. What would the nurse do first?

A	Inform the teenager about the dangers of pregnancy.	
B	**Establish a relationship and determine prior knowledge.**	**CORRECT**
C	Advise the teenager to maintain sexual abstinence until marriage.	
D	Provide written information about sexually transmitted infections.	

Q-847

The nurse is teaching health education classes to a group of expectant parents, and the topic is preventing cognitive impairment caused by congenital hypothyroidism. What would the nurse tell the parents is the most effective means of promoting early intervention?

A	Vitamin intake	
B	**Neonatal screening**	**CORRECT**
C	Adequate protein intake	
D	Limiting alcohol consumption	

Q-848

The nurse is caring for a client with a precipitous labor. What information would the nurse provide to the client regarding this type of labor?

A	Induction may be necessary.	
B	The onset of contractions is gradual.	
C	**The labor may last less than 3 hours.**	**CORRECT**
D	A lengthy period of pushing may be necessary.	

Q-849

The nurse is instructing a pregnant client regarding measures to prevent a recurrent episode of preterm labor. Which statement by the client indicates the need for further teaching?

A	"I will report any feeling of pelvic pressure."	
B	"I will not engage in sexual intercourse at this time."	
C	"I will adhere to the limitations in activity and stay off my feet."	
D	**"I will limit my fluid intake to three 8-ounce glasses of fluid per day."**	**CORRECT**

Q-850

The nurse has completed discharge teaching with the parents of a child diagnosed with glomerulonephritis. Which statement by the parents indicates a need for further teaching?

A	"We'll check our child's blood pressure every day."	
B	"We'll test our child's urine for albumin every week."	
C	**"It'll be so good to have our child back in tap-dancing classes next week."**	**CORRECT**
D	"We'll be sure that our child eats a lot of vegetables and does not add extra salt to food."	

Q-851

The nurse is planning discharge teaching for the parents of a child who sustained a head injury and who is now receiving tapering doses of dexamethasone. The nurse plans to make which statement to the parents?

A	"This medication decreases the chance of infection."	
B	"This medication will be discontinued after two doses."	
C	"If your child's face becomes puffy, the medication dose needs to be increased."	
D	**"This medication is tapered to decrease the chance of recurring swelling in the brain."**	**CORRECT**

Q-852

The home care nurse visits a child diagnosed with scarlet fever who is being treated with penicillin G potassium. The mother tells the nurse that the child has only voided a small amount of tea-colored urine since the previous day. The mother also reports that the child's appetite has decreased and that the child's face was swollen this morning. How would the nurse interpret these new signs/symptoms?

A	Nothing to be concerned about	
B	**Signs/symptoms of acute glomerulonephritis**	**CORRECT**
C	Signs/symptoms of the normal progression of scarlet fever	
D	Symptoms of an allergic reaction to penicillin G potassium	

Q-853

The nurse is performing an assessment on a 3-year-old child with chickenpox. The child's mother tells the nurse that the child keeps scratching at night, and the nurse teaches the mother about measures that will prevent an alteration in skin integrity. Which statement by the mother indicates that teaching was effective?

A	**"I need to place white gloves on my child's hands at night."**	**CORRECT**
B	"I will apply generous amounts of a cortisone cream to prevent itching."	
C	"I will give my child a glass of warm milk at bedtime to help my child sleep."	
D	"I need to keep my child in a warm room at night so that the covers will not cause my child to scratch."	

Q-854

The nurse is caring for an 11-year-old child who has been physically abused. Which therapeutic action would the nurse include in the plan of care?

A	Encouraging the child to confront the abuser	
B	**Providing a care environment that fosters trust**	**CORRECT**
C	Teaching the child to make wise choices when faced with possible abuse	
D	Reinforcing for the child that not all adults are capable of abusing children	

Q-855

While assessing a 14-year-old child, the nurse notes bruises and cigarette burns on the child's chest and rope burns on the buttocks. The child states, "I'm afraid to go home because my stepfather will be angry with me for telling on him!" The nurse would make which therapeutic response to the child?

A	"You can't go back there with that man. How do you think your mother will react?"	
B	"You must know that your presence in the house will only irritate your stepfather more."	
C	**"I am sorry that this has happened to you, but you will be safe here until plans can be made."**	**CORRECT**
D	"Let's keep this between you, me, and the primary health care provider until we formulate further plans to assist you."	

Q-856

While providing care to a 12-year-old client, the nurse notes small round burn scars on the client's arms and legs, bruising on the buttocks, and tenderness of the right jaw. The client is anxious, has poor eye contact, and denies being injured at home when the nurse asks questions. Based on these observations, the nurse suspects victimization. Which is the next priority question the nurse would therapeutically ask the client in providing a safe environment for the client?

A	"Are you sure your parents didn't do this?"	
B	"You need to tell me now, or I'll call security, who did this to you?"	
C	"Is someone bullying you at school, or at home, or in your neighborhood?"	
D	**"I can see this is difficult for you to talk about, you are safe here, but I need to ask you, who hurt you like this?"**	**CORRECT**

Q-857

A prenatal client has been told during a primary health care provider office visit that she is positive for human immunodeficiency virus (HIV). The client cried and was significantly distressed regarding this news. Which client concern would this assessment data best support?

A	Pain	
B	Nonadherence	
C	**Anticipatory grieving**	**CORRECT**
D	High risk for infection	

Q-858

A mother brings her previously continent 6-year-old son to the pediatric clinic because he has resumed bedwetting. The nurse assesses the home environment and discovers that there is a new baby at home. Which best describes for the mother the defense mechanism the son is using?

A	**Regression**	**CORRECT**
B	Repression	
C	Identification	
D	Rationalization	

Q-859

The nurse is caring for a child who is a victim of abuse and has determined that the child uses repression to cope with past life experiences. Which activity would the nurse implement as part of the nursing care plan?

A	**Encourage the child to use therapeutic play to act out past experiences.**	**CORRECT**
B	Tell the child to let the past go and concentrate on the present and future.	
C	Place the child on medications that will help the child forget the incidents.	
D	Have the child talk about the abuse in detail during the first therapy session.	

Q-860

An 11-year-old child scheduled for a diagnostic procedure will have an intravenous line inserted and will receive an intramuscular injection. Which form of communication would the nurse use in preparing the child for the procedure?

A	Reassuring the child by introducing the equipment used	
B	Teaching the parents so that they can explain everything to the child	
C	Telling the child not to worry because the doctors take care of everything	
D	**Using pictures, concrete words, and demonstrations to describe what will happen**	**CORRECT**

Q-861

A 16-year-old client diagnosed with Crohn's disease is hospitalized. Which statement by the client would alert the nurse to a potential developmental problem?

A	"I'd like my hair washed before my friends get here."	
B	"Is it okay if I have a couple of friends in to visit me this evening?"	
C	**"Please tell my friends not to visit, since I'll see them back at school next week."**	**CORRECT**
D	"When my friends get here, I would like to play some computer games with them."	

Q-862

A preschool child is placed in traction for a femur fracture. The child has started bedwetting, even though the child has been toilet trained for a year. The mother is very upset about the situation. The nurse explains to the mother that this behavior should be recognized as which psychosocial adaptation?

A	A body image disturbance	
B	Attention-seeking behavior	
C	Opposition to authority figures	
D	**Regressing to earlier developmental behavior**	**CORRECT**

Q-863

During an office visit, a prenatal client diagnosed with mitral stenosis states being under a lot of stress lately. During the examination, the client questions the nurse about the assessment and behaves anxiously. Which is the appropriate nursing action at this time?

A	Tell the client not to worry.	
B	Refer the client to a counselor.	
C	Assume that the client's anxiety will lessen when the assessment is finished.	
D	**Explain the purpose of the nurse's actions and answer the client's questions.**	**CORRECT**

Q-864

A postpartum client with a diagnosis of gestational diabetes is scheduled for discharge. During the discharge teaching, the client asks the nurse, "Do I have to worry about this diabetes anymore?" Which is the most appropriate response by the nurse?

A	"Your blood glucose level is within normal limits now, so you will be all right."	
B	"You will have to worry about the diabetes only if you become pregnant again."	
C	**"You will be at risk for developing gestational diabetes with your next pregnancy and also for developing diabetes mellitus."**	**CORRECT**
D	"When you have gestational diabetes, you have diabetes forever, and you must be treated with medication for the rest of your life."	

Q-865

An 8-year-old is admitted to the hospital after being sexually abused by an adult family member. The child is withdrawn and appears frightened. Which describes the best plan for the initial nursing encounter to convey concern and support?

A	Introduce self and explain to the child that she or he is safe now here in the hospital.	
B	**Introduce self and tell the child that you would like to sit with the child for a little while.**	**CORRECT**
C	Introduce self and then ask the child to express how she or he feels about the events leading up to this hospital admission.	
D	Introduce self, explain your role, and ask the child to act out the sexual encounter with the abuser with the use of art therapy.	

Q-866

A teenager diagnosed with celiac disease arrives at the emergency department reporting profuse, watery diarrhea after a pizza party the night before. The client states, "I don't want to be different from my friends." Which client concern would the nurse focus on when responding to the client?

A	Diarrhea	
B	**Low self-esteem**	**CORRECT**
C	Deficient fluid volume	
D	Increased inflammation	

Q-867

The nurse develops a plan of care for a 1-month-old infant diagnosed with intussusception. Which nursing measure would be most effective to provide psychosocial support for the parent–child relationship?

A	Provide educational materials.	
B	**Encourage the parents to room-in with their infant.**	**CORRECT**
C	Initiate home nutritional support as early as possible.	
D	Encourage the parents to go home and get some sleep.	

Q-868

Which comment made by the parents of a male infant who will have a surgical repair of a hernia indicates a need for further teaching by the nurse?

A	"I understand that surgery will repair the hernia."	
B	**"I don't know if he will be able to father a child when he grows up."**	**CORRECT**
C	"The day nurse told me to give him sponge baths for a few days after surgery."	
D	"I'll need to buy extra diapers because we need to change them frequently now."	

Q-869

The nurse determines that a client is beginning to experience shock and hemorrhage as a result of a partial inversion of the uterus. The client asks in an apprehensive voice, "What is happening to me? I feel so funny, and I know I'm bleeding. Am I dying?" Which typical response is the client experiencing during this medical emergency?

A	Panic as a result of shock	
B	Anticipatory grieving related to the fear of dying	
C	Depression related to postpartum hormonal changes	
D	**Fear and anxiety related to unexpected and unknown changes**	**CORRECT**

Q-870

A perinatal home care nurse has just assessed the fetal status of a client with a diagnosis of partial placental abruption of 20 weeks' gestation. The client is experiencing new bleeding and reports less fetal movement. The nurse informs the client that the obstetrician will be contacted for possible hospital admission. The client begins to cry quietly while holding her abdomen with her hands. She murmurs, "No, no, you can't go, my little man." The nurse would recognize the client's behavior as an indication of which psychosocial reaction?

A	Fear of hospitalization	
B	Fear of loss and the death of the fetus	
C	**Grief due to potential loss of the fetus**	**CORRECT**
D	Cognitive confusion as a result of shock	

Q-871

The nurse is caring for a pregnant client who has been hospitalized for the stabilization of diabetes mellitus. The client tells the nurse that her husband is caring for their 2-year-old daughter. Which short-term psychosocial outcome should the nurse develop for the client?

A	Be alert to the risks of early labor and birth.	
B	Protect the client from injuries that can result from seizures.	
C	Teach the client and family about diabetes and its implications.	
D	**Provide emotional support and education about interrupted family processes.**	**CORRECT**

Q-872

A new mother is trying to decide whether to have her baby boy circumcised. The nurse would make which statement to assist the mother with making the decision?

A	"Discuss the procedure with the male members of your family."	
B	"You know they say it prevents cancer and sexually transmitted infections, so I would definitely have my son circumcised."	
C	"Circumcision is a difficult decision, but your primary health care provider is the best, and it's better to get it done now than later."	
D	**"Circumcision is a difficult decision. Here, read this pamphlet that discusses the pros and cons, and we will talk about any questions that you have after you read it."**	**CORRECT**

Q-873

A primigravida client who came to the clinic has been diagnosed with a urinary tract infection. She repeatedly verbalizes concern regarding the safety of the fetus. Which would the nurse address first?

A	**Maternal and infant safety**	**CORRECT**
B	Obtaining a sedative prescription	
C	Instructions regarding improved hygiene	
D	Instructions regarding medication compliance	

Q-874

The nurse is planning interventions for counseling a maternal client diagnosed with sickle cell anemia. Which would be the most important psychosocial intervention at this time?

A	**Help the client identify her concerns.**	**CORRECT**
B	Avoid discussing the details of the disease.	
C	Allow the client to be alone if she is crying.	
D	Encourage family and friends to visit the client frequently.	

Q-875

A neonatal intensive care nurse is caring for a newborn with a suspected diagnosis of erythroblastosis fetalis. Which therapeutic statement would the nurse make to the parents at this time?

A	"Your infant is very sick. The next 24 hours are the most crucial."	
B	"This is a common neonatal problem, so the prognosis is very good."	
C	"You have reason to worry but we have everything needed to care for your baby right here in this hospital."	
D	**"You must have many concerns. Please ask me any questions that you have so that I can explain your infant's care."**	**CORRECT**

Q-876

A client diagnosed with severe preeclampsia is admitted to the hospital. The client is a student at a local college and insists on continuing her studies while in the hospital, despite being instructed to rest. The client studies approximately 10 hours a day and has numerous visits from fellow students, family, and friends. Which intervention would the nurse use to best assist the client with promoting rest?

A	Ask her why she is not complying with the prescription for bed rest.	
B	**Develop a routine with the client to balance her studies and her rest needs.**	**CORRECT**
C	Include a significant other in helping the client understand the need for bed rest.	
D	Instruct the client that the health of the baby is more important than her studies at this time. Eclampsia	

Q-877

A pregnant client is newly diagnosed with gestational diabetes. The client cries when receiving this information and keeps repeating, "What have I done to cause this? If only I could live my life over." Considering this statement, which concern would the nurse identify for the client?

A	Injury to the fetus because of maternal distress	
B	**Low self-esteem because of pregnancy complications**	**CORRECT**
C	Lack of understanding about diabetic self-care during pregnancy	
D	Poorly perceived body image caused by complications of pregnancy	

Q-878

A mother states to the nurse, "I am afraid that my child might have another febrile seizure." Which therapeutic statement is best for the nurse to make to the mother?

A	**"Tell me what frightens you the most about seizures."**	**CORRECT**
B	"Tylenol can prevent another seizure from occurring."	
C	"Most children will never experience a second seizure."	
D	"Why worry about something that you cannot control?"	

Q-879

A client has just given birth to a newborn who has a cleft lip and palate. When planning to talk with the client, the nurse recognizes that the client needs to first work through which emotion before maternal bonding can occur?

A	Guilt	
B	**Grief**	**CORRECT**
C	Anger	
D	Depression	

Q-880

An infant has been diagnosed with acute chalasia. During the nursing history, the mother tells the nurse, "I am concerned that I am somehow causing my infant to vomit after feeding her." Considering this statement, which concern would the nurse identify for the mother?

A	**An unrealistic expectation of herself**	**CORRECT**
B	Denial that chalasia is a physiological defect	
C	Lack of understanding about feeding an infant with chalasia	
D	Anxiety about the need for hospitalization of the infant for chalasia	

Q-881

The nurse is observing the parents at the bedside of their small- for-gestational-age (SGA) infant, who was born at 27 weeks' gestation. The infant's mother states, "She is so tiny and fragile. I'll never be able to hold her with all those tubes." Considering this statement, which concern should the nurse identify for the mother?

A	Impaired adjustment	
B	Trouble with family coping	
C	**Potential for compromised parenting**	**CORRECT**
D	Difficulty understanding health concerns	

Q-882

A client has just delivered a large-for-gestational-age (LGA) infant by the vaginal route. The client verbalizes concern regarding the infant's facial bruising and causing pain to the site if touched. Which therapeutic statement would the nurse make to alleviate the client's concerns?

A	**"I can show you how to gently stroke the face and not cause pain."**	**CORRECT**
B	"It is a normal finding in large babies and nothing to be concerned about."	
C	"The bruising is caused by polycythemia, which usually leads to jaundice."	
D	"Because the bruising is painful, it is advisable that you not touch the baby's face."	

Q-883

A 9-year-old child is hospitalized in traction for 2 months after a car accident. Which intervention would the nurse plan to use to best promote psychosocial development?

A	Providing a music player	
B	**Tutoring to keep the child up with schoolwork**	**CORRECT**
C	Providing a phone for calling family and friends	
D	Placing computer games, a television, and videos at the bedside	

Q-884

The nurse in the newborn nursery is caring for a preterm infant. Which is the best method the nurse can implement to assist the parents with developing attachment behaviors?

A	Support visits by family and friends.	
B	**Encourage the parents to touch and speak to their infant.**	**CORRECT**
C	Report only positive qualities and progress to the parents.	
D	Provide information regarding infant development and stimulation.	

Q-885

A 16-year-old client diagnosed with diabetes is admitted for hyperglycemia. The client states, "I'm fed up with having my life ruled by diets, doctors' prescriptions, and machines!" Based on this assessment data, which is the priority client concern?

A	A chronic illness	
B	A personal crisis	
C	**Feelings of loss of control**	**CORRECT**
D	Lack of understanding about nutrition	

Q-886

The parents of a newborn infant diagnosed with congenital hypothyroidism and Down syndrome tell the nurse how despondent they are that their child was born with these problems. They had many plans for a normal child, and now these will need to be adjusted. On the basis of these statements, the nurse identifies which concern for the parents?

A	Inability to cope with change	
B	Anger about lost opportunities	
C	Trouble adjusting to a child born with medical issues	
D	**Depression associated with the birth of a child with defects**	**CORRECT**

Q-887

The nurse is planning the hospital discharge of a young client who has been newly diagnosed with type 1 diabetes mellitus. The client expresses concern about self-administering insulin while in school with other students around. Which statement by the nurse best addresses the client's need for support at this time?

A	"Oh, don't worry about that! You'll do fine!"	
B	"You could leave school early and take your insulin at home."	
C	"You shouldn't be embarrassed by your diabetes. Lots of people have this disease."	
D	**"Ask the school nurse about identifying a private area for you to use for injections."**	**CORRECT**

Q-888

A 12-year-old client is seen in the health care clinic. During the assessment, which finding would suggest to the nurse that the client is experiencing a disruption in the development of self-concept?

A	The child has many friends.	
B	The child has a part-time babysitting job.	
C	**The child has an intimate relationship with a significant other.**	**CORRECT**
D	The child enjoys playing chess and mastering new skills with this game.	

Q-889

A client who is in labor has human immunodeficiency virus (HIV) and states to the nurse, "I know I will have a sick-looking baby." Which appropriate therapeutic response would the nurse make?

A	"You are very sick, but your baby may not be."	
B	"All babies are beautiful. I am sure your baby will be too."	
C	**"You have concerns about how HIV will affect your baby?"**	**CORRECT**
D	"There is no reason to worry. Our neonatal unit offers the latest treatments available."	

Q-890

The nurse is caring for a client during a precipitous labor. The nurse would anticipate that the client will require care for which emotional need?

A	**Support in maintaining a sense of control**	**CORRECT**
B	Less pain and anxiety than with a normal labor	
C	A sense of satisfaction regarding her quick labor	
D	Fewer fears regarding the effect of labor on the newborn infant	

Q-891

The nurse is planning care for a client who presents in active labor with a history of a previous cesarean delivery. The client complains of a "tearing" sensation in the lower abdomen. She is upset, and she expresses concern for the safety of her baby. Which therapeutic response to the client would the nurse make?

A	"Try not to worry, you and your baby are in good hands."	
B	**"I can understand that you are fearful. We are doing everything possible for your baby."**	**CORRECT**
C	"I don't have time to answer questions now but I'll plan for us to have time to talk later."	
D	"I understand your concerns. I'll let your primary health care provider know you need to talk."	

Q-892

A newborn male infant is diagnosed with an undescended testicle (cryptorchidism), and these findings are shared with the parents. The parents ask questions about the condition. The nurse would respond to the parents that which condition can occur and have a psychosocial impact if the undescended testicle is not corrected?

A	Atrophy	
B	**Infertility**	**CORRECT**
C	Malignancy	
D	Feminization	

Q-893

The mother of a newborn diagnosed with hydrocephalus is concerned about the complication of mental retardation. The mother states to the nurse, "I'm not sure if I can care for my baby at home." Which therapeutic response would the nurse make to the mother?

A	"All babies have individual needs."	
B	"Mothers instinctively know what is best for their babies."	
C	**"You have concerns about your baby's condition and care?"**	**CORRECT**
D	"There is no reason to worry. You have a good pediatrician."	

Q-894

A preschooler has just been diagnosed with impetigo. The child's mother tells the nurse, "But my children take baths every day." Which therapeutic response would the nurse make to the mother?

A	**"You are concerned about how your child got impetigo?"**	**CORRECT**
B	"There is no need to worry. We will not tell your day care provider why your child is absent."	
C	"Not only do you have to do a better job of keeping your children clean, you must also wash your hands more frequently."	
D	"You should have seen the doctor before the wound became infected, and then you would not have had to worry about the child having impetigo."	

Q-895

A client and her infant have been diagnosed as being positive for human immunodeficiency virus (HIV). When the mother is observed crying, the nurse determines that which intervention will meet the client's initial needs?

A	Discussing how the mother was exposed to HIV	
B	**Sitting quietly with the mother as she talks and cries**	**CORRECT**
C	Describing the progressive stages and treatments of HIV	
D	Calling an HIV counselor to make an appointment for the mother and infant	

Q-896

The nurse is caring for a client in labor who is from the Philippines. The client is 4 cm dilated and 30% effaced. This is her first child. The mother is grimacing; her pulse, respiratory rate, and blood pressure are elevated. The nurse offers to call the primary health care provider (PHCP) for an epidural prescription. The mother declines. The nurse would hypothesize that the client declined the epidural for which reason?

A	Filipino mothers decrease their pain through a verbal release.	
B	Filipino mothers will only accept treatments for pain from their partners and family.	
C	Filipino mothers are often stoic and view childbirth pain as a normal part of life.	
D	**Filipino mothers believe that pain is a form of spiritual atonement for one's past deeds. Ethnicity**	**CORRECT**

Q-897

The nurse performs an initial assessment on a pregnant client and determines that the client is at risk for toxoplasmosis. The nurse provides education to the client on how to prevent the disease. Which statement by the client indicates that teaching has been effective?

A	"It's alright to eat raw meats."	
B	"I should wash hands only before meals."	
C	**"I should avoid exposure to litter boxes used by my cat."**	**CORRECT**
D	"I should use topical corticosteroid treatments prophylactically."	

Q-898

A home care nurse is instructing a mother of a child diagnosed with cystic fibrosis (CF) about the appropriate dietary measures. Which diet would the nurse tell the mother that the child needs to consume?

A	Low-calorie, low-fat diet	
B	High-calorie, restricted fat	
C	Low-calorie, low-protein diet	
D	**High-calorie, high-protein diet**	**CORRECT**

Q-899

A 10-year-old child has been diagnosed with type 1 diabetes mellitus. What instruction would the nurse provide concerning the monitoring of the child's insulin needs?

A	**The child should be taught to self-monitor insulin needs.**	**CORRECT**
B	The parents will need to be available to monitor the child's insulin needs.	
C	The child's school teacher will assume responsibility of insulin need monitoring.	
D	Friends and family will need to be involved with monitoring the child's insulin needs.	

Q-900

Which data would the nurse expect to obtain during the admission assessment of a child to support the diagnosis of irritable bowel syndrome?

A	Frequent incidents of frothy diarrhea	
B	Frequent foul-smelling ribbon stools	
C	Profuse, watery diarrhea and nausea and vomiting	
D	**Diffuse abdominal pain unrelated to meals or activity**	**CORRECT**

Q-901

The nurse caring for a child diagnosed with rubeola (measles) notes that the primary health care provider (PHCP) has documented the presence of Koplik's spots. On the basis of this documentation, which observation is expected?

A	Pinpoint petechiae noted on both legs	
B	Whitish vesicles located across the chest	
C	Petechiae spots that are reddish and pinpoint on the soft palate	
D	**Small, blue-white spots with a red base found on the buccal mucosa**	**CORRECT**

Q-902

A child is admitted to the hospital with a suspected diagnosis of von Willebrand's disease. On assessment of the child, which symptom would most likely be noted?

A	Hematuria	
B	Presence of hematomas	
C	Presence of hemarthrosis	
D	**Bleeding from the mucous membranes**	**CORRECT**

Q-903

The nurse assessing the level of consciousness of a child with a head injury documents that the child is obtunded. On the basis of this documentation, which observation did the nurse note?

A	The child is unable to think clearly and rapidly.	
B	The child is unable to recognize place or person.	
C	The child always requires considerable stimulation for arousal.	
D	**The child has limited interaction with the environment unless aroused.**	**CORRECT**

Q-904

The nurse is preparing a woman in early labor who is experiencing a significant increase in blood pressure for an amniotomy. Which priority data would the nurse assess before the procedure?

A	**Fetal heart rate**	**CORRECT**
B	Maternal heart rate	
C	Fetal scalp sampling	
D	Maternal blood pressure Eclampsia	

Q-905

The nurse is monitoring a client whose membranes ruptured and is now receiving an oxytocin infusion for the induction of labor. The nurse would suspect water intoxication if which sign or symptom is noted?

A	Fatigue	
B	Lethargy	
C	Sleepiness	
D	**Tachycardia**	**CORRECT**

Q-906

The nurse is performing an assessment on a pregnant client with a history of cardiac disease. Which body area will venous congestion most commonly be noted in?

A	**Vulva**	**CORRECT**
B	Around the eyes	
C	Fingers of the hands	
D	Around the abdomen Peripheral Vascular	

Q-907

A client at 35 weeks' gestation reports a sudden discharge of fluid from the vagina. Based on the data provided, which condition would the nurse suspect?

A	Miscarriage	
B	Preterm labor	
C	Intrauterine fetal demise	
D	**Premature rupture of the membranes**	**CORRECT**

Q-908

A child experienced a basilar skull fracture that resulted in the presence of Battle's sign. Which would the nurse expect to observe in the child?

A	**Bruising behind the ear**	**CORRECT**
B	The presence of epistaxis	
C	A bruised periorbital area	
D	An edematous periorbital area	

Q-909

When assessing a child with meningitis, which finding would indicate the presence of Kernig's sign?

A	Calf pain when the foot is dorsiflexed	
B	Pain when the chin is pulled down to the chest	
C	**The inability of the child to extend the legs fully when lying supine**	**CORRECT**
D	The flexion of the hips when the neck is flexed from a lying position	

Q-910

A pregnant client diagnosed with diabetes mellitus arrives at the primary health care clinic for a follow-up visit. What best assessment would the nurse perform to assess insulin function?

A	Urine for specific gravity	
B	For the presence of edema	
C	**Urine for glucose and ketones**	**CORRECT**
D	Blood pressure, pulse, and respirations	

Q-911

The nurse caring for a child diagnosed with nephrotic syndrome is analyzing the child's laboratory results and notes a sodium level of 148 mEq/L (148 mmol/L). On the basis of this finding, which clinical manifestation would the nurse expect to note in the child?

A	Lethargy	
B	Diaphoresis	
C	Cold, wet skin	
D	**Dry, sticky mucous membranes**	**CORRECT**

Q-912

The nurse is caring for an infant admitted to the hospital with a diagnosis of hemolytic disease. Which finding would the nurse expect to note in this infant when reviewing the laboratory results?

A	Decreased bilirubin count	
B	Elevated blood glucose level	
C	**Decreased red blood cell count**	**CORRECT**
D	Decreased white blood cell count	

Q-913

Intravenous immune globulin (IVIG) therapy is prescribed for a child diagnosed with idiopathic thrombocytopenic purpura (ITP). What are the expected results of this medication?

A	Urine positive for glucose	
B	Urine specific gravity of 1.020	
C	**Platelets of 355,000 mm3 (355 x 109/L)**	**CORRECT**
D	Blood urea nitrogen (BUN) 22 mg/dL (7.92 mmol/L)	

Q-914

A child was diagnosed with acute poststreptococcal glomerulonephritis and renal insufficiency. Which laboratory result would the nurse expect to note in the child?

A	Urine negative for protein	
B	Urine negative for red blood cells	
C	White blood cell count 18,000 mm3 (18 x 109/L)	
D	**Creatinine level of 2.1 mg/dL (185 mcmol/L)**	**CORRECT**

Q-915

A child is admitted to the hospital with a suspected diagnosis of bacterial endocarditis. The child has been experiencing fever, malaise, anorexia, and a headache. Which diagnostic study will confirm the diagnosis?

A	**A blood culture**	**CORRECT**
B	A sedimentation rate	
C	A white blood cell count	
D	An electrocardiogram (ECG)	

Q-916

A pregnant client diagnosed with mitral valve prolapse is prescribed anticoagulant therapy during pregnancy. The nurse reviews the client's medical record, expecting to note that which medication therapy is prescribed daily?

A	Oral warfarin	
B	Intravenous infusion of heparin sodium	
C	Subcutaneous administration of terbutaline	
D	**Subcutaneous administration of heparin sodium**	**CORRECT**

Q-917

At the last vaginal exam, the client who is in the late first stage of labor was fully effaced, 8 cm dilated, vertex presentation, and station –

A	The fetal heart rate slowly drops to 110 beats/min during strong contractions, recovering to 138 beats/min immediately afterward.	
B	Fresh meconium is found on the examiner's gloved fingers after a vaginal exam, and the fetal monitor pattern remains essentially unchanged.	
C	**Fresh, thick meconium is passed with a small gush of liquid, and the fetal monitor shows late decelerations with a variable descending baseline.**	**CORRECT**
D	The vaginal exam continues to reveal some old meconium staining, and the fetal monitor demonstrates a U-shaped pattern of deceleration during contractions, recovering to a baseline of 140 beats/min.	

Q-918

A child diagnosed with seizures is being treated with carbamazepine. The nurse reviews the laboratory report for the results of the drug plasma level and determines that the plasma level is in a therapeutic range if which is noted?

A	1 mcg/mL (4.2 mcmol/L)	
B	**10 mcg/mL (42.3 mcmol/L)**	**CORRECT**
C	18 mcg/mL (76.1 mcmol/L)	
D	20 mcg/mL (84.6 mcmol/L)	

Q-919

The nurse is assigned to care for a child diagnosed with juvenile idiopathic arthritis (JIA). What is the child's priority problem?

A	**Acute pain**	**CORRECT**
B	Potential difficulty with everyday tasks	
C	Impaired mobility causing potential injury	
D	Negative view of body because of activity intolerance	

Q-920

A child is admitted to the hospital with a suspected diagnosis of idiopathic thrombocytopenic purpura (ITP), and diagnostic studies are performed. Which diagnostic result is indicative of this disorder?

A	An elevated platelet count	
B	Elevated hemoglobin and hematocrit levels	
C	**Bone marrow exam showing increased megakaryocytes**	**CORRECT**
D	Bone marrow exam indicating increased immature white blood cells	

Q-921

The mother explains that after meals her infant has been vomiting, and now it is becoming more frequent and forceful. During the assessment, the nurse notes visible peristaltic waves moving from left to right across the infant's abdomen. On the basis of these findings, which condition would the nurse suspect?

A	Colic	
B	Intussusception	
C	Congenital megacolon	
D	**Hypertrophic pyloric stenosis**	**CORRECT**

Q-922

The nurse is reviewing the laboratory analysis of cerebrospinal fluid (CSF) obtained during a lumbar puncture from a child who is suspected of having bacterial meningitis. Which result would most likely confirm this diagnosis?

A	Clear CSF with low protein and low glucose	
B	Cloudy CSF with low protein and low glucose	
C	**Cloudy CSF with high protein and low glucose**	**CORRECT**
D	Decreased pressure and cloudy CSF with high protein	

Q-923

A child with profuse diarrhea is admitted to the pediatric unit with a diagnosis of acute gastroenteritis. The nurse monitors the child for signs of hypovolemic shock as a result of fluid and electrolyte losses that have occurred in the child. Which finding would indicate the presence of compensated shock?

A	Bradycardia	
B	Hypotension	
C	Profuse diarrhea	
D	**Capillary refill time greater than 3 seconds**	**CORRECT**

Q-924

The mother whose child is generally alert and participates well in classroom activities is concerned that the teacher now reported that the child has frequent periods during the day when he appears to be staring off into space. The nurse would suspect that the child has which problem?

A	School phobia	
B	**Absence seizures**	**CORRECT**
C	Behavioral problem	
D	Attention-deficit/hyperactivity syndrome	

Q-925

A 3-week-old infant is brought to the well-baby clinic for a phenylketonuria (PKU) screening test. The nurse reviews the results of the serum phenylalanine levels and notes that the level is 1.0 mg/dL (60 mmol/L). What interpretation would the nurse make?

A	**Report the test as inconclusive.**	**CORRECT**
B	Tell the mother that the test is normal.	
C	Prepare to perform another test on the client.	
D	Notify the pediatrician that the test is moderately elevated.	

Q-926

The nurse is caring for a postpartum client with thromboembolytic disease. Which intervention is most important to include when planning care to prevent the complication of pulmonary embolism?

A	Enforce bed rest.	
B	Monitor the vital signs frequently.	
C	Assess the breath sounds frequently.	
D	**Administer prescribed anticoagulant therapy. Disorders**	**CORRECT**

Q-927

A perinatal client is admitted to the obstetric unit during an exacerbation of a heart condition. When planning for the nutritional requirements, which dietary intervention would the nurse consult the dietitian about?

A	A low-calorie diet to prevent weight gain	
B	A diet low in fluids and fiber to decrease blood volume	
C	**A diet adequate in fluids and fiber to decrease constipation**	**CORRECT**
D	Unlimited sodium intake to increase circulating blood volume	

Q-928

The nurse is creating a plan of care for a newborn diagnosed with bilateral club feet. Which information would the nurse plan to include in the parents education?

A	The regimen of manipulation and casting is effective in all cases of bilateral club feet.	
B	Genetic testing is wise for future pregnancies because other children born to this couple may also be affected.	
C	**If casting is needed, it will begin at birth and continue for 12 weeks, at which time the condition will be reevaluated.**	**CORRECT**
D	Surgery performed immediately after birth has been found to be the most effective for achieving a complete recovery.	

Q-929

The nurse is preparing to care for an infant diagnosed with pertussis. Which priority problem would the nurse address when planning care?

A	Infection	
B	Fluid overload	
C	Impaired sleep patterns	
D	**Inability to expectorate secretions**	**CORRECT**

Q-930

The nurse is planning care for an infant who has a diagnosis of hypertrophic pyloric stenosis and is scheduled for surgery. Which intervention would the nurse include to meet the infant's preoperative needs?

A	Administer enemas until returns are clear.	
B	Provide the mother privacy to breast-feed every 2 hours.	
C	**Monitor the intravenous (IV) infusion, intake, output, and weight.**	**CORRECT**
D	Provide small, frequent feedings of glucose, water, and electrolytes.	

Q-931

The nurse is caring for a hospitalized child with a diagnosis of rheumatic fever who has developed carditis. The mother asks the nurse to explain the meaning of carditis. On which description of this complication of rheumatic fever would the nurse plan to base a response?

A	Involuntary movements affecting the legs, arms, and face	
B	**Inflammation of all parts of the heart, primarily the mitral valve**	**CORRECT**
C	Tender, painful joints, especially in the elbows, knees, ankles, and wrists	
D	Red skin lesions that start as flat or slightly raised macules, usually over the trunk, and that spread peripherally	

Q-932

The nurse preparing to admit a 7-month-old infant with febrile seizures would anticipate the need for which equipment when planning care for this infant?

A	Restraints at the bedside	
B	A code cart at the bedside	
C	**Suction equipment and an airway at the bedside**	**CORRECT**
D	A padded tongue blade taped to the head of the bed	

Q-933

A 10-month-old infant is hospitalized for respiratory syncytial virus (RSV). On the basis of the developmental stage of the infant, what intervention would the nurse include in the plan of care?

A	Restrain the infant with a total body restraint to prevent any tubes from being dislodged.	
B	Follow the home feeding schedule, and allow the infant to be held only when the parents visit.	
C	Wash hands, wear a mask when caring for the infant, and keep the infant as quiet as possible.	
D	**Provide a consistent routine, and touch, rock, and cuddle the infant throughout the hospitalization. Syncytial Virus**	**CORRECT**

Q-934

A child with a diagnosis of Reye's syndrome is being admitted to the hospital. The nurse creates a plan of care for the child that includes which priority nursing action?

A	Monitoring for hearing loss	
B	Monitoring intake and output (I&O)	
C	Repositioning the child every 2 hours	
D	**Providing a quiet environment with dimmed lighting**	**CORRECT**

Q-935

A nursing student is preparing to conduct a clinical conference regarding cerebral palsy. Which characteristic related to this disorder would the student plan to include in the discussion?

A	Cerebral palsy is an infectious disease of the central nervous system.	
B	Cerebral palsy is an inflammation of the brain as a result of a viral illness.	
C	**Cerebral palsy is a chronic disability characterized by difficulty with muscle control.**	**CORRECT**
D	Cerebral palsy is a congenital condition that results in moderate to severe retardation.	

Q-936

A nursing student is asked to conduct a clinical conference about autism. Which characteristic associated with autism would the student plan to include?

A	Normal social play that ceases by age 5	
B	**Lack of social interaction and awareness**	**CORRECT**
C	The consistent imitation of others' actions	
D	Normal verbal but abnormal nonverbal communication	

Q-937

The school nurse is preparing to perform health screening for scoliosis on children aged 9 through 14. Which instruction would the nurse plan to provide to each child?

A	Lie flat and lift the legs straight up.	
B	Lie on the right side and then roll to the left side while the arms are held overhead.	
C	Walk 10 feet forward and then 10 feet backward with the arms held overhead at both sides.	
D	**Stand with weight equally on both feet with the legs straight, and the arms hanging loosely at both sides.**	**CORRECT**

Q-938

The nurse is creating a plan of care for a child diagnosed with leukemia who is beginning chemotherapy. Which intervention would the nurse include?

A	Monitor rectal temperatures every 4 hours.	
B	**Monitor the mouth and anus each shift for signs of breakdown.**	**CORRECT**
C	Encourage the child to consume fresh fruits and vegetables to maintain nutritional status.	
D	Provide meticulous mouth care several times daily using an alcohol–based mouthwash and a toothbrush.	

Q-939

The nurse is informed that a newborn infant whose mother is Rh negative will be admitted to the nursery. When planning care for the infant's arrival, which action would the nurse take?

A	**Obtain the newborn infant's blood type and direct Coombs' results from the laboratory.**	**CORRECT**
B	Obtain the necessary equipment from the blood bank needed for an exchange transfusion.	
C	Call the maintenance department and ask for a phototherapy unit to be brought to the nursery.	
D	Obtain a vial of vitamin K from the pharmacy and prepare to administer an injection to prevent isoimmunization.	

Q-940

The nurse is checking the fundus of a postpartum woman and notes that the uterus is soft and spongy. Which nursing action is appropriate initially?

A	Encourage the mother to ambulate.	
B	Notify the primary health care provider.	
C	**Massage the fundus gently until it is firm.**	**CORRECT**
D	Document fundal position, consistency, and height.	

Q-941

A primipara is being evaluated in the clinic during her second trimester of pregnancy. The nurse checks the fetal heart rate (FHR) and notes that it is 190 beats/min. What is the appropriate initial nursing action?

A	Document the finding.	
B	Tell the client that the FHR is fast.	
C	**Consult with the primary health care provider (PHCP).**	**CORRECT**
D	Recheck the FHR with the client in the standing position.	

Q-942

A client in the late, active, first stage of labor has just reported a gush of vaginal fluid. The nurse observes a fetal monitor pattern of variable decelerations during contractions followed by a brief acceleration. After that, there is a return to baseline until the next contraction, when the pattern is repeated. On the basis of these data, what is the nurse's initial intervention?

A	Take the client's vital signs.	
B	Perform a Leopold's maneuver.	
C	**Perform a manual sterile vaginal exam.**	**CORRECT**
D	Test the vaginal fluid with a Nitrazine strip.	

Q-943

The nurse is caring for an infant after a pyloromyotomy is performed to treat hypertrophic pyloric stenosis. In which position would the nurse place the infant after surgery?

A	Flat on the operative side	
B	Flat on the unoperative side	
C	**Prone with the head of the bed elevated**	**CORRECT**
D	Supine with the head of the bed elevated	

Q-944

A mother of a child with mumps calls the health care clinic to tell the nurse that the child has been lethargic and vomiting. What instruction would the nurse give to the mother?

A	To continue to monitor the child	
B	That lethargy and vomiting are normal manifestations of mumps	
C	That, as long as there is no fever, there is nothing to be concerned about	
D	**To bring the child to the clinic to be seen by the primary health care provider**	**CORRECT**

Q-945

The nurse is reviewing the primary health care provider's (PHCP) prescriptions for a child who was admitted to the hospital with vaso-occlusive pain crisis resulting from sickle cell anemia. Which PHCP prescription would the nurse question?

A	Bed rest	
B	Intravenous fluids	
C	Supplemental oxygen	
D	**Meperidine hydrochloride**	**CORRECT**

Q-946

The nurse is caring for an infant diagnosed with laryngomalacia (congenital laryngeal stridor). In which position would the nurse place the infant to decrease the incidence of stridor?

A	Prone	
B	Supine	
C	Supine with the neck flexed	
D	**Prone with the neck hyperextended**	**CORRECT**

Q-947

The nurse prepares to admit a newborn with spina bifida, myelomeningocele. Which nursing action is most important for the care for this infant?

A	Monitoring the temperature	
B	Monitoring the blood pressure	
C	**Inspecting the anterior fontanel for bulging**	**CORRECT**
D	Monitoring the specific gravity of the urine	

Q-948

During the assessment, the nurse notes that the child's genitals are swollen. The nurse suspects that the child is being sexually abused. Which priority action would the nurse take?

A	Document the child's physical findings.	
B	**Report the case because abuse is suspected.**	**CORRECT**
C	Refer the family to appropriate support groups.	
D	Assist the family with identifying resources and support systems.	

Q-949

The nurse is planning care for an infant with a diagnosis of an encephalocele located in the occipital area. Which item would the nurse use to assist with positioning the child to avoid pressure on the encephalocele?

A	Sandbags	
B	Sheepskin	
C	Feather pillows	
D	**Foam half donut**	**CORRECT**

Q-950

The nurse caring for a child who has sustained a head injury notes that the primary health care provider (PHCP) has documented decorticate posturing. During the assessment, the nurse notes the extension of the upper extremities and the internal rotation of the upper arms and wrists and that the lower extremities are extended, with some internal rotation noted at the knees and feet. On the basis of these findings, what is the initial nursing action?

A	**Notify the PHCP of the change in posturing.**	**CORRECT**
B	Document that the original positioning is unchanged.	
C	Attempt to assess the flexibility of the child's lower extremities.	
D	Plan to continue to monitor the child for posturing every 2 hours.	

Q-951

The mother of the child with a diagnosis of hepatitis B calls the health care clinic to report that the jaundice seems to be worsening. Which response would the nurse make to the mother?

A	"It sounds as if the hepatitis may be worsening."	
B	"It is necessary to isolate the child from others in the home."	
C	**"The jaundice may appear to get worse before it begins to resolve."**	**CORRECT**
D	"You need to bring the child to the health care clinic to see the primary health care provider."	

Q-952

The nurse is preparing to suction a tracheotomy on an infant. The nurse prepares the equipment for the procedure and would turn the suction to which setting?

A	60 mm Hg	
B	**90 mm Hg**	**CORRECT**
C	110 mm Hg	
D	120 mm Hg	

Q-953

The nurse is caring for a hospitalized 14-year-old child who is placed in Crutchfield traction. The child is having difficulty adjusting to the length of the hospital confinement. Which nursing action would be appropriate to meet the child's needs?

A	Allow the child to play loud music in the hospital room.	
B	**Let the child wear his or her own clothing when friends visit.**	**CORRECT**
C	Allow the child to have his or her hair dyed if the parent agrees.	
D	Allow the child to keep the shades closed and the room darkened.	

Q-954

A client in the second trimester of pregnancy is being assessed at the primary health care clinic. The nurse notes that the fetal heart rate (FHR) is 100 beats/min. Which nursing action would be appropriate initially?

A	Document the findings as normal.	
B	**Notify the primary health care provider (PHCP) of the finding.**	**CORRECT**
C	Inform the mother that the assessment is normal and everything is fine.	
D	Instruct the mother to return to the clinic in 8 hours for reevaluation of the FHR.	

Q-955

A perinatal client has been instructed about the prevention of genital tract infections. Which statement by the client indicates an understanding of these preventive measures?

A	"I can douche anytime I want."	
B	"I can wear my tight-fitting jeans."	
C	"I should avoid the use of condoms."	
D	**"I should wear underwear with a cotton panel liner."**	**CORRECT**

Q-956

A 24-hour-old term infant had a confirmed episode of hypoglycemia when 1 hour old. Which observation by the nurse would indicate the need for follow-up?

A	Weight loss of 4 ounces and dry, peeling skin	
B	Blood glucose level of 40 mg/dL (2.28 mmol/L) before the last feeding	
C	Breast-feeding for 20 minutes or more, with strong sucking	
D	**High-pitched cry, drinking 10 to 15 mL of formula per feeding**	**CORRECT**

Q-957

A home care nurse visits a child with a diagnosis of celiac disease. Which finding best indicates that a gluten-free diet is being maintained and has been effective?

A	**The child is free of diarrhea.**	**CORRECT**
B	The child is free of bloody stools.	
C	The child tolerates dietary wheat and rye.	
D	A balanced fluid and electrolyte status is noted on the laboratory results.	

Q-958

A woman in labor is receiving oxytocin by intravenous infusion. The nurse monitors the client, knowing that which finding indicates an adequate contraction pattern?

A	One contraction per minute, with resultant cervical dilation	
B	Four contractions every 5 minutes, with resultant cervical dilation	
C	One contraction every 10 minutes, without resultant cervical dilation	
D	**Three to five contractions in a 10-minute period, with resultant cervical dilation**	**CORRECT**

Q-959

A home care nurse is assigned to visit a preschooler who has a diagnosis of scarlet fever and is on bed rest. What data obtained by the nurse would indicate that the child is coping with the illness and bed rest?

A	The child insists that his mother stay in the room.	
B	**The child is coloring and drawing pictures in a notebook.**	**CORRECT**
C	The mother keeps providing new activities for the child to do.	
D	The child sucks his thumb whenever he does not get what he asked for.	

Q-960

The nurse is providing instructions to the mother of a child with a diagnosis of strabismus of the left eye. Which statement by the mother indicates that the mother understands the procedure for patching?

A	"I will place the patch on both eyes."	
B	"I will place the patch on the left eye."	
C	**"I will place the patch on the right eye."**	**CORRECT**
D	"I will alternate the patch from the right eye to the left eye every hour."	

Q-961

The nurse is assessing a client with gestational hypertension who was admitted to the hospital 48 hours ago. Which current assessment data would indicate that the condition has not yet resolved?

A	Increased urinary output	
B	Presence of trace urinary protein	
C	**Client complaints of blurred vision**	**CORRECT**
D	Blood pressure reading at prenatal baseline Eclampsia	

Q-962

The nurse has provided discharge instructions to the parent of a child who has undergone heart surgery. Which statement by the parent would indicate the need for further teaching?

A	**"My child can return to school for full days one week after discharge."**	**CORRECT**
B	"I should allow my child to play inside but omit outside play at this time."	
C	"I should have my child avoid crowds and people for 2 week after discharge."	
D	"I should call the primary health care provider if my child develops faster or harder breathing than normal."	

Q-963

The nurse reviews the nursing care plan of a hospitalized preschool child who is immobilized as a result of skeletal traction. The nurse notes concerns related to the child's development because of immobilization and hospitalization. Which evaluative statement indicates a positive outcome for the child?

A	The fracture heals without complications.	
B	The caregivers verbalize safe and effective home care.	
C	The child maintains normal joint and muscle integrity.	
D	**The child displays age-appropriate developmental behaviors.**	**CORRECT**

Q-964

The nurse has been encouraging the intake of oral fluids for a client in labor to improve hydration. Which indicates a successful outcome of this action?

A	Ketones in the urine	
B	**A urine specific gravity of 1.020**	**CORRECT**
C	A blood pressure of 150/90 mm Hg	
D	The continued leaking of amniotic fluid during labor	

Q-965

A goal for a postpartum client states, "The client will remain free of infection during her hospital stay." Which assessment data would support that the goal has been met?

A	Normal appetite	
B	**Absence of fever**	**CORRECT**
C	Minimal vaginal bleeding	
D	Moderate breast tenderness	

Q-966

The nurse instructs a parent regarding the appropriate actions to take when the toddler has a temper tantrum. Which statement by the parent indicates a successful outcome of the teaching?

A	**"I will ignore the tantrums as long as there is no physical danger."**	**CORRECT**
B	"I will give frequent reminders that only bad children have tantrums."	
C	"I will send my child to a room alone for 10 minutes after every tantrum."	
D	"I will reward my child with candy at the end of each day without a tantrum."	

Q-967

The nurse is reviewing a plan of care prepared by a nursing student for an infant being admitted to the hospital with a diagnosis of congestive heart failure. Which intervention would the nurse recognize as needing revision?

A	Elevate the head of the bed.	
B	Provide oxygen during stressful periods.	
C	Limit the time that the infant is allowed to bottle-feed.	
D	**Wake the infant for feedings to ensure adequate nutrition.**	**CORRECT**

Q-968

The nurse teaches a pregnant client to perform Kegel exercises. Which statement by the client indicates an understanding of the purpose of these types of exercises?

A	"The exercises will help reduce backache."	
B	"The exercises will help prevent ankle edema."	
C	**"The exercises will help strengthen the pelvic floor."**	**CORRECT**
D	"The exercises will help prevent urinary tract infections."	

Q-969

A newborn infant receives the first dose of hepatitis B vaccine within 12 hours of birth. The nurse instructs the parent regarding the immunization schedule for this vaccine and tells the parent that the second vaccine is administered at which time periods?

A	3 years of age and then during the adolescent years	
B	8 months of age and then 1 year after the initial dose	
C	6 months of age and then 8 months after the initial dose	
D	**1 to 2 months of age and then 6 months after the initial dose**	**CORRECT**

Q-970

Which procedure would be avoided in order to help prevent the transmission of the human immunodeficiency virus (HIV) from a positive pregnant mother to her fetus during the intrapartum period?

A	Cesarean birth	
B	Epidural anesthesia	
C	External fetal heart rate monitoring	
D	**Direct (internal) fetal heart rate monitoring**	**CORRECT**

Q-971

Which action by the nursing student, caring for a child who sustained a head injury from a fall, indicates a need for further teaching?

A	**Forcing fluids**	**CORRECT**
B	Performing neurological assessments	
C	Keeping the child in a sitting-up position	
D	Keeping the child awake as much as possible	

Q-972

A newborn diagnosed with respiratory distress syndrome (RDS) is prescribed surfactant replacement therapy. The nurse evaluates the infant 1 hour after the therapy and determines that the infant's condition has improved somewhat. Which finding indicates improvement?

A	An audible respiratory grunt	
B	Gradual increase in the respiratory rate	
C	**Arterial blood pH increases to ≥7.35**	**CORRECT**
D	Fine inspiratory crackles heard over both lungs	

Q-973

The nurse is performing an assessment on a 6-month-old infant suspected of having hydrocephalus. Which finding is associated with this diagnosis?

A	**A bulging anterior fontanel**	**CORRECT**
B	An elevated apical heart rate	
C	The presence of protein in the urine	
D	A drop in blood pressure from baseline	

Q-974

A 10-day postpartum breast-feeding client telephones the postpartum unit reporting a reddened, painful breast and elevated temperature. Based on assessment of the client's complaints, which action would the nurse tell the client to do?

A	"Breast-feed only with the unaffected breast."	
B	"Stop breast-feeding because you probably have an infection."	
C	**"Notify your primary health care provider because you may need medication."**	**CORRECT**
D	"Continue breast-feeding since this is a normal response in breast- feeding mothers."	

Q-975

The mother of the child diagnosed with Kawasaki disease asks the nurse about the disorder. On which description of this disorder would the nurse base the response to the mother?

A	It is an acquired cell-mediated immunodeficiency disorder.	
B	It is a chronic multisystem autoimmune disease characterized by the inflammation of connective tissue.	
C	**It is also called mucocutaneous lymph node syndrome and is a febrile generalized vasculitis of unknown etiology.**	**CORRECT**
D	It is an inflammatory autoimmune disease that affects the connective tissue of the heart, joints, and subcutaneous tissues.	

Q-976

The nurse caring for a child diagnosed with a patent ductus arteriosus would base planning on which fact concerning this disorder?

A	It involves an opening between the two atria.	
B	It produces abnormalities in the atrial septum.	
C	It involves an opening between the two ventricles.	
D	**It involves an artery that connects the aorta and the pulmonary artery.**	**CORRECT**

Q-977

When desmopressin acetate is prescribed via intranasal route for a child diagnosed with von Willebrand's disease, the nurse instructs the parents regarding the administration of this medication. Which statement by the parents indicates a need for further teaching?

A	"We need to refrigerate the medicine."	
B	**"We need to increase our child's fluid intake."**	**CORRECT**
C	"Nausea and abdominal cramps can occur as a side effect of the medication."	
D	"Drowsiness may be a sign of water intoxication that can occur with the medication."	

Q-978

A child is brought to the emergency department after being bitten on the arm by a neighborhood dog. Which is the priority question for the nurse to ask the parent of the child?

A	"How old is the dog?"	
B	"Does the dog have a history of biting?"	
C	**"Are the child's immunizations up-to-date?"**	**CORRECT**
D	"Did the dog have all of its recommended shots?"	

Q-979

The nurse is providing instructions to the parent of a child who had a myringotomy with insertion of tympanostomy tubes. Which instructions would the nurse provide the parent in case the tubes fall out?

A	"Bring the child to the emergency department immediately."	
B	**"It is not an emergency, but it is best to call the health care clinic."**	**CORRECT**
C	"It is important to replace them immediately so that the surgical opening does not close."	
D	"Clean the tubes with half-strength hydrogen peroxide for 30 minutes and then replace them into the child's ears."	

Q-980

A parent reports that her child has developed a bloody nose. Which action would the nurse instruct the parent to take to control the bleeding?

A	Pinch the nostrils for 5 minutes and then recheck for bleeding.	
B	Maintain the child in a sitting position with the head tilted backward.	
C	Lay the child down with a pillow tucked under the neck and stay with the child to keep the child calm.	
D	**Have the child sit with the head tilted forward and hold pressure on the soft part of the nose for a period of 10 minutes.**	**CORRECT**

Q-981

The nurse is assessing a child admitted with a diagnosis of rheumatic fever. Which significant question would the nurse ask the child's parent during the assessment?

A	"Has your child had difficulty urinating?"	
B	"Has your child been exposed to anyone with chickenpox?"	
C	**"Has any family member had a sore throat within the past few weeks?"**	**CORRECT**
D	"Has any family member had a gastrointestinal disorder in the past few weeks?"	

Q-982

The parents of a child with mumps express concern that their child will develop orchitis as a result of having mumps. What characteristic of this complication would the nurse discuss with the parents?

A	**Fever**	**CORRECT**
B	Facial swelling	
C	Swollen glands	
D	Difficulty urinating	

Q-983

The maternity nurse is teaching a pregnant client about the physiological effects and hormone changes that occur in pregnancy. Which information would the nurse provide to the client about the purpose of estrogen?

A	It maintains the uterine lining for implantation.	
B	It stimulates metabolism of glucose and converts the glucose to fat.	
C	It prevents the involution of the corpus luteum and maintains the production of progesterone until the placenta is formed.	
D	**It stimulates uterine development to provide an environment for the fetus and stimulates the breasts to prepare for lactation.**	**CORRECT**

Q-984

A newborn infant is diagnosed with imperforate anus. Which description of this disorder would the nurse provide to the parents?

A	The presence of fecal incontinence	
B	**Incomplete development of the anus**	**CORRECT**
C	The infrequent and difficult passage of dry stools	
D	Invagination of a section of the intestine into the distal bowel	

Q-985

The nurse provides bottle-feeding instructions to the mother of a newborn infant about the amount of formula to be given, knowing that what is the approximate stomach capacity for a newborn?

A	5 to 10 mL	
B	**10 to 20 mL**	**CORRECT**
C	30 to 90 mL	
D	75 to 100 mL	

Q-986

When a breast-feeding mother reports experiencing nipple soreness, the nurse provides teaching regarding measures to relieve the soreness. Which statement by the mother indicates an understanding of the teaching?

A	"I need to avoid rotating breast-feeding positions so that the nipple will toughen."	
B	"I need to stop nursing during the period of nipple soreness to allow the nipples to heal."	
C	"I need to nurse less frequently and substitute a bottle feeding until the nipples become less sore."	
D	**"I need to position my infant with her ear, shoulder, and hip in straight alignment and place her stomach against me."**	**CORRECT**

Q-987

When performing an assessment on a mother who just delivered a healthy newborn, the nurse would expect to note that the fundus is positioned at which location?

A	To the right of the abdomen	
B	**At the level of the umbilicus**	**CORRECT**
C	Above the level of the umbilicus	
D	One fingerbreadth above the symphysis pubis	

Q-988

While obtaining the vital signs on a mother who delivered a healthy newborn 2 hours ago the nurse notes that the mother's temperature is 102° F (38.8° C). Which is the appropriate nursing action at this time?

A	**Notify the primary health care provider.**	**CORRECT**
B	Remove the blanket from the client's bed.	
C	Document the finding and recheck the temperature in 4 hours.	
D	Administer acetaminophen and recheck the temperature in 4 hours.	

Q-989

The nurse caring for a client who recently received an epidural anesthesia for a vaginal delivery suspects the presence of a vaginal hematoma. Which finding would be the best indicator of the presence of this type of hematoma?

A	**Changes in vital signs**	**CORRECT**
B	Signs of vaginal bruising	
C	Client reporting a tearing sensation	
D	Client reporting intense vaginal pressure	

Q-990

The nurse developing a plan of care for a postterm small-for- gestational-age (SGA) newborn would identify which assessment as the priority to monitor?

A	Urinary output	
B	**Blood glucose levels**	**CORRECT**
C	Total bilirubin levels	
D	Hemoglobin and hematocrit	

Q-991

A new mother was administered methylergonovine maleate intramuscularly after delivery. The nurse understands that this medication was administered for which action?

A	Decrease uterine contractions.	
B	**Prevent postpartum hemorrhage.**	**CORRECT**
C	Maintain a normal blood pressure.	
D	Reduce the amount of lochia drainage.	

Q-992

The nurse is informed that a newborn infant with Apgar scores of 1 and 4 will be brought to the nursery. The nurse determines that which intervention is the priority?

A	**Connecting the resuscitation bag to oxygen**	**CORRECT**
B	Turning on the apnea and cardiorespiratory monitor	
C	Preparing for the insertion of an intravenous (IV) line with D5W	
D	Setting up the radiant warmer control temperature at 36.4° C (97.6° F)	

Q-993

The nurse is caring for a client in labor who has butorphanol tartrate prescribed for the relief of labor pain. During the administration of the medication, the nurse would ensure that which priority item is readily available?

A	**Naloxone**	**CORRECT**
B	Meperidine hydrochloride	
C	An intravenous form of an antiemetic	
D	An intravenous solution of normal saline	

Q-994

Methylergonovine maleate is prescribed for a woman who has just delivered a healthy newborn. Which is the priority assessment to complete before administering the medication?

A	Lochia	
B	Uterine tone	
C	**Blood pressure**	**CORRECT**
D	Deep tendon reflexes	

Q-995

When a rubella vaccine is administered to a client who delivered a healthy newborn 2 days ago, the nurse provides instructions to the client regarding the potential risks associated with this vaccination. Which statement by the client indicates an understanding of the medication?

A	"I need to stay out of the sunlight for 3 days."	
B	"The injection site may itch, but I can scratch it if I need to."	
C	"I need to avoid sexual intercourse for 2 to 3 days after the vaccination."	
D	**"I need to prevent becoming pregnant for 2 to 3 months after the vaccination."**	**CORRECT**

Q-996

The nurse is preparing a poster for a booth at a health fair to promote primary prevention of cervical cancer. Which recommendation would the nurse include on the poster?

A	Use a commercial douche on a daily basis.	
B	Perform monthly breast self-examination (BSE).	
C	**Seek treatment promptly if cervical infection is suspected.**	**CORRECT**
D	Use oral contraceptives as a preferred method of birth control.	

Q-997

Methylphenidate is prescribed for a child with a diagnosis of attention deficit hyperactivity disorder (ADHD). At which time of day would the nurse instruct the mother to administer the medication?

A	Before dinner and at bedtime	
B	At the noontime and evening meals	
C	In the morning after breakfast and at bedtime	
D	**Before breakfast and before the noontime meal Attention Deficit Hyperactivity Disorder Disorder**	**CORRECT**

Q-998

A child with the diagnosis of Hirschsprung's disease has a temporary colostomy. The nurse provides instructions to the parents about colostomy care at home. Which statement by the parents indicates their understanding of the instructions?

A	"We will give antidiarrheal medications."	
B	**"We will report signs of skin breakdown."**	**CORRECT**
C	"We will give saline water enemas if my child doesn't pass stool."	
D	"We will apply a heat lamp to any moist red tissue around the stoma."	

Q-999

A new breast-feeding mother experiencing breast engorgement is provided with instructions regarding care for the condition. Which statement by the mother indicates to the nurse that she understands the measures that will provide comfort for the engorgement?

A	"I will breast-feed using only one breast."	
B	"I will apply cold compresses to my breasts."	
C	"I will avoid the use of a bra while my breasts are engorged."	
D	**"I will massage my breasts before feeding to stimulate letdown."**	**CORRECT**

Q-1000

Which nursing assessment findings indicate normal vital signs in a newborn infant?

A	Pulse, 112 beats/min; respiratory rate, 24 breaths/min	
B	Pulse, 124 beats/min; respiratory rate, 28 breaths/min	
C	**Pulse, 144 beats/min; respiratory rate, 48 breaths/min**	**CORRECT**
D	Pulse, 164 beats/min; respiratory rate, 55 breaths/min	

Q-1001

The nurse is monitoring for the presence of pitting edema in the prenatal client. The nurse presses the fingertips of the middle and index fingers against the shin in four different locations and holds pressure for 2 to 3 seconds. The nurse notes that the indentation is approximately 1-inch deep. The nurse would document that the client has which level of pitting edema?

A	+1	
B	+2	
C	+3	
D	**+4**	**CORRECT**

Q-1002

A 30-week-gestation client admitted in preterm labor is prescribed betamethasone. What would the nurse tell the client is the purpose for this medication?

A	**Promote fetal lung maturity.**	**CORRECT**
B	Delay delivery for at least 48 hours.	
C	Stop the premature uterine contractions.	
D	Prevent premature closure of the ductus arteriosus.	

Q-1003

When providing intermittent nasogastric feedings to an infant with failure to thrive, which method is preferred to confirm tube placement before each feeding?

A	Obtain a chest x-ray.	
B	Verify that the gastric PH is less than 5.5.	
C	**Auscultate the stomach while instilling an air bolus.**	**CORRECT**
D	Compare the tube insertion length to a standardized chart.	

Q-1004

When teaching a mother about measures to prevent lead poisoning in her children, which of the following preventive measures should the nurse include as the most effective?

A	Condemning old housing developments.	
B	**Educating the public on common sources of lead.**	**CORRECT**
C	Educating the public on the importance of good nutrition.	
D	Keeping pregnant women out of old homes that are being remodeled.	

Q-1005

A child with a nut allergy is admitted with a severe reaction for the third time in 3 months. The parent says, "I am having trouble with the food labels." The nurse should first:

A	Discontinue the prednisolone 40 mg and give the 30-mg dose today.	
B	Check the medication record first to see when the last dose of prednisolone was given.	
C	Start the 30-mg dose tomorrow.	
D	**Contact the prescriber for clarification.**	**CORRECT**

Q-1006

A transfusion of packed red blood cells has been prescribed for a 1-year-old with a sickle cell anemia. The infant has a 25-gauge IV infusing dextrose with sodium and potassium. Using the situation, background, assessment, recommendation (SBAR) method of communication, the nurse contacts the primary health care provider and recommends:

A	Starting a second IV with a 22-gauge catheter to infuse normal saline with the blood.	
B	Using the existing IV, but changing the fluids to normal saline for the transfusion.	
C	**Replacing the IV with a 22-gauge catheter to infuse the prescribed fluids.**	**CORRECT**
D	Starting a second IV with a 25-gauge catheter to infuse normal saline with the transfusion.	

Q-1007

The nurse is assisting with conscious sedation for a 6-year-old undergoing a bone marrow biopsy. The nurse's most important responsibility during the procedure is to:

A	**Administer the topical anesthetic.**	**CORRECT**
B	Keep the parents informed.	
C	Monitor the client.	
D	Record the procedure.	

Q-1008

The nurse is preparing to administer furosemide (Lasix) to a 3-year-old with a heart defect. The nurse verifies the child's identity by checking the arm band and:

A	Asking the child to state her name.	
B	Checking the room number.	
C	Asking the child to tell her birth date.	
D	**Asking the parent the child's name.**	**CORRECT**

Q-1009

An 8-year-old child with juvenile idiopathic arthritis (JIA) is being admitted to the hospital for evaluation of progressively increasing symptoms. The child weighs 60 lb (27 kg) and is 50 inches (127 cm) tall. The nurse is reconciling the medications the parent brought from home with the medications the physician has prescribed. (See chart.)

A	Have the family give the child cetirizine daily using the medication they have from home.	
B	Explain the need to limit over-the-counter medications while in the hospital.	
C	**Request a cetirizine prescription from the primary care provider.**	**CORRECT**
D	Contact the primary care provider to question the methotrexate.	

Q-1010

A parent brings a 5-year-old child to a weekend vaccination clinic to prepare for school entry. The nurse notes that the child has not had any vaccinations since 4 months of age. To determine the current evidence for best practices for scheduling missed vaccinations, the nurse should:

A	Ask the child's primary care provider.	
B	**Check nationally published immunization guidelines.**	**CORRECT**
C	Read the vaccine manufacturer's insert.	
D	Contact the pharmacist.	

Q-1011

A 13-month-old has a febrile seizure 1 month after the administration of the chickenpox vaccine. The nurse should:

A	Recognize that the events are unrelated.	
B	**Report the event through a national immunization surveillance system.**	**CORRECT**
C	Explain to the parents that this is a rare but acceptable risk.	
D	Report the incident through the vaccine manufacturer's hotline.	

Q-1012

Which of the following children should the nurse assess as demonstrating behaviors that need further evaluation?

A	Joey, age 2, who refuses to be toilet-trained and talks to himself.	
B	Adrienne, age 6, who sucks her thumb when tired and has never spent the night with a friend.	
C	Curt, age 10, who frequently tells his mother that he is going to run away whenever they argue.	
D	**Stephen, age 2, who is indifferent to other children and adults and is mute.**	**CORRECT**

Q-1013

The nurse is admitting a child who has been diagnosed with bacterial meningitis to the pediatric unit. The nurse should implement which type of isolation?

A	Standard or routine precautions.	
B	Contact precautions.	
C	Airborne precautions.	
D	**Droplet precautions.**	**CORRECT**

Q-1014

The emergency room nurse has admitted an infant with bulging fontanels, setting sun eyes, and lethargy. Which of the following diagnostic procedures would be contraindicated in this infant?

A	**Lumbar puncture.**	**CORRECT**
B	Magnetic resonance imaging.	
C	Arterial blood draw.	
D	Computerized tomography scan.	

Q-1015

The nurse is caring for a term neonate who is diagnosed with patent ductus arteriosus. While performing a physical assessment of the neonate, the nurse anticipates that the neonate will exhibit which of the following?

A	Decreased cardiac output with faint periph- eral pulses.	
B	Profound cyanosis over most of the body.	
C	**Loud cardiac murmurs through systole and diastole.**	**CORRECT**
D	Harsh systolic murmurs with a palpable thrill.	

Q-1016

Assessment of a term neonate at 8 hours after birth reveals tachypnea, dyspnea, sternal retrac- tions, diminished femoral pulses, poor lower body perfusion, and cyanosis of the lower body and extremities, with a pink upper body. The nurse notifi es the pediatrician based on the interpretation that these symptoms are associated with which of the following?

A	**Coarctation of the aorta.**	**CORRECT**
B	Atrioventricular septal defect.	
C	Pulmonary atresia.	
D	Transposition of the great arteries.	

Q-1017

The nurse is caring for a 2-day-old neonate in the recovery room 30 minutes after surgical cor- rection for the cardiac defect, transposition of the great vessels. Which of the following would alert the nurse to notify the physician?

A	Oxygen saturation of 90%.	
B	Pale pink extremities.	
C	Warm, dry skin.	
D	**Femoral pulse of 90 bpm.**	**CORRECT**

Q-1018

A 9-year-old client with attention defi cit hyperactivity disorder tells the nurse, "No one in my class likes me because they think I'm stupid. They're right, I am stupid!" The nurse identifi es which of the following nursing diagnoses as relevant for this client?

A	**Situational low self-esteem related to client's perception of how other's view him.**	**CORRECT**
B	Ineffective coping related to an inability to be objective about peers.	
C	Interrupted family processes (disabling) related to the family's diffi culty in coping with the child.	
D	Anxiety related to dislike of the client by his peers.	

Q-1019

A 6-year-old female is brought to the school nurse for refusal to sit in class. She denies feeling sick but insists that her mother be called so she can go home. She is pacing and chewing on a fingernail. This has occurred daily since school began 4 weeks ago. She tells the nurse that she is afraid something bad is going to happen to her mother. The nurse should continue to gather data that indicates which of the following?

A	Obsessive-compulsive disorder.	
B	**Major depression.**	**CORRECT**
C	Attention defi cit hyperactivity disorder.	
D	Separation anxiety disorder.	