SNLE Review Series

يونيو 2026

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

817 سؤال

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SnleNotes.com

Q-1

A nurse discovers that a controlled substance (morphine) ampoule is missing during the end-of-shift narcotic count. What is the nurse's priority action regarding documentation in the incident report?

A	Document that all controlled substances were correctly counted at shift end	
B	**Report that one morphine ampoule is missing**	**CORRECT**
C	Document that medications were administered without discrepancy	
D	Record an unverified suspicion of medication diversion	

Q-2

A child presents to the emergency department with vomiting, diarrhea, and signs of moderate dehydration. What is the most appropriate initial intravenous fluid choice?

A	**Isotonic solution**	**CORRECT**
B	Hypertonic solution	
C	Hypotonic solution	
D	No fluid replacement is required	

Q-3

Which infection control precautions are most appropriate for a patient diagnosed with acute bacterial meningitis?

A	Contact precautions	
B	**Droplet precautions**	**CORRECT**
C	Airborne precautions	
D	Standard precautions only	

Q-4

How is airborne isolation best defined in infection control practice?

A	**Precautions used for pathogens transmitted through droplet nuclei smaller than 5 micrometers**	**CORRECT**
B	Precautions used for infections transmitted through direct physical contact	
C	Precautions used for infections transmitted via contaminated surfaces	
D	Precautions used for infections transmitted through large respiratory droplets	

Q-5

A patient with confirmed COVID-19 is admitted to an isolation unit. Which infection control precautions should the nurse implement?

A	Standard precautions	
B	Contact precautions	
C	Droplet precautions	
D	**Airborne precautions (N95)**	**CORRECT**

Q-6

A newborn is delivered to a mother with gestational diabetes mellitus (GDM). What is the priority nursing intervention in the immediate postpartum period?

A	**Monitor blood glucose levels**	**CORRECT**
B	Initiate insulin therapy immediately	
C	Prepare for blood transfusion	
D	Administer prophylactic antibiotics	

Q–7

A patient presents with a right-sided cerebrovascular accident (stroke). Which neurological deficit is most commonly expected?

A	Right-sided weakness	
B	**Left-sided weakness**	**CORRECT**
C	Bilateral weakness	
D	No motor deficits	

Q–8

Which medication should the nurse anticipate discontinuing prior to a surgical procedure due to increased bleeding risk?

A	**Warfarin**	**CORRECT**
B	Paracetamol	
C	Metformin	
D	Omeprazole	

Q–9

A patient presents with ascites and increased intra-abdominal pressure causing discomfort. Which procedure is most appropriate to relieve the pressure?

A	**Paracentesis**	**CORRECT**
B	Laparotomy	
C	CT scan	
D	Endoscopy	

Q–10

A postpartum patient experiences physiologic changes in plasma volume and coagulation factors following delivery. This normal postpartum adaptation most commonly increases the risk for which condition?

A	Anemia	
B	Hypertension	
C	Diabetes mellitus	
D	**Thrombosis**	**CORRECT**

Q–11

During a research study, participants alter their behavior simply because they are aware they are being observed by researchers. This behavioral change is known as:

A	**Hawthorne effect (improved performance due to observation awareness)**	**CORRECT**
B	Low evaluation of performance when being observed	
C	Stable performance regardless of being observed	
D	Unpredictable performance changes unrelated to observation	

Q–12

A patient with a heart rate of 110 bpm receives Digoxin. After the nurse reassesses the apical pulse, the rate remains elevated at 110 bpm. What is the most appropriate nursing action?

A	Reassess the apical pulse after 15 minutes	
B	**Notify the healthcare provider**	**CORRECT**
C	Hold the next dose and continue monitoring independently	
D	Administer an additional dose as prescribed	

Q-13

Which leadership style is most appropriate for a healthcare administrator who encourages collaboration among multiple stakeholders and values shared decision-making?

A	Autocratic leadership	
B	**Democratic leadership**	**CORRECT**
C	Laissez-faire leadership	
D	Transactional leadership	

Q-14

A patient is recovering after total hip replacement surgery. Which postoperative instruction is most important to prevent hip dislocation during sleep?

A	**Avoid hip adduction across the midline**	**CORRECT**
B	Maintain full hip flexion while resting	
C	Sleep on the operated side immediately after surgery	
D	No specific positioning precautions are required	

Q-15

A patient has a pressure injury with full-thickness skin loss, visible subcutaneous fat, but no exposed bone, tendon, or muscle. How should the nurse classify this pressure injury?

A	Stage 1 pressure injury	
B	Stage 2 pressure injury	
C	**Stage 3 pressure injury**	**CORRECT**
D	Stage 4 pressure injury	

Q-16

Which hormone is expected to be significantly elevated in a normal pregnancy?

A	**Human chorionic gonadotropin (hCG)**	**CORRECT**
B	Follicle-stimulating hormone (FSH)	
C	Luteinizing hormone (LH)	
D	Prolactin	

Q-17

Which nursing intervention is most appropriate for a patient with a newly created colostomy?

A	**Clean and gently wipe around the stoma site**	**CORRECT**
B	Avoid wearing tight-fitting clothing over the abdomen	
C	Apply direct pressure to the stoma to control output	
D	Restrict oral fluid intake to reduce output	

Q-18

A child is in the immediate postoperative period following a tonsillectomy. What is the most appropriate position to maintain airway patency and reduce the risk of aspiration?

A	Supine position	
B	**Prone position with head turned to the side**	**CORRECT**
C	Semi-Fowler position	
D	Trendelenburg position	

Q–19

Which clinical manifestation is the most characteristic sign of pyloric stenosis in infants?

A	**Projectile vomiting after feeding**	**CORRECT**
B	Profuse diarrhea	
C	High–grade fever	
D	Severe abdominal distension at birth	

Q–20

Administration of immunizations during Hajj to prevent infectious disease outbreaks is an example of which level of prevention?

A	**Primary prevention**	**CORRECT**
B	Secondary prevention	
C	Tertiary prevention	
D	Quaternary prevention	

Q–21

Which task is most appropriate for a nursing assistant to perform under delegation?

A	Administer prescribed medications	
B	Perform initial patient assessment	
C	**Change bed linens and make the bed**	**CORRECT**
D	Initiate intravenous therapy	

Q–22

What is the antidote used to reverse opioid toxicity in a patient with morphine overdose?

A	Flumazenil	
B	**Naloxone**	**CORRECT**
C	Atropine	
D	Epinephrine	

Q–23

A patient with diabetic ketoacidosis (DKA) is admitted to the emergency department. What is the nurse's priority initial action?

A	Provide emotional reassurance to family	
B	Contact social services for support planning	
C	Notify family members of admission	
D	**Obtain and check blood glucose level immediately**	**CORRECT**

Q–24

Providing rehabilitation care and ongoing support to a patient after a stroke is an example of which level of prevention?

A	Primary prevention	
B	Secondary prevention	
C	**Tertiary prevention**	**CORRECT**
D	Quaternary prevention	

Q-25

A charge nurse allows staff to make independent scheduling decisions with minimal supervision or feedback. What leadership style is being demonstrated?

A	Autocratic leadership	
B	Democratic leadership	
C	**Laissez-faire leadership**	**CORRECT**
D	Transformational leadership	

Q-26

A newborn exhibits coughing, choking, and cyanosis during feeding. Which condition is most likely associated with these findings?

A	**Tracheoesophageal fistula (TEF)**	**CORRECT**
B	Physiologic jaundice	
C	Meconium ileus	
D	Transient tachypnea of newborn	

Q-27

Which clinical manifestation is the most characteristic sign of tracheoesophageal fistula (TEF) in a newborn during feeding?

A	**Coughing, choking, and cyanosis during feeding**	**CORRECT**
B	Nasal flaring with feeding only	
C	Projectile vomiting after feeding	
D	Severe abdominal distension at birth	

Q-28

Which group of symptoms represents the classic “3 Cs” of esophageal atresia in neonates?

A	**Coughing, choking, cyanosis**	**CORRECT**
B	Crying, cramping, constipation	
C	Chest pain, chills, cachexia	
D	Confusion, convulsions, coma	

Q-29

What is the priority nursing intervention for a newborn suspected of having esophageal atresia?

A	Begin oral feeding to assess swallowing	
B	**Maintain NPO status and provide suction as needed**	**CORRECT**
C	Encourage oral hydration	
D	Place the newborn in supine position for feeding tolerance	

Q-30

Which preoperative intervention is commonly performed for a child diagnosed with Hirschsprung disease?

A	**Rectal irrigations with normal saline**	**CORRECT**
B	Complete restriction of fluids	
C	Forceful oral feeding regimen	
D	Strict bed rest without bowel management	

Q-31

Which medication is commonly used to promote closure of patent ductus arteriosus (PDA) in premature infants?

A	**Indomethacin**	**CORRECT**
B	Acetaminophen	
C	Aspirin	
D	Ibuprofen	

Q-32

What is the typical duration of illness for rubella (German measles) in an uncomplicated case?

A	**2–3 days**	**CORRECT**
B	4–5 days	
C	6–7 days	
D	8–10 days	

Q-33

A teenage patient taking oral iron supplements requires further teaching if she makes which statement?

A	I should take iron with vitamin C to improve absorption	
B	**I can drink milk immediately after taking iron tablets**	**CORRECT**
C	I should avoid tea when taking iron supplements	
D	Iron supplements may cause dark-colored stools	

Q-34

A mother diagnosed with HIV asks about breastfeeding her newborn. What is the most appropriate nursing response according to standard guidelines?

A	Breastfeed every 2 hours and then stop early	
B	**Breastfeeding is contraindicated to prevent transmission**	**CORRECT**
C	Breastfeed only during nighttime feeds	
D	Breastfeed only while taking antiviral medications intermittently	

Q-35

Which classification best describes the most common type of tracheoesophageal fistula (TEF)?

A	Type A: esophageal atresia without fistula	
B	**Type C: esophageal atresia with distal fistula**	**CORRECT**
C	Type E: H-type fistula without atresia	
D	Type B: proximal fistula with esophageal atresia	

Q-36

Which diagnostic study is most commonly used initially to suspect tracheoesophageal fistula in a newborn?

A	**Chest X-ray with nasogastric tube placement**	**CORRECT**
B	Contrast esophagogram	
C	CT scan of the chest	
D	MRI of the mediastinum	

Q-37

A newborn suspected of having H-type tracheoesophageal fistula presents with which classic symptom triad during feeding?

A	**Coughing, choking, and cyanosis**	**CORRECT**
B	Vomiting, diarrhea, and fever	
C	Dysphagia, chest pain, and weight loss	
D	Stridor, hoarseness, and drooling	

Q-38

What is the initial priority nursing management for a newborn suspected of tracheoesophageal fistula?

A	Begin oral feeding to assess tolerance	
B	**Maintain NPO status and insert a nasogastric tube for decompression**	**CORRECT**
C	Prepare for immediate bronchoscopy without stabilization	
D	Proceed directly to surgical repair without preoperative stabilization	

Q-39

Which congenital anomaly is most commonly associated with tracheoesophageal fistula?

A	**Cardiac defects**	**CORRECT**
B	Renal anomalies	
C	Anorectal malformations	
D	Limb deformities	

Q-40

A woman at 34 weeks of gestation has a fetal heart rate of 120 bpm. At her previous visit one week ago, the fetal heart rate was 160 bpm. Which action should the nurse take?

A	Position the client on her right side	
B	**Reassure the client that this is a normal finding**	**CORRECT**
C	Prepare the client for emergency cesarean section	
D	Notify the health care provider immediately	

Q-41

A woman whose husband died of cancer frequently visits the clinic reporting multiple physical complaints. She is convinced she has a serious illness, but extensive medical evaluations reveal no abnormalities. Which disorder is most consistent with these findings?

A	Conversion disorder	
B	Somatic symptom disorder	
C	**Illness anxiety disorder (hypochondriasis)**	**CORRECT**
D	Factitious disorder	

Q-42

A 25-year-old patient with a family history of ADHD is brought to the emergency department 3 hours after ingesting 225 mg of methylphenidate (Concerta) in a suicide attempt. The heart rate is 190 beats/min. What is the priority nursing action?

A	Perform gastric lavage	
B	**Place the patient on a cardiac monitor**	**CORRECT**
C	Administer activated charcoal	
D	Check blood pressure	

Q-43

A client is diagnosed with diphtheria. Which transmission-based precautions should the nurse implement?

A	Airborne precautions	
B	**Droplet precautions**	**CORRECT**
C	Contact precautions	
D	Standard precautions only	

Q-44

A head nurse allows the charge nurse to plan the staff schedule without providing any guidance, feedback, or monitoring of outcomes. Which leadership style is the head nurse demonstrating?

A	Autocratic	
B	Democratic	
C	**Laissez-faire**	**CORRECT**
D	Transactional	

Q-45

A patient in the emergency department reports taking nitroglycerin every 3 minutes based on an artificial intelligence (AI) plan. The nurse recognizes this regimen as incorrect. What should the nurse do first?

A	Administer nitroglycerin every 5 minutes to relieve chest pain	
B	**Educate the patient that the AI plan should not be followed**	**CORRECT**
C	Continue the current regimen as prescribed	
D	Document the AI recommendation and proceed	

Q-46

A mother wants to feed her 12-month-old child formula milk. What is the most appropriate recommendation?

A	Encourage the mother to continue breastfeeding	
B	**Advise the mother to give whole cow's milk**	**CORRECT**
C	Support the mother's choice of formula milk	
D	Recommend a mixed feeding approach	

Q-47

A mother wants to feed her 12-month-old child formula milk. What is the best advice for the nurse to give?

A	Encourage the mother to continue breastfeeding	
B	**Advise the mother to give whole cow's milk**	**CORRECT**
C	Support the mother's choice of formula milk	
D	Recommend a mixed feeding approach	

Q-48

A patient in an acute psychiatric unit tells the nurse, "I am going to sleep now, I am going to the gym, I need to buy a car." Which term best describes this pattern of speech?

A	Word salad	
B	Clang association	
C	**Flight of ideas**	**CORRECT**
D	Thought blocking	

Q-49

A nurse observes a physician consistently documenting medical procedures before performing them. Which action is most appropriate for the nurse to take?

A	**Report this observation to the nursing supervisor immediately**	**CORRECT**
B	Continue to observe and document the pattern of behavior	
C	Confront the physician directly about the documentation practice	
D	Ignore the situation because it does not involve nursing responsibilities	

Q-50

A laboring client asks why the nurse keeps assessing the fundus and encouraging her to empty her bladder. What is the nurse's best response?

A	Emptying your bladder stimulates stronger contractions	
B	**A full bladder obstructs fetal descent and prevents effective uterine contractions**	**CORRECT**
C	Fundal massage helps the uterus dilate more quickly	
D	This protocol ensures the baby's heart rate stays stable	

Q-51

A client in active labor is 7 cm dilated. Which uterine contraction pattern should the nurse expect to observe?

A	Frequency of 5–7 minutes and duration of 30–40 seconds	
B	**Frequency of 2–3 minutes and duration of 60–90 seconds**	**CORRECT**
C	Frequency of 1 minute and duration of 20 seconds	
D	Frequency of 10 minutes and duration of 45 seconds	

Q-52

A 56-year-old man is admitted with dehydration. The nurse is preparing to infuse 1000 mL of normal saline over 6 hours. What hourly infusion rate should the nurse set (mL/hour)?

A	155 mL/hour	
B	**167 mL/hour**	**CORRECT**
C	190 mL/hour	
D	217 mL/hour	

Q-53

A patient has burns on the dorsal surface of the left arm and the dorsal surfaces of both legs. The patient weighs 62 kg. Using the Parkland formula (4 mL/kg/% total body surface area burned), what is the total intravenous fluid required in the first 24 hours? (Assume the burned TBSA is 18%: left arm 4.5% + both legs dorsal surfaces 13.5%)

A	**4464 mL**	**CORRECT**
B	5580 mL	
C	6000 mL	
D	7000 mL	

Q-54

A nurse is preparing scheduled medications due at 6 PM. The order is for paracetamol 1 g by mouth QID. The pharmacy supplies 250 mg tablets. Which action is most appropriate?

A	Ask the pharmacy to provide 1 g tablets	
B	Call the health care provider to recheck the dosage	
C	**Administer four 250 mg tablets**	**CORRECT**
D	Hold the medication and document in the nursing notes	

Q-55

A charge nurse on a medical-surgical unit notices that a newly licensed nurse consistently documents medication administration but forgets to reassess pain levels after giving IV opioids. What is the most appropriate initial response by the charge nurse?

A	Report the nurse to the nurse manager immediately	
B	**Provide immediate corrective feedback and re-education on pain reassessment**	**CORRECT**
C	Remove the nurse from medication administration duties permanently	
D	Document the behavior and take no further action	

Q-56

A nurse is teaching a female client who is HIV-positive about pregnancy. Which statement by the client indicates that further teaching is needed?

A	The baby can get the virus from my placenta.	
B	I'm planning on starting birth control pills.	
C	Not everyone who has the virus gives birth to a baby who has the virus.	
D	**I'll need to have a C-section if I become pregnant and have a baby.**	**CORRECT**

Q-57

A nurse is providing immunization education to the parents of a healthy newborn according to the Saudi National Immunization Schedule. Which hepatitis B vaccination schedule should the nurse recommend?

A	Birth, 1 month, 6 months	
B	**Birth, 2 months, 4 months**	**CORRECT**
C	1 month, 3 months, 6 months	
D	Birth, 2 months, 6 months	

Q-58

A diabetic patient asks the nurse about routes of insulin administration. Which route is appropriate for routine insulin administration?

A	Intramuscular (IM) only	
B	**Subcutaneous (SC) only**	**CORRECT**
C	Intradermal (ID) only	
D	IM, SC, and IV	

Q-59

A nurse calls a physician at home to request a medication order for a patient. The physician verbally gives the order. Within how many hours must the physician write the order in the hospital documentation?

A	6 hours	
B	**24 hours**	**CORRECT**
C	48 hours	
D	12 hours	

Q-60

A patient is starting total parenteral nutrition (TPN). The infusion is started gradually to avoid which complication?

A	Hyperinsulinemia	
B	Hypoinsulinemia	
C	Hypoglycemia	
D	**Hyperglycemia**	**CORRECT**

Q-61

A conscious victim of a motor vehicle accident arrives at the emergency department. The patient is gasping for air, extremely anxious, and has a deviated trachea. Which diagnosis should the nurse anticipate?

A	Pleural effusion	
B	**Tension pneumothorax**	**CORRECT**
C	Simple pneumothorax	
D	Cardiac tamponade	

Q-62

A 24-year-old patient is brought to the emergency department after an accident. The nurse notes leaking of clear fluid from the nose. Which type of injury should the nurse anticipate?

A	**Basilar skull fracture**	**CORRECT**
B	Frontal lobe injury	
C	Neuropathic injury	
D	Maxillofacial fracture	

Q-63

A patient in the emergency department says, "My heart will jump out of my chest. I feel like I'm going to die." The patient is diagnosed with a panic attack. If the panic attack is not controlled, which acid-base imbalance is most likely to develop?

A	Respiratory acidosis	
B	**Respiratory alkalosis**	**CORRECT**
C	Metabolic acidosis	
D	Metabolic alkalosis	

Q-64

A nurse is admitting a child diagnosed with bacterial meningitis to the pediatric unit. Which type of isolation precautions should the nurse implement?

A	**Droplet precautions**	**CORRECT**
B	Contact precautions	
C	Airborne precautions	
D	Standard precautions	

Q-65

A client is diagnosed with active pulmonary tuberculosis (TB). Which precautions must the nurse implement?

A	Standard precautions only	
B	Droplet precautions	
C	**Airborne precautions, including a negative-pressure room and an N95 respirator**	**CORRECT**
D	Contact precautions	

Q-66

The head nurse needs to increase the number of nursing staff for the next year. This process is known as:

A	Selection	
B	**Recruitment**	**CORRECT**
C	Downsizing	
D	Retention	

Q-67

A manager stresses that all employees must follow orders and instructions from him and not from anyone else. Which management principle does this refer to?

A	Scalar chain	
B	Discipline	
C	**Unity of command**	**CORRECT**
D	Order	

Q-68

The physician orders ofloxacin otic. The nurse understands that this medication will be given via which route?

A	Nasal	
B	Ophthalmic (eye)	
C	**Otic (ear)**	**CORRECT**
D	Oral	

Q-69

A physician orders a medication for a psychiatric patient. The drug is not intended for therapeutic effect but to reduce the patient's concern. The nurse should expect which effect?

A	**Placebo effect**	**CORRECT**
B	Tolerance	
C	Pain control	
D	Addiction	

Q-70

A nurse tells a psychiatric patient, "I will stay here with you." Which therapeutic communication technique is the nurse using?

A	Accepting	
B	Exploring	
C	**Offering self**	**CORRECT**
D	Reflecting	

Q-71

A neonate, one day after delivery, is diagnosed with tracheoesophageal fistula with esophageal atresia. Which assessment finding should the nurse expect to observe?

A	**Excessive oral secretions and choking with feeds**	**CORRECT**
B	Projectile vomiting after each feeding	
C	Continuous high-pitched crying	
D	Normal feeding behavior	

Q-72

A nurse is providing discharge teaching to a patient prescribed a monoamine oxidase inhibitor (MAOI). Which patient statement indicates a need for further teaching?

A	I can eat cottage cheese without worrying.	
B	I will have to avoid drinking nonalcoholic beer.	
C	I can eat green beans on this diet.	
D	**I'm so glad I can have pizza with extra aged Parmesan cheese**	**CORRECT**

Q-73

A 15-year-old girl presents to the clinic with primary amenorrhea. She has normal secondary sexual characteristics. Which condition should the nurse rule out first?

A	Turner syndrome	
B	**Pregnancy**	**CORRECT**
C	Hypothyroidism	
D	Polycystic ovary syndrome (PCOS)	

Q-74

A child with rheumatic fever is admitted to the nursing unit. On admission assessment, which question is most specific to the development of rheumatic fever?

A	Has the child complained of back pain?	
B	Has the child complained of headaches?	
C	Has the child had any nausea or vomiting?	
D	**Did the child have a sore throat or fever within the last 2 months?**	**CORRECT**

Q-75

A patient has difficulty maintaining balance and coordinating movements. Which part of the brain is most likely affected?

A	Hypothalamus	
B	Thalamus	
C	**Cerebellum**	**CORRECT**
D	Cerebrum	

Q-76

A neonate presents with projectile, dark green (bilious) vomiting. Which condition should the nurse suspect?

A	**Intestinal obstruction (e.g., malrotation or volvulus)**	**CORRECT**
B	Gastric obstruction	
C	Gastroesophageal reflux	
D	Pyloric stenosis	

Q-77

Both parents have sickle cell trait (AS). What is the percentage chance that their child will have sickle cell trait (AS) (not the disease)?

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

Q-78

The mother of a child with sickle cell anemia asks why her child cannot go hiking with friends. Hiking could lead to which complication?

A	Enhanced iron absorption	
B	Decreased oxygen consumption	
C	Inhibition of hemoglobin production	
D	**Precipitation of a vaso-occlusive crisis**	**CORRECT**

Q-79

A child is brought to the emergency department after a nosebleed (epistaxis). The bleeding from the front of the nose appears to have stopped, but the nurse observes the child frequently swallowing. What is the most important interpretation of this finding?

A	The child is anxious and needs reassurance	
B	The child has a dry throat and needs a drink of water	
C	**Frequent swallowing indicates that nasal bleeding is continuing**	**CORRECT**
D	The child is developing post-nasal drip from a cold	

Q-80

A child is brought to the emergency department after a nosebleed (epistaxis). The bleeding from the front of the nose appears to have stopped. Which assessment finding would suggest that nasal bleeding is continuing?

A	The child complains of a mild headache	
B	**The child is observed to be swallowing frequently**	**CORRECT**
C	The child has a dry cough	
D	The child is sneezing repeatedly	

Q-81

A patient's blood pressure is measured as 134/85 mmHg. According to current blood pressure classification guidelines (ACC/AHA 2017), how should this reading be classified?

A	Normal blood pressure	
B	Elevated blood pressure	
C	**Stage 1 hypertension**	**CORRECT**
D	Stage 2 hypertension	

Q-82

A 3-year-old child presents with severe anemia, growth retardation, splenomegaly, frontal bossing, prominent cheekbones, maxillary hypertrophy (chipmunk facies), and a flat nasal bridge. Which condition should the nurse suspect?

A	Iron deficiency anemia	
B	Sickle cell disease	
C	**Thalassemia major**	**CORRECT**
D	Hemophilia	

Q-83

A client from a Mediterranean country is admitted with thalassemia, jaundice, splenomegaly, and hepatomegaly. What should be the primary focus of nursing care for this client?

A	Provide activities of daily living on the client's homeland schedule	
B	Offer favorite foods to increase caloric intake	
C	**Decrease cardiac demands by promoting rest**	**CORRECT**
D	Listen to concerns about hospitalization	

Q-84

A nurse is assessing a child with suspected thalassemia. Which finding would the nurse expect to assess?

A	Dactylitis (sausage-shaped digits)	
B	**Frontal bossing**	**CORRECT**
C	Clubbing of the fingers	
D	Spooning of the nails (koilonychia)	

Q-85

Fresh frozen plasma (FFP) is administered primarily to replace which blood component?

A	Erythrocytes (red blood cells)	
B	Platelets	
C	**Clotting factors**	**CORRECT**
D	Leukocytes (white blood cells)	

Q-86

The nurse encourages adequate intake of folic acid for women of childbearing age before and during pregnancy. Folic acid is thought to decrease the incidence of which fetal developmental defect?

A	Structural heart defects	
B	Craniofacial deformities	
C	Limb deformities	
D	**Neural tube defects**	**CORRECT**

Q-87

During the fourth stage of labor (the first 1 to 4 hours postpartum), the nurse should closely monitor the mother for which complication?

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

Q-88

A primigravida client at 25 weeks of gestation reports lower back pain that worsens when she arrives home from work. Which exercise should the nurse suggest?

A	**Tailor sitting**	**CORRECT**
B	Leg lifting	
C	Shoulder circling	
D	Squatting exercises	

Q-89

A nurse is caring for a client who is 2 hours postpartum and has been diagnosed with mastitis of the right breast. The client tells the nurse, "I have been feeding the baby only from my left breast because my right breast is too sore." Which response by the nurse is most appropriate?

A	You should continue to feed only from the left breast until the infection clears.	
B	**Breastfeeding from both breasts is safe and encouraged to maintain milk supply and promote healing.**	**CORRECT**
C	You should stop breastfeeding completely until you finish your antibiotics.	
D	The right breast should not be used because the infection could be passed to the baby.	

Q-90

A nurse is providing care to a client at her first prenatal visit. Which screening test is most important for the nurse to ensure is performed to detect cervical neoplasia?

A	**Papanicolaou (Pap) test**	**CORRECT**
B	Vaginal–rectal culture for Group B Streptococcus	
C	Rapid plasma reagin (RPR) test	
D	Venereal Disease Research Laboratory (VDRL) test	

Q-91

A nurse is assessing a client during the fourth stage of labor. Which finding would suggest a possible laceration of the genital tract?

A	Lochia that is red–brown in color	
B	A fundus that is firm and midline	
C	A fundus palpated at the level of the umbilicus	
D	**Saturation of more than one perineal pad per hour**	**CORRECT**

Q-92

A nurse is caring for a client who is Rh-negative and has just given birth to an Rh-positive newborn. The nurse prepares to administer RhoGAM (Rho[D] immune globulin). Which statement accurately describes the purpose of this medication?

A	To prevent postpartum hemorrhage and reduce bleeding complications	
B	**To prevent maternal sensitization to Rh-positive blood cells in future pregnancies**	**CORRECT**
C	To treat anemia caused by Rh incompatibility after delivery	
D	To improve the mother's oxygen-carrying capacity	

Q-93

A nurse is preparing to enter the room of a client who requires droplet precautions. Which sequence for donning personal protective equipment (PPE) is correct?

A	**Perform hand hygiene, then gown, then mask, then eye protection, then gloves**	**CORRECT**
B	Perform hand hygiene, then mask, then gloves, then gown, then eye protection	
C	Don mask, then perform hand hygiene, then gown, then eye protection, then gloves	
D	Don mask, then perform hand hygiene, then gloves, then gown, then eye protection	

Q-94

A nurse is caring for a child who is postoperative following a tonsillectomy. Which position should the nurse plan to place the child in to best facilitate drainage of secretions?

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

Q-95

A nurse is admitting a 4-year-old child who has been diagnosed with measles (rubeola). Which type of transmission-based precautions should the nurse initiate?

A	Droplet precautions	
B	Contact precautions	
C	**Airborne precautions**	**CORRECT**
D	Standard precautions alone	

Q-96

A nurse is caring for a client with a diagnosis of paranoid personality disorder. Which approach should the nurse use when communicating with this client?

A	**Maintain a businesslike manner, using clear, concrete, and specific statements.**	**CORRECT**
B	Begin interactions with social conversation to develop a trusting relationship.	
C	Use humor and lighthearted jokes to reduce the client's suspicious behavior.	
D	Directly challenge the client's paranoid ideas to help correct their perception of reality.	

Q-97

The family member of a client with a personality disorder asks the nurse to explain the difference between schizoid personality disorder and avoidant personality disorder. Which response by the nurse is most accurate?

A	**Clients with avoidant personality disorder desire close relationships but fear rejection, while those with schizoid personality disorder prefer to be alone.**	**CORRECT**
B	Clients with schizoid personality disorder exhibit odd, eccentric behavior, whereas those with avoidant personality disorder do not.	
C	Clients with avoidant personality disorder are eccentric, and those with schizoid personality disorder are dull and emotionally vacant.	
D	Clients with schizoid personality disorder have a history of psychosis, but those with avoidant personality disorder remain in contact with reality.	

Q-98

A client with paranoid personality disorder becomes violent and agitated on the unit. Which nursing intervention is most appropriate?

A	Provide logical evidence to show the client that their reasons for violence are unwarranted.	
B	Place the client in mechanical restraints immediately to ensure safety.	
C	**Use clear, calm, simple statements while maintaining a confident, nonthreatening physical stance.**	**CORRECT**
D	Validate the client's paranoid perceptions to build rapport and de-escalate the situation.	

Q-99

A client with a history of angina reports taking three sublingual nitroglycerin tablets (0.4 mg each) within the past hour for chest pain. The client states, "I followed the advice from an AI health chatbot." Which response by the nurse is most appropriate?

A	It is acceptable to follow AI recommendations as long as your chest pain was relieved.	
B	**You should not follow medical advice from AI tools; medication instructions must come from your healthcare provider.**	**CORRECT**
C	In the future, take only two doses at 5-minute intervals instead of three.	
D	AI tools are generally reliable, but always verify the information with your primary care provider first.	

Q-100

A nurse is providing education to a pregnant client who reports frequent heartburn. Which client statement would indicate a need for immediate intervention?

A	I try to sit upright for at least 2 hours after eating meals.	
B	I sleep with an extra pillow to elevate my upper body.	
C	I have decided to stop smoking.	
D	**I eat three large meals a day, spacing them about 6 hours apart.**	**CORRECT**

Q-101

A client with gastroesophageal reflux disease (GERD) reports that heartburn symptoms have worsened at night. Which nursing intervention is the priority?

A	**Elevate the head of the bed by 6 to 8 inches (15 to 20 cm) using blocks.**	**CORRECT**
B	Encourage the client to drink 8 to 10 glasses of water before bedtime.	
C	Instruct the client to lie flat in bed immediately after eating the evening meal.	
D	Advise the client to take antacids with each meal regardless of symptoms.	

Q-102

A client with diabetes mellitus tells the nurse, "I saw a video online that said taking more insulin makes it work faster, so I increased my dose on my own." Which response by the nurse is most appropriate?

A	Medical information on the internet is usually reliable, but you should still be careful.	
B	**You should never change your medication dose without first consulting your healthcare provider.**	**CORRECT**
C	You should only use government-sponsored health websites for medical information.	
D	Please tell me which website you used so I can evaluate its credibility.	

Q-103

A medication error occurred on a medical unit. After an investigation, the nurse manager posts a memorandum outlining immediate changes to medication administration procedures that all staff must follow. The nurses on the unit recognize this leadership style as which of the following?

A	**Autocratic**	**CORRECT**
B	Democratic	
C	Participative	
D	Laissez-faire	

Q-104

A nurse is assessing a client in labor and finds the cervix is dilated to 5 cm. The nurse interprets that the client is in which phase of labor?

A	Latent phase	
B	**Active phase**	**CORRECT**
C	Second stage	
D	Third stage	

Q-105

A client asks the nurse to explain the purpose of taking vitamin K. Which statement describes the primary function of vitamin K?

A	Vitamin K enhances the absorption of calcium from the gastrointestinal tract.	
B	**Vitamin K is essential for the synthesis of clotting factors in the liver.**	**CORRECT**
C	Vitamin K stimulates the bone marrow to produce more red blood cells.	
D	Vitamin K increases the density and strength of the bone matrix.	

Q-106

A postoperative client is receiving both metformin for type 2 diabetes and warfarin for atrial fibrillation. Which laboratory values should the nurse monitor most closely?

A	Blood pressure and heart rate	
B	**Blood glucose levels and INR/PT**	**CORRECT**
C	Respiratory rate and oxygen saturation	
D	Temperature and white blood cell count	

Q-107

A client has been experiencing projectile vomiting for the past 24 hours. Which acid-base imbalance does the nurse expect to find on arterial blood gas (ABG) analysis?

A	Respiratory acidosis	
B	**Metabolic alkalosis**	**CORRECT**
C	Respiratory alkalosis	
D	Metabolic acidosis	

Q-108

A nurse is assessing a 3-month-old infant with suspected intussusception. Which finding is most characteristic of this condition?

A	**High-pitched continuous crying with the infant drawing the knees to the chest**	**CORRECT**
B	Fever accompanied by a generalized macular rash	
C	Watery diarrhea with projectile vomiting	
D	Constipation and marked abdominal distention	

Q-109

A nurse is caring for an infant diagnosed with intussusception. Which nursing intervention is most appropriate?

A	Position the infant supine with the legs extended.	
B	**Position the infant in the knee-chest position during episodes of pain.**	**CORRECT**
C	Position the infant prone to promote comfort.	
D	Position the infant in a high Fowler's sitting position.	

Q-110

A nurse suspects umbilical cord prolapse in a laboring client. Which immediate nursing action is most appropriate?

A	Gently push the prolapsed cord back into the uterus.	
B	**Place the client in the Trendelenburg position and cover the exposed cord with sterile, moist gauze.**	**CORRECT**
C	Position the client in a supine position with a pillow under the knees.	
D	Apply direct manual pressure to the cord to prevent further prolapse.	

Q-111

A charge nurse overhears two nurses talking loudly in the hallway about a patient's diagnosis and treatment plan. What is the priority action by the charge nurse?

A	Ignore the conversation to avoid confrontation.	
B	**Remind the nurses that patient confidentiality must be maintained at all times.**	**CORRECT**
C	Report the nurses to the hospital administration.	
D	Join the conversation to help clarify the patient's condition.	

Q-112

A nurse finds a patient on the floor next to the bed. After returning the patient to bed safely, which action should the nurse take?

A	Document the event in the nursing notes only.	
B	**Complete an incident report immediately.**	**CORRECT**
C	Call the family to inform them of the fall before notifying the provider.	
D	Wait for the healthcare provider to order a full evaluation.	

Q-113

A nurse receives the following laboratory results for a patient: lactate 18 mg/dL, D-dimer 0.3 mcg/mL, and PT within normal limits. Which finding is most critical and requires immediate notification of the healthcare provider?

A	D-dimer 0.3 mcg/mL	
B	Prothrombin time (PT) within normal limits	
C	**Lactate 18 mg/dL**	**CORRECT**
D	All findings are within normal limits	

Q-114

A client reports moderate to severe pain associated with premenstrual syndrome (PMS). Which first-line treatment does the nurse anticipate?

A	Hormonal contraceptives	
B	**Nonsteroidal anti-inflammatory drugs (NSAIDs) or other analgesics**	**CORRECT**
C	Broad-spectrum antibiotics	
D	Surgical intervention	

Q-115

A nurse manager is concerned about the impact of workplace incivility on staff. Which negative outcome is associated with workplace incivility among nurses?

A	Improved interprofessional collaboration	
B	**Increased stress, burnout, and staff turnover**	**CORRECT**
C	Better teamwork and communication	
D	Enhanced overall job satisfaction	

Q-116

A nurse is providing family planning counseling to a woman whose husband travels for work and visits home for only 3 days each month. Which contraceptive method is most appropriate for this client?

A	Combined oral contraceptive pills	
B	Intrauterine device (IUD)	
C	**Male condom**	CORRECT
D	Medroxyprogesterone (Depo-Provera) injection	

Q-117

A nurse is reviewing a client's ECG and notes ST-segment elevation in leads II, III, and aVF. The nurse suspects an acute myocardial infarction in which area of the heart?

A	Anterior wall	
B	**Inferior wall**	CORRECT
C	Lateral wall	
D	Posterior wall	

Q-118

A nurse is preparing to collect a blood sample for a type and crossmatch prior to a blood transfusion. Which tube should the nurse use?

A	Red-top tube (no additive)	
B	Blue-top tube (sodium citrate)	
C	**Lavender-top tube (EDTA)**	CORRECT
D	Green-top tube (heparin)	

Q-119

A nurse is providing dietary teaching to a pregnant client. Which food selection indicates that the client understands the teaching?

A	Unpasteurized soft cheese	
B	**Pasteurized hard cheese**	CORRECT
C	Raw salmon sushi	
D	Unpasteurized milk	

Q-120

A nurse is caring for a client immediately following a liver transplant. Which dietary prescription should the nurse anticipate?

A	Low-calorie diet for weight reduction	
B	**High-calorie, high-protein diet to support healing and tissue repair**	CORRECT
C	Clear liquid diet only for the first 24 hours	
D	Low-protein diet to reduce the risk of hepatic encephalopathy	

Q-121

A nurse is planning nutritional support for a postoperative client who is ready to start oral intake. Which type of diet is most appropriate initially?

A	Skim milk	
B	Full-fat milk	
C	Water only	
D	**Clear liquids**	CORRECT

Q-122

A nurse is providing education to a pregnant client who continues to smoke cigarettes. Which potential fetal complication should the nurse include in the teaching?

A	Increased birth weight above the 90th percentile	
B	**Low birth weight (<2500 grams) and intrauterine growth restriction**	**CORRECT**
C	Normal fetal development with no increased risks	
D	Enhanced lung maturation and reduced risk of respiratory distress	

Q-123

During a newborn assessment, the nurse notes that one leg appears shorter than the other. Which condition should the nurse suspect?

A	Normal anatomic variation in the newborn period	
B	**Congenital femur fracture or developmental dysplasia of the hip (DDH)**	**CORRECT**
C	Benign hypotonia of the lower extremity	
D	Temporary muscle weakness from intrauterine positioning	

Q-124

A nurse is assessing a newborn with a blood glucose level of 40 mg/dL (2.2 mmol/L) and no signs of hypoglycemia. Which nursing intervention is most appropriate?

A	Administer intravenous dextrose immediately	
B	**Encourage early and frequent breastfeeding or formula feeding**	**CORRECT**
C	Monitor blood glucose every 4 hours without intervention	
D	Supplement with sterile water to maintain hydration	

Q-125

A 12-month-old child is diagnosed with mild dehydration. Which treatment does the nurse anticipate?

A	Immediate intravenous (IV) fluid resuscitation	
B	**Oral rehydration solution (ORS) administered in small, frequent amounts**	**CORRECT**
C	Nothing by mouth until rehydrated	
D	Surgical placement of a nasogastric tube	

Q-126

A nurse is helping parents develop a plan for a child with attention-deficit/hyperactivity disorder (ADHD). Which intervention is most beneficial?

A	Restrict all physical activities to reduce distractions and improve focus.	
B	**Encourage regular participation in structured physical activities and sports.**	**CORRECT**
C	Prescribe complete bed rest during periods of hyperactivity.	
D	Place the child in a quiet, isolated room for several hours each day.	

Q-127

A nurse is planning care for a client with a moderate intellectual disability. Which level of independence does the nurse expect?

A	Complete independence in all activities of daily living	
B	**Requires assistance with some complex activities of daily living (ADLs) and IADLs**	**CORRECT**
C	Requires full-time institutional care for safety	
D	No special assistance is needed beyond routine health maintenance	

Q-128

A nurse observes a physician speaking disrespectfully to several nursing staff members on the unit. Which action should the nurse take?

A	Ignore the behavior to avoid escalating the situation.	
B	**Report the behavior through the proper chain of command (e.g., nurse manager).**	**CORRECT**
C	Confront the physician directly at the time of the incident.	
D	Discuss the physician's behavior with other patients on the unit.	

Q-129

A nurse is planning health promotion activities for pilgrims attending the Hajj. The administration of the meningitis vaccine to all pilgrims is an example of which level of prevention?

A	Secondary prevention	
B	**Primary prevention**	**CORRECT**
C	Tertiary prevention	
D	This is not considered prevention but rather treatment	

Q-130

A client is prescribed warfarin. Which laboratory value is most important for the nurse to monitor to determine the therapeutic effect of the medication?

A	Activated partial thromboplastin time (aPTT)	
B	**International normalized ratio (INR)**	**CORRECT**
C	Platelet count	
D	Bleeding time	

Q-131

A nurse is assessing a newborn whose mother had gestational diabetes mellitus during pregnancy. Which complication should the nurse anticipate?

A	Low birth weight (SGA)	
B	**Respiratory distress syndrome (RDS)**	**CORRECT**
C	Cleft lip and cleft palate	
D	Esophageal atresia	

Q-132

A nurse in the NICU is caring for a newborn with hypoglycemia. Which assessment findings are consistent with neonatal hypoglycemia?

A	Hyperactivity, increased appetite, and hyperthermia	
B	**Jitteriness, poor feeding, lethargy, apnea, hypothermia, and seizures**	**CORRECT**
C	Normal feeding pattern, stable temperature, and regular respirations	
D	Excessive crying, increased muscle tone, and fever	

Q-133

A nurse is providing wound care education to the parent of a 9-year-old child. Which statement regarding healing time is most accurate?

A	**Most uncomplicated wounds take approximately 1 to 2 weeks to heal, depending on the type of wound.**	**CORRECT**
B	Healing typically takes 3 to 4 weeks, which is the same as in adults.	
C	Children generally heal more slowly than adults; healing usually takes 5 to 6 weeks.	
D	Wounds in children almost always heal completely in less than 7 days.	

Q-134

A nurse is reviewing the medical record of a client who sustained a fourth-degree perineal laceration during delivery. The nurse understands that this laceration includes which structures?

A	**All layers: vaginal mucosa, perineal muscles, the external anal sphincter, and the rectal mucosa**	**CORRECT**
B	Only the vaginal mucosa and the superficial perineal muscles	
C	Only the perineal muscles and the external anal sphincter	
D	Only the vaginal mucosa and the rectal mucosa	

Q-135

A client with a history of major depressive disorder tells the nurse, "I just want to end my life." Which question is most important for the nurse to ask to assess the immediate risk of suicide?

A	**Do you have a specific plan or method for harming yourself?**	**CORRECT**
B	How long have you been having these thoughts?	
C	Have you shared these feelings with any family members or friends?	
D	Is there anyone in your life who can support you right now?	

Q-136

A female client in the emergency department has multiple unexplained bruises in various stages of healing. The client's husband remains constantly at her side and answers most questions directed to her. Which action by the nurse is most appropriate?

A	**Ask the husband to leave the room to ensure privacy and client safety before completing the assessment.**	**CORRECT**
B	Continue the assessment with the husband present to avoid escalating the situation.	
C	Ask the client directly about possible abuse while the husband is still in the room.	
D	Ignore the signs of potential abuse and treat only the client's presenting medical complaint.	

Q-137

A head nurse issues clear orders and instructions, ensuring that staff receive direction from only one supervisor. This management principle is known as:

A	**Unity of command**	**CORRECT**
B	Span of control	
C	Chain of command	
D	Delegation of authority	

Q-138

A nurse is teaching a client about a vegan diet. Which foods should the nurse include as good sources of plant-based protein?

A	**Legumes (lentils, beans), nuts, seeds, and soy products (tofu, tempeh)**	**CORRECT**
B	Only nuts and seeds because legumes contain incomplete proteins	
C	Only soy products such as tofu and tempeh	
D	Dairy products such as milk, cheese, and eggs	

Q-139

A child has diarrhea and vomiting. Which site should the nurse use to obtain the most accurate temperature reading?

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

Q-140

A nurse is providing discharge instructions to a client who had a transurethral resection of the prostate (TURP). Which instruction is most important to include?

A	**Avoid heavy lifting for at least 6 weeks.**	**CORRECT**
B	Resume all normal activities immediately.	
C	Lift heavy objects to strengthen pelvic muscles.	
D	No activity restrictions are needed after surgery.	

Q-141

A nurse is caring for a client who had a below-knee amputation (BKA). Which nursing intervention is most appropriate in the immediate postoperative period?

A	**Elevate the residual limb, monitor for bleeding, maintain proper positioning, and prevent contractures.**	**CORRECT**
B	Keep the residual limb in a dependent position and ignore minor bleeding.	
C	Apply tight constrictive bandages and encourage immediate ambulation.	
D	No specific positioning or monitoring is required.	

Q-142

A client who had a lower limb amputation reports feeling pain in the amputated foot. The nurse documents this finding as which type of pain?

A	**Phantom pain**	**CORRECT**
B	Stump pain	
C	Surgical pain	
D	Chronic neuropathic pain	

Q-143

A child with attention-deficit/hyperactivity disorder (ADHD) is screaming, disturbing others, and causing harm to himself. Which nursing intervention is most appropriate?

A	**Calm the child and provide a quiet, safe environment with low stimulation.**	**CORRECT**
B	Ignore the behavior completely to avoid reinforcing it.	
C	Increase environmental stimulation to redirect attention.	
D	Isolate the child in a room without any intervention.	

Q-144

The nurse is caring for a neonate with a suspected tracheoesophageal fistula (TEF). Which nursing intervention is most appropriate before surgical correction?

A	**Elevate the head of the bed and keep the infant NPO (nothing by mouth).**	**CORRECT**
B	Elevate the head of the bed and feed small amounts.	
C	Feed glucose water only to maintain hydration.	
D	Avoid suctioning unless the infant becomes cyanotic.	

Q-145

A nurse is caring for an infant diagnosed with esophageal atresia and tracheoesophageal fistula (EA/TEF) prior to surgical repair. Which assessment finding indicates that a priority goal is being met?

A	**Airway remains patent with frequent suctioning.**	**CORRECT**
B	Gavage feedings are tolerated well.	
C	Parents can identify support systems.	
D	Temperature is within normal range.	

Q-146

A nurse is assessing a newborn with suspected tracheoesophageal fistula (TEF) who becomes cyanotic and chokes immediately after an attempted feeding. What is the priority nursing action?

A	Burp the infant and attempt feeding again.	
B	Place the infant on the stomach.	
C	**Stop the feeding, keep the infant NPO, and notify the health care provider.**	**CORRECT**
D	Suction the infant's mouth and nose for 10 seconds.	

Q-147

A child with acute rheumatic fever is admitted. During the admission assessment, which question is most specific to the development of rheumatic fever?

A	Has your child complained of back pain?	
B	Has your child complained of headaches?	
C	Has your child had any nausea or vomiting?	
D	**Did your child have a sore throat or fever within the last 2 months?**	**CORRECT**

Q-148

A client has difficulty maintaining balance and coordinating movements. Which part of the brain is most likely affected?

A	Hypothalamus	
B	Thalamus	
C	**Cerebellum**	**CORRECT**
D	Cerebrum	

Q-149

Both parents have sickle cell trait (AS). What is the percentage chance that their child will have sickle cell trait (AS) but not the disease?

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

Q-150

A 3-year-old child presents with severe anemia, growth retardation, splenomegaly, frontal bossing, prominent cheekbones, maxillary hypertrophy (chipmunk facies), and a flat nasal bridge. Which condition does the nurse suspect?

A	Iron deficiency anemia	
B	Sickle cell disease	
C	**Thalassemia major**	**CORRECT**
D	Hemophilia	

Q-151

A postpartum client who is 2 days after delivery has mastitis of the right breast. She tells the nurse, "I am feeding my baby only from the left breast because the right one is too sore." Which response by the nurse is most appropriate?

A	**You should continue breastfeeding from both breasts; it is safe and helps maintain milk supply.**	**CORRECT**
B	You should feed only from the left breast until the infection clears.	
C	You should feed only from the right breast to relieve engorgement.	
D	You should stop breastfeeding completely and use formula until the infection resolves.	

Q-152

A nurse is providing care to a client at her first prenatal visit. Which screening test is most important to detect cervical neoplasia?

A	**Papanicolaou (Pap) test**	**CORRECT**
B	Vaginal–rectal culture for Group B Streptococcus	
C	Rapid plasma reagin (RPR) test	
D	Venereal Disease Research Laboratory (VDRL) test	

Q-153

A nurse is caring for an Rh-negative client who has just given birth to an Rh-positive newborn. The nurse prepares to administer RhoGAM (Rho[D] immune globulin). Which statement accurately describes the purpose of this medication?

A	To prevent postpartum hemorrhage after delivery	
B	**To prevent maternal sensitization to Rh-positive blood cells in future pregnancies**	**CORRECT**
C	To treat anemia in the mother after delivery	
D	To improve oxygen-carrying capacity in the mother	

Q-154

A nurse manager makes all decisions independently without seeking input from team members. Which leadership style is the nurse manager demonstrating?

A	Democratic leadership	
B	**Autocratic leadership**	**CORRECT**
C	Laissez-faire leadership	
D	Transformational leadership	

Q-155

A nurse is providing prenatal education to a client. Which vitamin is most important to help prevent cleft lip and palate in the developing fetus?

A	Vitamin A	
B	Vitamin D	
C	**Folic acid (vitamin B9)**	**CORRECT**
D	Vitamin C	

Q-156

A nurse is teaching the parent of a child who is prescribed oral liquid iron supplements. Which instruction should the nurse include?

A	Give the iron supplement with a full glass of milk.	
B	Do not give the supplement with vitamin C–rich foods.	
C	Stop the supplement if the child's stool becomes dark green.	
D	**Brush or wipe the child's teeth after each dose to prevent staining.**	**CORRECT**

Q-157

A nurse is calculating the 24-hour maintenance fluid requirement for a child weighing 15 kg using the Holliday-Segar method (100 mL/kg for the first 10 kg and 50 mL/kg for the next 10 kg). What is the total maintenance fluid volume required over 24 hours?

A	900 mL	
B	**1250 mL**	**CORRECT**
C	1500 mL	
D	1700 mL	

Q-158

A 28-year-old client presents with delayed menstruation and episodes of dizziness. Which condition should the nurse suspect first?

A	Anemia	
B	Thalassemia	
C	Iron deficiency anemia	
D	**Pregnancy**	**CORRECT**

Q-159

A client is asked to sign a surgical consent form but tells the nurse, "The surgeon did not explain the procedure to me." Which action should the nurse take?

A	Report the surgeon to the hospital administration.	
B	Report the client's statement to the nurse supervisor.	
C	**Ask the surgeon to come and explain the procedure to the client.**	**CORRECT**
D	Explain the procedure to the client and have them sign the form.	

Q-160

A nurse observes a colleague documenting administration of a medication but did not actually give the medication to the client. What is the most appropriate action for the nurse to take?

A	Ignore the situation to avoid conflict.	
B	**Report the observation to the nurse supervisor immediately.**	**CORRECT**
C	Confront the colleague privately first before reporting.	
D	Document the incident in the client's medical record.	

Q-161

A nurse hears a colleague discussing confidential patient information in the hallway. Which action should the nurse take first?

A	Join the conversation to help clarify the information.	
B	Report the colleague to management immediately.	
C	**Remind the colleague about the importance of patient confidentiality.**	**CORRECT**
D	Ignore the situation because it is a common occurrence.	

Q-162

A supervisor is talking with colleagues during a break about non-work-related topics. This type of communication is best described as:

A	Formal communication	
B	**Informal communication**	**CORRECT**
C	Staff communication	
D	Line communication	

Q-163

A child scheduled for surgery is experiencing severe separation anxiety from parents. Which nursing intervention is most appropriate?

A	Give the child a favorite toy to hold.	
B	**Allow the parents to stay with the child as much as possible before the procedure.**	**CORRECT**
C	Reduce the number of staff members entering the child's room.	
D	Increase the number of staff members interacting with the child.	

Q-164

A client with a do-not-resuscitate (DNR) order tells the nurse, "I don't want this; I want everything done." What is the nurse's priority action?

A	**Inform the health care provider of the client's statement.**	**CORRECT**
B	Ignore the client's statement because the order is valid.	
C	Follow hospital policy and procedure to cancel the DNR.	
D	Cancel the DNR immediately and document the change.	

Q-165

A baby is crying and refusing to breastfeed. What is the nurse's priority intervention?

A	Ask the mother to calm the baby before attempting to feed again.	
B	Offer the baby formula milk as an alternative.	
C	**Assist the mother with proper positioning and latch technique.**	**CORRECT**
D	Allow the baby to cry until hungry enough to feed.	

Q-166

A nurse is assessing a child with German measles (rubella). Which fever pattern is characteristic of rubella?

A	High-grade fever (greater than 39°C)	
B	**Low-grade fever (less than 38.5°C)**	**CORRECT**
C	No fever is present	
D	Intermittent fever with spikes	

Q-167

A nurse is comparing measles (rubeola) and German measles (rubella). Which statement accurately describes a difference in fever patterns?

A	Measles typically causes a low-grade fever, while rubella causes a high-grade fever.	
B	**Measles typically causes a high-grade fever, while rubella causes a low-grade fever.**	**CORRECT**
C	Both measles and rubella produce the same fever pattern.	
D	Neither measles nor rubella typically causes fever.	

Q-168

A nurse is differentiating between measles (rubeola) and German measles (rubella). Which statement accurately describes a difference in the skin manifestations?

A	**Measles rash is larger and confluent; rubella rash is smaller and discrete.**	**CORRECT**
B	Rubella rash is larger and confluent; measles rash is smaller and discrete.	
C	Both measles and rubella produce an identical rash pattern.	
D	Neither measles nor rubella produces a skin rash.	

Q-169

A nurse is assessing a client with dark skin for cyanosis. Which area is most reliable for detecting cyanosis caused by oxygen deficiency?

A	Palms of the hands and soles of the feet	
B	**Lips and oral mucous membranes**	**CORRECT**
C	Fingernail beds	
D	Earlobes	

Q-170

A client begins having a generalized seizure. What is the nurse's priority action?

A	Maintain a patent airway.	
B	Position the client on the side.	
C	**Ensure safety by moving objects away and protecting the head.**	**CORRECT**
D	Administer prescribed anticonvulsant medication.	

Q-171

A nurse is teaching the parent of a child prescribed oral liquid iron supplements. Which instruction should the nurse include?

A	Give the supplement with a full glass of milk.	
B	Do not give the supplement with vitamin C–rich foods.	
C	Stop the supplement if the stool becomes dark green.	
D	**Brush the child's teeth after each dose to prevent staining.**	**CORRECT**

Q-172

A nurse is calculating fluid replacement for a child with moderate dehydration. The child weighs 15 kg. According to standard guidelines (Holliday-Segar method for maintenance plus deficit replacement), which total 24-hour fluid volume is most appropriate? (Assume 1200 mL is the total for this scenario)

A	900 mL	
B	**1250 mL**	**CORRECT**
C	1500 mL	
D	1700 mL	

Q-173

A nurse is considering the advantages of a centralized management structure. Which of the following is an advantage of centralized management?

A	**Consistent policies and decision-making across the organization**	**CORRECT**
B	Increased autonomy at the local unit level	
C	Faster responses to local issues	
D	Reduced need for coordination between departments	

Q-174

A nurse manager is preparing a strategic plan for the unit. The manager is using a tool that analyzes strengths, weaknesses, opportunities, and threats. This tool is known as:

A	**A strategic analysis tool (SWOT analysis)**	**CORRECT**
B	A financial statement	
C	A key performance indicator (KPI)	
D	A quality improvement measure	

Q-175

A nurse is planning a tuberculosis (TB) control program. Which intervention is most effective in reducing the transmission of TB in the community?

A	**Early detection and treatment of active cases**	**CORRECT**
B	Isolation of all infected individuals only	
C	Vaccination of the entire population only	
D	Environmental controls such as ventilation only	

Q-176

A nurse is making a home visit to a client with Alzheimer's disease. The nurse notes multiple bruises on the client's body in various stages of healing. The client's son, who is the primary caregiver, denies any falls. Which nursing diagnosis is most appropriate at this time?

A	**Risk for injury**	**CORRECT**
B	Impaired skin integrity	
C	Caregiver role strain	
D	Deficient knowledge	

Q-177

A nurse is overheard discussing a client's medical condition in the hospital corridor. Which ethical principle is being violated?

A	**Confidentiality**	**CORRECT**
B	Autonomy	
C	Justice	
D	Beneficence	

Q-178

A nurse is sharing patient information with colleagues in the break room where other patients and visitors can hear. Which ethical principle is the nurse violating?

A	**Confidentiality**	**CORRECT**
B	Autonomy	
C	Justice	
D	Beneficence	

Q-179

In the conflict resolution process, which stage represents the final resolution of the conflict?

A	**Resolution**	**CORRECT**
B	Escalation	
C	Avoidance	
D	Negotiation	

Q-180

The charge nurse in the intensive care unit (ICU) determines that the unit has insufficient nursing staff for the current patient acuity. Which action should the charge nurse take first?

A	**Contact the nursing supervisor to request additional staff.**	**CORRECT**
B	Work overtime to cover the shortage alone.	
C	Reduce the number of patient admissions.	
D	Ignore the situation and continue with current staffing.	

Q-181

A nurse is monitoring a client who is receiving ondansetron (Zofran) for nausea. Which finding is a potential toxicity sign of this medication?

A	**Prolonged QT interval on ECG**	**CORRECT**
B	Hypotension and dizziness	
C	Bradycardia with heart rate below 60 bpm	
D	Hyperkalemia on laboratory results	

Q-182

A nurse is preparing staff for deployment to the Hajj pilgrimage. The required vaccinations for Hajj staff are considered part of which category?

A	**Occupational health requirement**	**CORRECT**
B	Personal health choice	
C	Family recommendation	
D	Travel insurance stipulation	

Q-183

A nurse is caring for a newborn immediately after birth. Which action is most effective in preventing heat loss through evaporation?

A	**Dry the newborn thoroughly and wrap in a warm blanket.**	**CORRECT**
B	Place the newborn under a radiant warmer only.	
C	Give the newborn a warm bath immediately.	
D	Increase the room temperature to 30°C (86°F).	

Q-184

A client presents with episodes of hypomania and major depression. Which diagnosis is most consistent with these findings?

A	**Bipolar II disorder**	**CORRECT**
B	Major depressive disorder	
C	Bipolar I disorder	
D	Cyclothymic disorder	

Q-185

A postpartum client who is COVID-19 positive asks the nurse about breastfeeding her newborn. Which instruction should the nurse provide?

A	**Continue breastfeeding while using infection prevention measures (hand hygiene, mask).**	**CORRECT**
B	Stop breastfeeding completely to avoid transmitting the virus.	
C	Use only formula feeding until the mother tests negative.	
D	Wait until the mother has fully recovered before breastfeeding.	

Q-186

A child with type 1 diabetes wants to play football with friends. Which instruction should the nurse provide to the child and parents?

A	**Monitor blood glucose before, during, and after activity and adjust insulin/food as needed.**	**CORRECT**
B	Avoid all physical activity to prevent hypoglycemia.	
C	Increase carbohydrate intake without adjusting insulin.	
D	Skip the insulin dose on days of physical activity.	

Q-187

A nurse is providing dietary advice to a pregnant client experiencing nausea and vomiting in the first trimester. Which instruction is most appropriate?

A	**Eat small, frequent meals throughout the day.**	**CORRECT**
B	Eat three large meals per day.	
C	Fast for 12 hours overnight to settle the stomach.	
D	Increase intake of high-fat foods.	

Q-188

A pregnant client with pica reports eating large amounts of laundry starch. Which complication is most commonly associated with starch consumption during pregnancy?

A	**Iron deficiency anemia**	**CORRECT**
B	Amniotic fluid leak	
C	Gestational diabetes	
D	Preterm labor	

Q-189

A nurse is caring for a child immediately after a tonsillectomy. Which position is most appropriate for the child?

A	**Side-lying or prone**	**CORRECT**
B	Supine	
C	Trendelenburg	
D	High Fowler's	

Q-190

A nurse is caring for a client immediately after a thyroidectomy. Which position is most appropriate for this client?

A	**Semi-Fowler's with neck support and slight head elevation**	**CORRECT**
B	Flat supine	
C	Prone	
D	Trendelenburg	

Q-191

A nurse explains to a client what to expect during an upcoming endoscopic procedure, including the insertion of a tube. This type of communication is best described as:

A	**Informative**	**CORRECT**
B	Assertive	
C	Aggressive	
D	Passive	

Q-192

A client has been diagnosed with a deep vein thrombosis (DVT) in the left leg. Which complication is the nurse most concerned about?

A	**Pulmonary embolism**	**CORRECT**
B	Myocardial infarction	
C	Ischemic stroke	
D	Pneumonia	

Q-193

A nurse is caring for a client who is 1 hour postpartum and has excessive vaginal bleeding. Which intervention should the nurse perform first?

A	**Massage the uterine fundus firmly until it becomes contracted.**	**CORRECT**
B	Administer prescribed pain medication.	
C	Encourage the client to ambulate to the bathroom.	
D	Increase oral fluid intake.	

Q-194

A nurse is caring for a client who received epidural anesthesia during labor. Which assessment finding is most important to monitor during the immediate postpartum period?

A	**Blood pressure (monitor for hypotension)**	**CORRECT**
B	Deep tendon reflexes	
C	Pain level at the epidural insertion site	
D	Fetal heart rate (newborn after delivery)	

Q-195

A student nurse is taking vital signs during a blood transfusion. The student asks the nurse, "How often should I check the vital signs?" The nurse should base the answer on which source?

A	**Hospital policy and procedure**	**CORRECT**
B	Blood bank directive only	
C	Physician's order	
D	Individual nursing judgment	

Q-196

A nurse is assessing a client whose fingernails are blue and cold to the touch. Which vital sign is most important to assess?

A	Blood pressure	
B	Temperature	
C	Pulse rate	
D	**Respiratory rate**	**CORRECT**

Q-197

A client with severe preeclampsia is being monitored for progression to eclampsia. Which finding indicates that the condition has progressed?

A	**Seizure activity**	**CORRECT**
B	Decreased blood pressure	
C	Improved deep tendon reflexes	
D	Increased urine output	

Q-198

A nurse is assessing a child with projectile vomiting. On abdominal palpation, which finding is characteristic of hypertrophic pyloric stenosis?

A	**A palpable olive-shaped mass in the right upper quadrant**	**CORRECT**
B	A soft, nontender abdomen	
C	A distended bladder	
D	An enlarged liver	

Q-199

A child is brought to the emergency department with severe dehydration. What is the nurse's priority action?

A	**Start intravenous (IV) fluids as prescribed.**	**CORRECT**
B	Administer oral rehydration solution.	
C	Check serum electrolyte levels.	
D	Monitor daily weight.	

Q-200

A nurse is assessing a child for signs of dehydration. The nurse notes sunken eyes. This finding is indicative of which level of dehydration?

A	**Moderate to severe dehydration**	**CORRECT**
B	Mild dehydration	
C	Normal hydration status	
D	Overhydration	

Q-201

A nurse is caring for a newborn whose mother has gestational diabetes. Which complication should the nurse anticipate in the newborn after birth?

A	**Hypoglycemia**	**CORRECT**
B	Hyperglycemia	
C	Hyperthermia	
D	Dehydration	

Q-202

A wife asks the nurse to explain her husband's diagnosis of bipolar disorder. Which statement by the nurse is most accurate?

A	**Bipolar disorder involves episodes of mania and episodes of depression.**	**CORRECT**
B	Bipolar disorder involves only depressive episodes.	
C	Bipolar disorder involves only manic episodes.	
D	Bipolar disorder involves anxiety and panic attacks instead of mood changes.	

Q-203

A nurse is orienting a new staff member. What is the purpose of a sharps container?

A	**Disposal of needles, scalpels, and other sharp instruments**	**CORRECT**
B	Storage of medications	
C	Disposal of general waste paper	
D	Storage of clean gloves	

Q-204

A 12-year-old child with newly diagnosed diabetes needs to learn how to self-administer insulin injections. Which teaching method is most effective for this child?

A	**Demonstrate the injection technique on a doll or mannequin and have the child practice.**	**CORRECT**
B	Show the child pictures of the injection steps.	
C	Provide only verbal instructions about the technique.	
D	Have the child practice injecting themselves without prior demonstration.	

Q-205

A nurse is preparing staff for the Hajj pilgrimage. Which vaccine is considered the primary requirement for Hajj?

A	**Meningococcal vaccine**	**CORRECT**
B	Influenza vaccine	
C	Hepatitis A vaccine	
D	Yellow fever vaccine	

Q-206

A nurse is teaching a client about taking oral iron supplements. Which instruction should the nurse include to enhance iron absorption?

A	**Take the iron supplement with a source of vitamin C (e.g., orange juice).**	**CORRECT**
B	Take the iron supplement with a calcium-rich food (e.g., milk).	
C	Take the iron supplement with a full glass of milk.	
D	Take the iron supplement with an antacid to reduce stomach upset.	

Q-207

A nurse is changing a wound dressing for a client with a surgical incision. Which type of gloves should the nurse wear?

A	**Sterile gloves**	**CORRECT**
B	Clean nonsterile gloves	
C	No gloves are needed	
D	Cloth utility gloves	

Q-208

A client reports taking medication based on recommendations from an artificial intelligence (AI) app. Which nursing action is most important?

A	**Provide patient education about safe medication practices and the dangers of AI advice.**	**CORRECT**
B	Monitor the client frequently for adverse reactions.	
C	Increase the prescribed dosage to match AI recommendations.	
D	Prescribe multiple medications to cover all AI suggestions.	

Q-209

A nurse is assessing a client in labor and finds the cervix is dilated to 6 cm. The nurse interprets that the client is in which phase of labor?

A	**Active phase of the first stage**	**CORRECT**
B	Latent phase of the first stage	
C	Second stage of labor	
D	Third stage of labor	

Q-210

A child is placed in an isolation room with negative pressure. This type of isolation is indicated for diseases transmitted by which route?

A	**Airborne transmission**	**CORRECT**
B	Droplet transmission	
C	Contact transmission	
D	Vector-borne transmission	

Q-211

A nurse is caring for a child immediately after a thyroidectomy. Which position is most appropriate for this child?

A	**Semi-Fowler's with slight neck flexion and head support**	**CORRECT**
B	Side-lying with full neck flexion	
C	Supine with neck extension	
D	Prone	

Q-212

A newborn with hydrocephalus has a ventriculoperitoneal (VP) shunt placed. Which assessment finding indicates a possible shunt malfunction?

A	**Bulging anterior fontanel**	**CORRECT**
B	Poor feeding and pupillary changes	
C	Increased appetite and weight gain	
D	Normal newborn reflexes	

Q-213

A nurse is monitoring a client who is taking furosemide (Lasix). Which finding should the nurse recognize as a complication of this medication?

A	**Decreased urine output (indicating acute kidney injury or dehydration)**	**CORRECT**
B	Hypotension and bradycardia	
C	Increased appetite and weight gain	
D	Hyperkalemia	

Q-214

A client with sickle cell crisis is admitted to the unit. Which intervention is most important for the nurse to implement?

A	**Increase circulatory volume with IV fluids to promote hemodilution.**	**CORRECT**
B	Increase serum osmolarity with hypertonic solutions.	
C	Decrease oral fluid intake to reduce blood volume.	
D	Restrict sodium intake to prevent edema.	

Q-215

A client with type 2 diabetes is scheduled for surgery. Which oral antidiabetic medication is typically withheld on the day of surgery and for 48 hours after to prevent lactic acidosis?

A	**Metformin**	**CORRECT**
B	Insulin	
C	Glipizide	
D	Acarbose	

Q-216

A newborn develops sepsis shortly after birth. The nurse suspects the infection was acquired during vaginal delivery. Which organism is the most common cause of early-onset neonatal sepsis?

A	**Group B Streptococcus (GBS)**	**CORRECT**
B	Neisseria gonorrhoeae	
C	Staphylococcus aureus	
D	Escherichia coli	

Q-217

A client with Beck's triad (hypotension, distended neck veins, muffled heart sounds) after chest trauma is being evaluated. The client is unable to move his toes. Which additional injury should the nurse suspect?

A	**Spinal cord injury (nerve damage)**	**CORRECT**
B	Muscle strain	
C	Bone fracture	
D	Vascular injury	

Q-218

A 15-year-old client scheduled for a procedure states, "I don't understand what they are going to do to me." What should the nurse do?

A	**Explain the procedure to the client in age-appropriate terms.**	**CORRECT**
B	Obtain parental consent only and proceed.	
C	Proceed with the procedure without further explanation.	
D	Cancel the procedure because the client lacks understanding.	

Q-219

A post-mastectomy client reports still feeling the presence of the breast and nipple. This phenomenon is known as:

A	**Phantom breast sensation (analogous to phantom limb)**	**CORRECT**
B	Hallucination	
C	Nerve regeneration	
D	Local infection	

Q-220

A client is prescribed a monoamine oxidase inhibitor (MAOI). The nurse explains that tyramine-rich foods must be avoided. What is the most serious consequence of consuming tyramine while taking an MAOI?

A	**Severe occipital headache and hypertensive crisis**	**CORRECT**
B	Nausea and vomiting	
C	Drowsiness and sedation	
D	Muscle weakness and fatigue	

Q-221

A newborn has inadequate breathing and does not respond to stimulation. What is the nurse's priority action?

A	**Administer oxygen via bag-valve-mask.**	**CORRECT**
B	Check the heart rate and pulse.	
C	Start chest compressions (CPR).	
D	Call for additional help.	

Q-222

A client is prescribed levothyroxine (Synthroid) for hypothyroidism. When should the nurse instruct the client to take this medication?

A	**On an empty stomach, first thing in the morning**	**CORRECT**
B	With meals to reduce stomach upset	
C	Immediately before bedtime	
D	At any consistent time of day	

Q-223

A nurse is caring for a client who is postoperative following a tonsillectomy. Which assessment finding is the highest priority?

A	**Signs of active bleeding (frequent swallowing, bright red blood)**	**CORRECT**
B	Pain rated 6 out of 10	
C	Low-grade fever of 37.8°C (100.0°F)	
D	Refusal to drink fluids	

Q-224

A client is scheduled for vulvar surgery. In which position should the nurse place the client postoperatively?

A	**Recumbent (supine or lithotomy as appropriate)**	**CORRECT**
B	Prone	
C	Sitting upright	
D	Side-lying	

Q-225

A family member is assisting with wound care for a client with a draining wound. The family member is afraid of infection. What protective equipment should the family member wear?

A	**Sterile gloves**	**CORRECT**
B	Eye mask only	
C	Gown and cap	
D	Nothing special because the wound is not infectious	

Q-226

A nurse advises a mother to breastfeed her baby to provide immunity against infections. This type of immunity is known as:

A	**Passive immunity (antibodies passed from mother to infant)**	**CORRECT**
B	Active immunity (infant makes own antibodies)	
C	Natural immunity (from infection)	
D	Artificial immunity (from vaccination)	

Q-227

A nurse is assessing a client with psoriasis. Which skin finding is characteristic of this condition?

A	**Scaling and silvery plaques**	**CORRECT**
B	Vesicles (fluid-filled blisters)	
C	Ulceration and tissue necrosis	
D	Subcutaneous nodules	

Q-228

A client reports eating large amounts of food but continues to lose weight and has a good appetite. Which condition should the nurse suspect?

A	**Hypermetabolic state (e.g., hyperthyroidism)**	**CORRECT**
B	Uncontrolled diabetes mellitus	
C	Depression	
D	Malabsorption syndrome	

Q-229

The health care provider orders magnesium sulfate for a client. The nurse anticipates that the client most likely has which condition?

A	**Eclampsia or severe preeclampsia**	**CORRECT**
B	Chronic hypertension	
C	Gestational diabetes	
D	Intrauterine infection	

Q-230

A health care provider wants to prescribe an antidepressant with a low side-effect profile. Which class of antidepressants is most likely to be prescribed?

A	**Selective serotonin reuptake inhibitor (SSRI)**	**CORRECT**
B	Monoamine oxidase inhibitor (MAOI)	
C	Tricyclic antidepressant (TCA)	
D	Atypical antidepressant	

Q-231

A nurse is teaching a client about combined oral contraceptives. Which potential adverse effect should the nurse include?

A	**Thrombophlebitis (venous thromboembolism)**	**CORRECT**
B	Weight loss	
C	Hypotension	
D	Hypoglycemia	

Q-232

A client with a do-not-resuscitate (DNR) order tells the nurse, "I have changed my mind; I want resuscitation." What should the nurse do?

A	**Follow hospital policy and notify the provider to discuss the DNR status.**	**CORRECT**
B	Ignore the client's statement because the DNR is valid.	
C	Call the family to ask their opinion.	
D	Document the client's statement only and take no further action.	

Q-233

A nurse is providing prenatal education to a client who smokes cigarettes. Which potential effect on the fetus should the nurse include?

A	**Low birth weight and intrauterine growth restriction**	**CORRECT**
B	High birth weight (macrosomia)	
C	Post-term delivery	
D	Major congenital birth defects	

Q-234

A nurse is assessing fetal growth during a routine prenatal visit. Which measurement is most commonly used to estimate fetal growth?

A	**Fundal height measurement (symphysis-fundal height)**	**CORRECT**
B	Maternal abdominal circumference	
C	Maternal weight gain	
D	Maternal blood pressure	

Q-235

A client has signs of fluid overload. Which underlying condition is the most likely cause?

A	**Chronic renal failure (decreased urine output)**	**CORRECT**
B	Heart failure	
C	Liver disease	
D	Malnutrition	

Q-236

A nurse is assessing a client for signs of fluid overload. Which finding is consistent with this condition?

A	**Jugular vein distention**	**CORRECT**
B	Dry mucous membranes	
C	Decreased skin turgor	
D	Unexplained weight loss	

Q-237

A client is prescribed warfarin (Coumadin). Which laboratory value should the nurse monitor to determine the therapeutic effect of the medication?

A	**International normalized ratio (INR)**	**CORRECT**
B	Prothrombin time (PT) without INR	
C	Partial thromboplastin time (PTT)	
D	Complete blood count (CBC)	

Q-238

A nurse is teaching about sexually transmitted infections. Which characteristic is true of gonorrhea?

A	**It can be asymptomatic in many infected individuals.**	**CORRECT**
B	It always produces symptoms.	
C	It typically causes a high fever.	
D	It always causes a skin rash.	

Q-239

A 21-year-old client is having her first Papanicolaou (Pap) test. This test is considered which level of prevention?

A	Health promotion (primary prevention)	
B	Primary prevention	
C	**Secondary prevention (early detection of disease)**	**CORRECT**
D	Tertiary prevention (rehabilitation)	

Q-240

A nurse is teaching a client about iron supplementation. Which nutrient enhances the absorption of iron?

A	**Vitamin C**	**CORRECT**
B	Calcium	
C	Vitamin D	
D	Dietary fiber	

Q-241

A client with joint pain asks the nurse for a medication recommendation. Which over-the-counter medication is most appropriate for mild to moderate osteoarthritis pain?

A	**Ibuprofen (NSAID)**	**CORRECT**
B	Amoxicillin (antibiotic)	
C	Prednisone (corticosteroid)	
D	Cyclobenzaprine (muscle relaxant)	

Q-242

A nurse is assessing a client with dark skin for signs of cyanosis. Which location is most reliable for detecting cyanosis?

A	**Lips and oral mucous membranes**	**CORRECT**
B	Nail beds	
C	Palms of the hands	
D	Soles of the feet	

Q-243

A newborn is suspected of having a congenital diaphragmatic hernia. Which diagnostic test is most commonly used to confirm this diagnosis?

A	**Chest X-ray**	**CORRECT**
B	CT scan of the chest	
C	MRI of the abdomen	
D	Prenatal ultrasound	

Q-244

A nurse auscultates a high-pitched musical sound during expiration. The nurse documents this finding as:

A	**Wheezing**	**CORRECT**
B	Rhonchi	
C	Crackles (rales)	
D	Stridor	

Q-245

A nurse is assessing a client in labor and finds the cervix is dilated to 6 cm. The nurse interprets that the client is in which phase?

A	**Active phase of the first stage**	**CORRECT**
B	Latent phase of the first stage	
C	Transition phase of the first stage	
D	Second stage of labor	

Q-246

A client was exposed to a contagious disease 10 to 14 days ago. The client currently has no symptoms. In which phase of the disease process is the client?

A	**Incubation period**	**CORRECT**
B	Prodromal phase	
C	Acute phase (illness)	
D	Recovery phase (convalescence)	

Q-247

A nurse is caring for a postpartum client with mastitis. Which microorganism is the most common cause of this condition?

A	**Staphylococcus aureus**	**CORRECT**
B	Streptococcus agalactiae (GBS)	
C	Escherichia coli	
D	Candida albicans	

Q-248

A nurse is providing dietary teaching to a client who had a vagotomy. Which recommendation is most appropriate to prevent dumping syndrome?

A	**Increase dietary fiber to slow gastric emptying.**	**CORRECT**
B	Increase fluid intake with meals to prevent dehydration.	
C	Reduce protein intake before bedtime.	
D	Restrict carbohydrate intake to simple sugars only.	

Q-249

A child is on mechanical ventilation. Which acid-base imbalance is most likely to occur if the ventilator settings are too high (excessive ventilation)?

A	**Respiratory alkalosis**	**CORRECT**
B	Respiratory acidosis	
C	Metabolic acidosis	
D	Metabolic alkalosis	

Q-250

A pregnant client at 10 weeks gestation presents with mild vaginal bleeding. The cervical os is closed. This presentation is most consistent with which type of abortion?

A	**Threatened abortion**	**CORRECT**
B	Inevitable abortion	
C	Incomplete abortion	
D	Complete abortion	

Q-251

A nurse is implementing infection control measures on a medical unit. Which action is the single most effective method to prevent the spread of infection?

A	**Performing hand hygiene (hand washing)**	**CORRECT**
B	Wearing masks in all patient rooms	
C	Using gloves for all patient contact	
D	Placing all patients in isolation rooms	

Q-252

A client is taking quinidine for a cardiac arrhythmia. The nurse should monitor the client for which common adverse effect?

A	**Tinnitus (quinidine toxicity)**	**CORRECT**
B	Muscle weakness	
C	Severe headache	
D	Nausea and vomiting only	

Q-253

A newborn has meconium aspiration syndrome. Which diagnostic imaging study is most helpful in confirming the diagnosis?

A	**Chest X-ray**	**CORRECT**
B	Magnetic resonance imaging (MRI)	
C	Computed tomography (CT) scan	
D	Ultrasound of the chest	

Q-254

A nurse measures a pregnant client's fundal height at 20 cm. Approximately how many weeks gestation is the client?

A	**20 weeks**	**CORRECT**
B	16 weeks	
C	18 weeks	
D	22 weeks	

Q-255

A nurse enters the narcotic medication room and observes another nurse putting a controlled substance into their pocket. The nurse states, "It was easier than signing it out." What should the nurse do first?

A	**Report the observation to the nursing supervisor or medical officer on duty immediately.**	**CORRECT**
B	Report the incident to the supervising nurse privately after the shift.	
C	Ignore the incident to avoid conflict.	
D	Confront the nurse publicly in the medication room.	

Q-256

A client taking sublingual nitroglycerin for angina reports recurrent headaches after taking the medication. Which response by the nurse is most appropriate?

A	**Tell the client that headache is a common side effect and usually diminishes over time.**	**CORRECT**
B	Ignore the complaint because it is not serious.	
C	Refer the client to the health care provider immediately.	
D	Instruct the client to stop the medication immediately.	

Q-257

A nurse is caring for a client in the first stage of labor. Which procedure most commonly predisposes to umbilical cord prolapse?

A	**Amniotomy (artificial rupture of membranes)**	**CORRECT**
B	Amniocentesis	
C	External cephalic version	
D	Cesarean section	

Q-258

A child presents with fever, shivering, and nasal congestion. The nurse suspects a viral upper respiratory infection. Which virus is the most common cause of these symptoms?

A	**Influenza virus**	**CORRECT**
B	Group A Streptococcus	
C	Staphylococcus aureus	
D	Streptococcus pneumoniae	

Q-259

A newborn is diagnosed with early-onset sepsis. What is the most common route of transmission for this infection?

A	**Ascending infection from the mother's vagina during delivery**	**CORRECT**
B	Inhalation of airborne pathogens in the nursery	
C	Infection through the umbilical cord stump	
D	Transmission through breast milk	

Q-260

A client with alcohol withdrawal is placed in physical restraints to prevent injury. Which nursing assessment is most important to perform while restraints are in place?

A	**Neurologic assessment every 15 minutes**	**CORRECT**
B	Check restraints for security every hour	
C	Assess vital signs every 30 minutes	
D	No specific monitoring is required	

Q-261

A nurse is planning dietary instructions for a client with nephrotic syndrome. Which diet prescription is most appropriate?

A	**Normal protein intake with low sodium (<2 g/day)**	**CORRECT**
B	High protein intake with low sodium	
C	Low protein intake with high sodium	
D	High protein intake with high sodium	

Q-262

A nurse manager uses an autocratic leadership style during a crisis. Which is an advantage of this leadership style?

A	**Quick decision-making and clear direction**	**CORRECT**
B	Improved team morale and satisfaction	
C	Greater creativity and innovation	
D	Better communication between staff and management	

Q-263

A nurse is caring for a client who is NPO (nothing by mouth) after abdominal surgery. The client is allowed clear liquids. Which juice is most appropriate to offer?

A	**Apple juice (clear liquid)**	**CORRECT**
B	Orange juice (not clear, contains pulp)	
C	Grape juice (may contain pulp, often not clear)	
D	Cranberry juice (often not completely clear)	

Q-264

A child is postoperative following a tonsillectomy. Which food is most appropriate to offer?

A	**Mashed potatoes (soft, non-irritating)**	**CORRECT**
B	Solid foods like toast or crackers	
C	Spicy foods	
D	Hard candy	

Q-265

A child presents with acute diarrhea. The nurse suspects the most common viral cause. Which virus is responsible for the majority of cases?

A	**Rotavirus**	**CORRECT**
B	Escherichia coli	
C	Salmonella	
D	Shigella	

Q-266

A nurse is assessing a client who is 2 hours postpartum. The client has a firm, well-contracted uterus but continues to have heavy bleeding. What is the most likely cause of the bleeding?

A	**Genital tract lacerations (vaginal or cervical tears)**	**CORRECT**
B	Uterine atony	
C	Retained placental fragments	
D	Normal postpartum finding	

Q-267

A nurse is teaching a young girl about preventing recurrent urinary tract infections (UTIs). Which instruction is most important?

A	**Wipe from front to back after toileting.**	**CORRECT**
B	Urinate frequently (every 2–3 hours).	
C	Avoid perfumed hygiene products.	
D	Drink adequate water daily.	

Q-268

A nurse is caring for a child with Down syndrome. Which comorbidity is most commonly associated with this condition?

A	**Congenital heart disease**	**CORRECT**
B	Type 1 diabetes mellitus	
C	Chronic kidney disease	
D	Liver cirrhosis	

Q-269

A newborn with tracheoesophageal fistula (TEF) develops choking, cyanosis, and excessive oral secretions after an attempted feeding. What is the nurse's priority action?

A	**Suction the oropharynx to clear secretions and maintain airway.**	**CORRECT**
B	Administer oxygen via mask.	
C	Position the newborn upright.	
D	Notify the health care provider.	

Q-270

A nurse is assessing a newborn for signs of tracheoesophageal fistula (TEF). Which finding is most suggestive of this condition?

A	**Choking, coughing, and cyanosis during the first feeding**	**CORRECT**
B	Fever and vomiting	
C	Watery diarrhea and dehydration	
D	Constipation and abdominal distention	

Q-271

A nurse is observing a mother who has just given birth. The mother seems passive and focuses on her own needs, asking to rest and eat. According to Rubin's phases of maternal adaptation, which phase is this mother in?

A	**Taking-in phase**	**CORRECT**
B	Taking-hold phase	
C	Letting-go phase	
D	Attachment (bonding) phase	

Q-272

The family of a dying client in the ICU requests that the Quran be played at the bedside. What is the most appropriate nursing response?

A	**Allow the family to play the Quran as long as it does not disturb other patients.**	**CORRECT**
B	Ignore the request because it is not medically necessary.	
C	Discuss the request with the health care provider first.	
D	Refuse the request because it may interfere with care.	

Q-273

A child with parents who smoke presents with a chronic cough and wheezing. Which diagnosis is most likely?

A	**Bronchial asthma exacerbated by environmental tobacco smoke**	**CORRECT**
B	Pneumonia	
C	Acute bronchitis	
D	Chronic obstructive pulmonary disease (COPD)	

Q-274

A pregnant client at 32 weeks gestation presents with sudden, severe abdominal pain and a board-like abdomen on palpation. There is no vaginal bleeding. Which condition should the nurse suspect?

A	**Placental abruption (concealed hemorrhage)**	**CORRECT**
B	Placenta previa	
C	Ruptured uterus	
D	Normal labor contractions	

Q-275

A nurse is assessing a client with leg edema. What is the nurse's initial action?

A	**Inspect the legs for color, temperature, and skin changes, then palpate for pitting edema.**	**CORRECT**
B	Administer a diuretic immediately.	
C	Elevate the legs without further assessment.	
D	Apply compression stockings without assessment.	

Q-276

A nurse is assessing a client for deep vein thrombosis (DVT). Which finding is a classic clinical sign?

A	**Positive Homans' sign (calf pain on dorsiflexion of the foot)**	**CORRECT**
B	Elevated troponin level	
C	Elevated D-dimer (though not specific)	
D	Venous duplex ultrasound (diagnostic test)	

Q-277

A child with Wilms tumor is being evaluated. Which laboratory finding would suggest renal involvement and dysfunction?

A	**Hyperkalemia (elevated potassium)**	**CORRECT**
B	Hyponatremia	
C	Hypercalcemia	
D	Hypomagnesemia	

Q-278

A child is diagnosed with moderate intellectual disability. Which level of functioning does the nurse expect?

A	**The child can learn academic and self-care skills but requires some assistance.**	**CORRECT**
B	The child cannot learn any new skills.	
C	The child learns at a normal pace without help.	
D	The child is unable to communicate basic needs.	

Q-279

A client tells the nurse, "People are following me and want to kill me." This statement is most consistent with which symptom?

A	**Paranoid delusion**	**CORRECT**
B	Major depressive episode	
C	Generalized anxiety	
D	Manic episode	

Q-280

A client is taking an antimalarial medication (e.g., quinine or chloroquine). The nurse should monitor for which adverse effect?

A	**Tinnitus and hearing disturbances**	**CORRECT**
B	Hypertension	
C	Bradycardia	
D	Constipation	

Q-281

A client is prescribed isoniazid (INH) for tuberculosis. The nurse should monitor the client for which adverse effect?

A	**Peripheral neuritis (neuropathy)**	**CORRECT**
B	Blindness (optic neuritis)	
C	Dehydration	
D	Hypertension	

Q-282

A charge nurse requests additional staff from the nursing supervisor due to high patient acuity. The supervisor refuses, citing a hospital-wide shortage. Which decision-making process should the charge nurse use to address the staffing issue?

A	**Problem-solving process**	**CORRECT**
B	Critical thinking only	
C	Dolphin method (not a standard term)	
D	Fishbone diagram (root cause analysis)	

Q-283

A nurse is caring for a client with puerperal sepsis (postpartum infection). Which intervention is most important?

A	**Administer prescribed antibiotics and provide a high-protein, high-vitamin C diet to support immunity.**	**CORRECT**
B	Administer NSAIDs for fever only.	
C	Prescribe strict bed rest without additional measures.	
D	Apply cold compresses to the abdomen.	

Q-284

A nurse is teaching a client with asthma about the use of inhaled corticosteroids. What is the primary purpose of this medication?

A	**Reducing airway inflammation and swelling**	**CORRECT**
B	Reducing mucus secretion	
C	Increasing bronchodilation (immediate relief)	
D	Improving oxygen saturation acutely	

Q-285

A community health nurse is planning interventions to reduce the spread of malaria. Which method has been shown to be most effective?

A	**Use of insecticide-treated bed nets (ITNs)**	**CORRECT**
B	Spraying insecticides indoors at night	
C	Raising fish that eat mosquito larvae	
D	Avoiding outdoor activities during the daytime	

Q-286

A nurse is providing education about COVID-19 prevention. Which statement by the patient indicates a need for further teaching?

A	**I will get COVID-19 if I eat contaminated food.**	**CORRECT**
B	I can get COVID-19 through respiratory droplets from an infected person.	
C	I should wear a mask in crowded indoor places.	
D	I should maintain social distancing (at least 1 meter/3 feet).	

Q-287

A nurse is observing a newly formed team. The team members have begun to develop cohesion and establish norms. According to Tuckman's stages of group development, this stage is called:

A	**Norming**	**CORRECT**
B	Performing	
C	Forming	
D	Storming	

Q-288

A nurse is assessing a newborn and notes multiple small white bumps on the nose and forehead. The nurse documents this finding as:

A	**Milia (tiny keratin-filled cysts)**	**CORRECT**
B	Erythema toxicum (red rash)	
C	Seborrheic dermatitis (scaling)	
D	Congenital melanocytic nevus (birthmark)	

Q-289

A client with benign prostatic hyperplasia (BPH) reports nocturia (frequent urination at night). Which intervention is most appropriate?

A	**Provide a bedside commode to reduce fall risk.**	**CORRECT**
B	Restrict all fluids after 6 PM.	
C	Insert an indwelling urinary catheter.	
D	Encourage frequent daytime voiding only.	

Q-290

A nurse is assessing the fetal heart rate during labor and notes decelerations. The baseline heart rate is 100 bpm. In which position should the nurse place the client to improve placental perfusion?

A	**Left lateral position**	**CORRECT**
B	Supine position	
C	Right lateral position	
D	Semi-Fowler's position	

Q-291

A client is diagnosed with diabetes insipidus. Which part of the pituitary gland is most likely dysfunctional?

A	**Posterior pituitary (antidiuretic hormone deficiency)**	**CORRECT**
B	Anterior pituitary	
C	Both anterior and posterior pituitary	
D	Neither anterior nor posterior pituitary	

Q-292

A researcher is comparing the effect of hourly nursing rounds versus every-2-hour rounds on fall rates in high-risk patients. This type of study is best described as:

A	Case management (quality improvement project)	
B	**Randomized controlled trial**	**CORRECT**
C	Cohort study	
D	Cross-sectional study	

Q-293

A client is prescribed captopril, an angiotensin-converting enzyme (ACE) inhibitor. Which adverse effect should the nurse monitor for?

A	**Dry, persistent cough**	**CORRECT**
B	Hyperkalemia	
C	Angioedema	
D	Bradycardia	

Q-294

A client has a ventricular tachycardia with a pulse? Or pulseless? The question says: "Patient with PVT, you cannot feel pulse." Assuming pulseless ventricular tachycardia. The nurse cannot palpate a pulse. What is the priority action?

A	**Call for help and begin CPR/cardiac arrest protocol.**	**CORRECT**
B	Discontinue all medications.	
C	Notify the health care provider.	
D	Continue monitoring the client.	

Q-295

A client's ECG shows a wide QRS complex (>0.12 seconds) and no identifiable P waves. The heart rate is 160 bpm. Which arrhythmia is most likely?

A	**Ventricular tachycardia**	**CORRECT**
B	Atrial fibrillation	
C	Supraventricular tachycardia (SVT)	
D	Atrioventricular heart block	

Q-296

A 5-year-old child is brought to the emergency department in a critical condition requiring immediate life-saving surgery. No family members are present to provide informed consent. What should the nurse do?

A	Attempt to contact a family member by phone	
B	Wait until a family member arrives	
C	**Proceed with the surgery without consent**	**CORRECT**
D	Ask the child for consent	

Q-297

The nurse is providing preoperative education to the parents of an infant with a cleft lip. At what age is surgical repair of a cleft lip typically performed?

A	At birth	
B	**4 to 6 months**	**CORRECT**
C	12 to 18 months	
D	2 to 3 years	

Q-298

A patient with pneumonia complains of a painful cough. Which nursing intervention is most appropriate to help the patient manage the cough?

A	Administer cough suppressant as needed	
B	Encourage warm fluids before coughing	
C	**Teach the patient to splint the chest with a pillow while coughing**	**CORRECT**
D	Perform chest physiotherapy	

Q-299

A nurse is on a break and delegates the care of a patient to another nurse. During this time, the patient falls. Who is primarily responsible for completing the incident report?

A	The nurse who was on break	
B	The nurse who was covering the patient	
C	**The nurse who witnessed the fall**	**CORRECT**
D	The charge nurse	

Q-300

A mother refuses to have her child vaccinated. What is the best response by the nurse?

A	Respect her decision and document it	
B	Tell her that vaccination is a normal process	
C	**Explain that vaccination prevents serious diseases**	**CORRECT**
D	Report her to the authorities	

Q-301

The nurse is caring for an infant with pyloric stenosis. Why is a nasogastric tube inserted?

A	To provide enteral nutrition	
B	To administer medications	
C	**To decompress the stomach and prevent vomiting**	**CORRECT**
D	To obtain gastric secretions for analysis	

Q-302

A child is diagnosed with rheumatic fever. Which of the following is a major clinical manifestation of this condition?

A	Sore throat	
B	**Carditis**	**CORRECT**
C	Fever	
D	Joint stiffness	

Q-303

Before a minor surgical procedure, which action is most important for the nurse to perform?

A	Obtain vital signs	
B	Verify the patient's allergy status	
C	**Obtain the patient's informed consent**	**CORRECT**
D	Ensure the patient has an empty stomach	

Q-304

A female patient is scheduled for an X-ray. What is the priority nursing action before the procedure?

A	Remove all metal objects	
B	Confirm the patient's identity	
C	**Assess for pregnancy**	**CORRECT**
D	Explain the procedure	

Q-305

A patient presents with episodes of binge eating followed by self-induced vomiting. Which eating disorder does this describe?

A	Anorexia nervosa	
B	**Bulimia nervosa**	**CORRECT**
C	Pica	
D	Rumination disorder	

Q-306

A patient with increased intracranial pressure is at risk for seizures. Which medication should the nurse anticipate administering for seizure prophylaxis?

A	Morphine	
B	**Phenytoin**	**CORRECT**
C	Furosemide	
D	Acetaminophen	

Q-307

The nurse is caring for a patient who had an above-knee amputation. What is the primary purpose of massaging the residual limb?

A	To increase pain tolerance	
B	**To reduce edema and shape the stump for prosthesis fitting**	**CORRECT**
C	To prevent infection	
D	To promote wound healing	

Q-308

A patient care conference includes a nurse, physician, pharmacist, and social worker, each contributing their expertise to develop a unified care plan. This is an example of which type of team?

A	Multidisciplinary	
B	**Interdisciplinary**	**CORRECT**
C	Transdisciplinary	
D	Intradisciplinary	

Q-309

A child asks the nurse, "Am I going to die from this illness?" The parents have asked the nurse not to discuss the prognosis with the child. What is the best response by the nurse?

A	Change the subject	
B	Tell the child the truth	
C	Tell the child to ask the doctor	
D	**Acknowledge the child's feelings and provide therapeutic support**	**CORRECT**

Q-310

The nurse is teaching a patient about oral iron supplementation. Which beverage should the patient avoid taking with the iron supplement?

A	Milk	
B	**Tea**	**CORRECT**
C	Orange juice	
D	Water	

Q-311

A 40-year-old female patient is at the clinic for a routine health screening. Which screening test is most appropriate for this patient?

A	Pap smear	
B	**Mammogram**	**CORRECT**
C	Colonoscopy	
D	Bone density scan	

Q-312

A child is brought to the emergency department with severe abdominal pain and passing stools that resemble red currant jelly. Which condition is most likely?

A	Pyloric stenosis	
B	**Intussusception**	**CORRECT**
C	Appendicitis	
D	Hirschsprung's disease	

Q-313

A patient is preparing for travel to Saudi Arabia for Hajj. Which vaccination is primarily recommended?

A	**Meningococcal vaccine**	**CORRECT**
B	Influenza vaccine	
C	Pneumococcal vaccine	
D	Hepatitis B vaccine	

Q-314

A woman is brought to the emergency department in need of an emergency life-saving surgery. No family members are available to provide consent. What should the healthcare team do?

A	Wait until a family member arrives	
B	**Proceed with the surgery without formal consent**	**CORRECT**
C	Obtain a court order	
D	Have the patient sign consent if conscious	

Q-315

The nurse is providing postoperative care for a patient who had a tonsillectomy. Which position is most appropriate to maintain a patent airway and facilitate drainage of secretions?

A	Semi-Fowler's	
B	High-Fowler's	
C	**Prone with head turned to the side**	CORRECT
D	Supine	

Q-316

A mother is starting to wean her infant. Which type of food should the nurse recommend as the first solid food?

A	Honey	
B	Orange juice	
C	**Pureed food (e.g., iron-fortified cereal)**	CORRECT
D	Cow's milk	

Q-317

The nurse is providing dietary counseling to a pregnant woman. Which food should be avoided during pregnancy?

A	Pasteurized cheese	
B	Cooked seafood	
C	**Undercooked meat and raw fish**	CORRECT
D	Fresh fruits	

Q-318

To reduce the spread of tuberculosis in the community, which intervention is most effective?

A	Administering BCG vaccine to all	
B	**Screening and early treatment of active cases**	CORRECT
C	Wearing masks in public	
D	Isolating all household contacts	

Q-319

A newborn is at risk for hypoglycemia. Which nursing intervention is most effective in preventing this?

A	Administering oral glucose water	
B	**Breastfeeding the infant frequently**	CORRECT
C	Giving formula supplements	
D	Placing the infant under a warmer	

Q-320

A patient's heart rate drops to 40 beats per minute. Which medication should the nurse anticipate administering?

A	**Atropine**	CORRECT
B	Epinephrine	
C	Lidocaine	
D	Amiodarone	

Q-321

The nurse needs to confirm the placement of a nasogastric tube before administering a feeding. Which method is most reliable?

A	Auscultating for air insufflation	
B	**Checking the pH of aspirated gastric contents**	CORRECT
C	Measuring the external length of the tube	
D	Observing for coughing	

Q-322

A female patient with hypertension and depression requests a contraceptive method. Which method is most appropriate for this patient?

A	Combined oral contraceptive pills	
B	**Copper intrauterine device (IUD)**	**CORRECT**
C	Progestin-only pill	
D	Diaphragm	

Q-323

A child is brought in with an old, untreated fracture. What is the nurse's priority action?

A	Splint the fracture	
B	Administer pain medication	
C	**Report suspected child abuse**	**CORRECT**
D	Obtain a detailed history	

Q-324

During a routine assessment, the physician asks a patient in front of her spouse, "Are you safe at home?" The patient responds "No." What is the nurse's most appropriate immediate action?

A	Report the incident to the police	
B	**Ask the spouse to leave, then assess the patient privately**	**CORRECT**
C	Discharge the patient to a shelter	
D	Document the response and do nothing	

Q-325

A patient self-medicates with an old antibiotic prescription for new symptoms. Which nursing diagnosis is most appropriate?

A	Noncompliance	
B	**Deficient knowledge regarding medication use**	**CORRECT**
C	Risk for infection	
D	Acute pain	

Q-326

A postpartum patient is exhibiting signs of depression. What is the best nursing intervention?

A	Provide antidepressant medication	
B	**Refer the patient to a community support group**	**CORRECT**
C	Encourage bed rest	
D	Ignore the symptoms as normal	

Q-327

A woman who had a previous child with a cleft lip is planning another pregnancy. Which supplement should the nurse recommend to reduce the risk of recurrence?

A	Iron	
B	Calcium	
C	**Folic acid**	**CORRECT**
D	Vitamin D	

Q-328

A female patient has not had a menstrual period for 5 months. She reports following a restrictive diet and losing weight. What is this condition called?

A	Primary amenorrhea	
B	**Secondary amenorrhea**	**CORRECT**
C	Menopause	
D	Dysmenorrhea	

Q-329

A nurse observes a large swelling on the scalp of a newborn that crosses the suture lines. The swelling is soft and pitting. What is the expected outcome for this condition?

A	Requires surgical drainage	
B	**Resolves spontaneously within a few days**	**CORRECT**
C	Indicates a skull fracture	
D	Transforms into a cephalohematoma	

Q-330

A nurse has just completed feeding an infant with an unrepaired cleft lip and palate. Which nursing intervention is most appropriate immediately after feeding to minimize the risk of aspiration and facilitate drainage of oral secretions?

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

Q-331

A nurse is teaching a new mother about bathing her newborn. How often should the newborn be bathed to prevent skin dryness?

A	**Twice a week with warm water**	**CORRECT**
B	Every day with warm water	
C	Every day with warm water and acidic soap	
D	Twice a week with warm water and alkaline soap	

Q-332

A child with asthma has frequent emergency department visits. Which advice should the nurse prioritize giving to the parents to prevent exacerbations?

A	**Avoid playing with household animals**	**CORRECT**
B	Give NSAIDs when symptoms appear	
C	Encourage cold drinks during attacks	
D	Limit physical activity permanently	

Q-333

A patient's electrocardiogram (ECG) shows a heart rate of 110 beats per minute with normal P waves, a normal PR interval, and a normal QRS complex. What is the most likely rhythm?

A	**Sinus tachycardia**	**CORRECT**
B	Atrial fibrillation	
C	Ventricular tachycardia	
D	Sinus bradycardia	

Q-334

A nurse is preparing to care for a patient with suspected tuberculosis. Which type of precaution requires the use of an N95 respirator mask?

A	Contact precautions	
B	Droplet precautions	
C	**Airborne precautions**	**CORRECT**
D	Standard precautions	

Q-335

During CPR on a 3-year-old child, what is the recommended depth of chest compressions?

A	1 inch (2.5 cm)	
B	1.5 inches (4 cm)	
C	**2 inches (5 cm)**	**CORRECT**
D	3 inches (7.5 cm)	

Q-336

A patient is scheduled to receive a live attenuated vaccine. Which of the following is a contraindication to receiving this vaccine?

A	Mild upper respiratory infection	
B	**Current high-dose corticosteroid therapy**	**CORRECT**
C	Recent antibiotic use	
D	Minor local skin infection	

Q-337

A 3-year-old child returns to the clinic with persistent diarrhea after gastroenteritis. The nurse needs to assess for dehydration. How should the nurse assess skin turgor?

A	**Grasp the skin over the abdomen with two fingers**	**CORRECT**
B	Pinch the skin on the dorsal hand	
C	Pinch the skin over the forehead	
D	Assess the skin on the lower legs	

Q-338

An 18-month-old child needs to have their weight measured before surgery. Which method of obtaining the weight should the nurse avoid?

A	Measuring weight with an adult standing scale alone	
B	**Measuring weight with a newborn scale**	**CORRECT**
C	Weighing the mother while holding the child and subtracting the mother's weight	
D	Using a pediatric digital scale	

Q-339

A patient is preparing for travel to Saudi Arabia for Hajj. Which nursing intervention is considered primary prevention for health risks during this mass gathering?

A	**Administering the meningococcal vaccine**	**CORRECT**
B	Providing treatment for heat stroke	
C	Referring patients to rehabilitation services	
D	Screening for respiratory infections	

Q-340

Which of the following is the best example of tertiary prevention in community health nursing?

A	Administering vaccinations to children	
B	Conducting health education on hand washing	
C	**Providing rehabilitation services to a patient after a stroke**	**CORRECT**
D	Screening for hypertension	

Q-341

A patient with a T1 spinal cord injury is experiencing motor and sensory deficits in the lower extremities. Which medication should the nurse anticipate administering in the acute phase?

A	**Methylprednisolone**	**CORRECT**
B	Morphine sulfate	
C	Heparin	
D	Phenytoin	

Q-342

A nurse supervisor uses disciplinary evaluations and the threat of job loss to ensure staff compliance. This is an example of which type of power?

A	**Coercive power**	**CORRECT**
B	Reward power	
C	Legitimate power	
D	Referent power	

Q-343

A child is diagnosed with Hirschsprung's disease and is scheduled for surgery. What is the priority preoperative nursing intervention?

A	Administering oral antibiotics	
B	**Performing bowel irrigations**	**CORRECT**
C	Providing high-fiber diet	
D	Starting total parenteral nutrition	

Q-344

A 19-year-old patient requires an elective surgical procedure. From whom should the nurse obtain informed consent?

A	The patient's spouse	
B	The patient's parents	
C	**The patient**	**CORRECT**
D	The patient's physician	

Q-345

The head circumference of an infant increases by approximately how much from birth to 3 months of age?

A	2 cm	
B	4 cm	
C	**6 cm**	**CORRECT**
D	8 cm	

Q-346

The nurse is providing health education to a patient in the first trimester of pregnancy. Which topic is most important to emphasize?

A	Preparing the nursery	
B	**Nutrition and folic acid supplementation**	**CORRECT**
C	Signs of preterm labor	
D	Postpartum depression screening	

Q-347

A patient suddenly develops acute dyspnea, sharp chest pain, and hemoptysis. Which condition is most likely indicated by these signs?

A	Myocardial infarction	
B	**Pulmonary embolism**	**CORRECT**
C	Asthma exacerbation	
D	Spontaneous pneumothorax	

Q-348

During pregnancy, which of the following complications is most amenable to prediction and prevention through risk assessment and prophylactic measures?

A	Postpartum hemorrhage	
B	**Deep vein thrombosis (DVT)**	**CORRECT**
C	Chorioamnionitis	
D	Gestational diabetes	

Q-349

A patient reports fatigue, weakness, and has brittle, spoon-shaped nails. This condition is most likely due to which underlying cause?

A	**Malnutrition (iron deficiency)**	**CORRECT**
B	Overnutrition	
C	Vitamin B deficiency	
D	Vitamin E deficiency	

Q-350

A scrub nurse completes all preoperative preparations but accidentally cleans and sterilizes the wrong knee (the right knee instead of the left). This action best describes which legal term?

A	Negligence	
B	**Malpractice**	**CORRECT**
C	Assault	
D	Battery	

Q-351

A patient is diagnosed with partial placenta previa. Which measure should the nurse recommend to decrease the patient's risk of infection?

A	Strict bed rest	
B	**Avoiding contact with persons who have respiratory infections**	**CORRECT**
C	Increasing dietary protein	
D	Performing perineal exercises	

Q-352

Maternal cardiac disease is recognized as a significant risk factor for which of the following poor pregnancy outcomes?

A	**Fetal death or mortality**	**CORRECT**
B	Preterm labor	
C	Gestational diabetes	
D	Polyhydramnios	

Q-353

A patient with conjunctivitis reports significant photophobia. What should the nurse teach the patient to do for comfort?

A	Avoid touching the eye	
B	Use sterile gauze to remove drainage	
C	**Darken the room**	**CORRECT**
D	Rest in the prone position	

Q-354

The nurse begins an assessment by asking the patient, "What is bothering you?" This is an example of which therapeutic communication technique?

A	**Broad opening**	**CORRECT**
B	Exploring	
C	Offering self	
D	Guided opening	

Q-355

A patient is rescued from a near-drowning incident and treated immediately. What major complication is this patient at highest risk for?

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

Q-356

The nurse is preparing to care for a patient on droplet precautions. What is the correct sequence for donning personal protective equipment (PPE)?

A	Face mask, gown, eyewear, gloves	
B	**Gown, face mask, eyewear, gloves**	**CORRECT**
C	Eyewear, gloves, face mask, gown	
D	Gloves, gown, face mask, eyewear	

Q-357

The admission office notifies the nurse that a patient with confirmed streptococcal (meningococcal) meningitis will be admitted. Which type of isolation precautions should the nurse implement?

A	**Droplet precautions**	**CORRECT**
B	Contact precautions	
C	Airborne precautions	
D	Standard precautions	

Q-358

A patient with a colostomy reports itching around the stoma. On assessment, the skin appears red with visible white patches. What is the most likely cause?

A	Not changing the pouch regularly	
B	**Candidiasis (fungal infection)**	**CORRECT**
C	Consuming acid-producing foods	
D	Dehydration	

Q-359

A positive Chvostek's sign (twitching of the facial muscles when tapping the facial nerve) indicates which electrolyte imbalance?

A	**Hypocalcemia**	**CORRECT**
B	Hyponatremia	
C	Hypokalemia	
D	Hypermagnesemia	

Q-360

The head nurse plans to delegate a complex task to a senior nurse. What should the head nurse do first?

A	**Check the hospital policies for delegating tasks**	**CORRECT**
B	Explain the task to the senior nurse	
C	Negotiate with the senior nurse	
D	Take the signature of the senior nurse	

Q-361

A postpartum patient is restless, with cool, clammy skin and reports feeling thirsty. What is the midwife's priority initial action?

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

Q-362

A patient reports experiencing frequent heartburn. Which of the following is the most appropriate advice to give 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-363

A 25-year-old primigravida postpartum mother has breast engorgement due to poor feeding technique. The left breast is red and swollen. What is the best education for the mother?

A	Avoid wearing a brassiere	
B	**Begin suckling on the right breast**	**CORRECT**
C	Stop pumping milk from the left breast	
D	Take antibiotics till the soreness subsides	

Q-364

What is the approximate weight of the uterus immediately after delivery?

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

Q-365

A perineal pad is completely saturated with bright red lochia rubra. What is the nurse's priority nursing intervention?

A	**Massage the uterine fundus**	**CORRECT**
B	Obtain vital signs	
C	Inform the physician	
D	Inquire about the time of the previous saturated pad	

Q-366

A patient's arterial blood gas (ABG) results show: pH 7.25, PaCO2 55 mmHg, HCO3 24 mEq/L. Which acid-base imbalance is indicated?

A	Metabolic acidosis	
B	Metabolic alkalosis	
C	**Respiratory acidosis**	**CORRECT**
D	Respiratory alkalosis	

Q-367

A patient is experiencing respiratory depression due to morphine sulfate administration. Which antidote should the nurse prepare to administer?

A	**Naloxone**	**CORRECT**
B	Flumazenil	
C	N-acetylcysteine	
D	Atropine	

Q-368

A pregnant patient is receiving an intravenous infusion of magnesium sulfate. Which diagnosis is this treatment primarily indicated for?

A	**Preeclampsia**	**CORRECT**
B	Placenta previa	
C	Gestational diabetes	
D	Hyperemesis gravidarum	

Q-369

A nurse sees a container in a patient's room that is labeled for the disposal of needles and sharp instruments. What is the proper name for this container?

A	**Sharps container**	**CORRECT**
B	Biohazard bag	
C	Linen hamper	
D	Clean utility bin	

Q-370

A nurse leader encourages staff participation, motivates team members, and facilitates collaboration on patient care decisions. This leadership style is best described as:

A	**Democratic**	**CORRECT**
B	Autocratic	
C	Laissez-faire	
D	Bureaucratic	

Q-371

During a medical emergency requiring rapid, decisive action, a nurse leader takes control and directs the team clearly. This leadership style is best described as:

A	Democratic	
B	**Autocratic**	**CORRECT**
C	Laissez-faire	
D	Situational	

Q-372

The physician orders 0.5 mg of a medication. The available vial contains 1 mg per 1 mL. How many milliliters will the nurse administer?

A	0.25 mL	
B	**0.5 mL**	**CORRECT**
C	1 mL	
D	2 mL	

Q-373

Which hormone is detected in the blood or urine to confirm a pregnancy?

A	**Human chorionic gonadotropin (hCG)**	**CORRECT**
B	Luteinizing hormone (LH)	
C	Follicle-stimulating hormone (FSH)	
D	Progesterone	

Q-374

The parents of a child refuse to have their child vaccinated, stating it is not beneficial. What is the best initial nursing response?

A	Respect their decision and document it	
B	**Explain the benefits of vaccination in preventing serious diseases**	**CORRECT**
C	Report the parents to child protective services	
D	Tell them vaccination is a legal requirement	

Q-375

The parents of a newborn refuse the vitamin K injection. What is the nurse's most appropriate action?

A	Respect the parents' decision	
B	**Explain the benefits of vitamin K in preventing newborn bleeding**	**CORRECT**
C	Administer the injection without consent	
D	Ask the physician to take over	

Q-376

A physician orders 500 mg of a medication orally every 6 hours. The available tablets are 250 mg each. How many tablets should the nurse administer per dose?

A	1 tablet	
B	**2 tablets**	**CORRECT**
C	3 tablets	
D	4 tablets	

Q-377

A child is scheduled to receive the BCG vaccine. This vaccine provides protection against which disease?

A	**Tuberculosis**	**CORRECT**
B	Measles	
C	Poliomyelitis	
D	Hepatitis B	

Q-378

A child presents with dehydration due to vomiting and diarrhea (3 episodes each). Which type of intravenous fluid should the nurse anticipate administering initially?

A	**Isotonic solution**	**CORRECT**
B	Hypertonic solution	
C	Hypotonic solution	
D	Colloid solution	

Q-379

A nurse discovers that an ampule of morphine is missing from the controlled substance storage. What is the appropriate documentation for the incident report?

A	Document that the medication was used for a patient	
B	**Document that one ampule of morphine was lost/missing**	**CORRECT**
C	Notify the pharmacy without documentation	
D	Wait until the next shift to report it	

Q-380

A child is brought to the emergency department after a motor vehicle accident with significant blood loss. The physician orders a rapid blood transfusion. Which gauge IV catheter is most appropriate for rapid fluid and blood administration?

A	24-gauge	
B	22-gauge	
C	20-gauge	
D	**18-gauge**	**CORRECT**

Q-381

A patient is receiving a blood transfusion. Five minutes after initiation, the patient complains of pain at the IV site and lower back pain. What is the nurse's priority action?

A	Assess vital signs	
B	**Stop the transfusion immediately**	**CORRECT**
C	Notify the physician	
D	Slow the transfusion rate	

Q-382

A nursing student asks the nurse about the recommended hepatitis B vaccination schedule for an adult. Which schedule is correct?

A	0, 2, 4 months	
B	**0, 1, 6 months**	**CORRECT**
C	0, 2, 6 months	
D	0, 1, 4 months	

Q-383

A patient is prescribed both iron and calcium supplements. How should the nurse advise the patient to take these medications for optimal absorption?

A	Take them together with food	
B	**Take them 2 hours apart**	**CORRECT**
C	Take them at the same time each day	
D	Take them with a full glass of milk	

Q-384

The nurse is educating a new mother about infant feeding safety. Why must powdered infant formula be prepared exactly as instructed, especially during the first months of life?

A	**Powdered formula is not sterile and may contain harmful bacteria if improperly prepared**	**CORRECT**
B	Powdered formula commonly causes respiratory complications	
C	Powdered formula always triggers food allergies in infants	
D	Powdered formula frequently causes constipation in newborns	

Q-385

A postpartum patient who delivered 10 days ago is now experiencing heavy bleeding. This is considered which type of hemorrhage?

A	Immediate postpartum hemorrhage	
B	Late postpartum hemorrhage	
C	Primary postpartum hemorrhage	
D	**Secondary postpartum hemorrhage**	**CORRECT**

Q-386

A pregnant patient with preeclampsia is crying and expressing fear that her baby will die. What is the nurse's priority intervention?

A	Tell the patient everything will be fine	
B	Administer a sedative	
C	**Acknowledge her feelings and reduce anxiety**	**CORRECT**
D	Call the physician for immediate delivery	

Q-387

A patient has a cast on the left arm. An IV attempt in the right hand failed. What is the best alternative site for IV insertion?

A	Right hand again	
B	**Upper mid right arm**	**CORRECT**
C	Lower mid right arm	
D	Left arm	

Q-388

A child with Down syndrome is at increased risk for which associated condition?

A	**Congenital heart disease**	**CORRECT**
B	Cystic fibrosis	
C	Sickle cell anemia	
D	Spina bifida	

Q-389

A patient is receiving oxazepam and is prescribed flumazenil as an antidote for an overdose. What is the most significant adverse effect the nurse should monitor for?

A	**Seizures**	**CORRECT**
B	Hypertension	
C	Bradycardia	
D	Nausea	

Q-390

A newborn has just been delivered. Which assessment best indicates the infant's adaptation to the extrauterine environment?

A	Reflexes	
B	**Respiratory status**	**CORRECT**
C	Heart rate	
D	Stable body temperature	

Q-391

A pregnant patient at 29 weeks gestation is estimated to have a fetal weight of 950 grams. How is this fetal weight classified?

A	Low Birth Weight (LBW)	
B	**Very Low Birth Weight (VLBW)**	**CORRECT**
C	Extremely Low Birth Weight (ELBW)	
D	Appropriate for Gestational Age (AGA)	

Q-392

A patient with rubella develops a high fever. Which medication should the nurse administer to manage the fever?

A	Antihistamine	
B	**Antipyretic**	**CORRECT**
C	Oral antibiotic	
D	IV antibiotic	

Q-393

A child has had diarrhea and vomiting for several days. The nurse needs to assess for dehydration. Which sign is most indicative of dehydration in a child?

A	**Capillary refill time**	**CORRECT**
B	Skin elasticity	
C	Tear production	
D	Moisture of mucous membranes	

Q-394

A 4-month-old infant received routine vaccinations 3 days ago and is now crying inconsolably, refusing to feed, and appears irritable. What is the most appropriate nursing intervention?

A	Apply a cool compress to the injection site	
B	**Administer acetaminophen**	**CORRECT**
C	Administer an antihistamine	
D	Apply a warm compress	

Q-395

The nurse is administering tetracycline to a patient. Which instruction is most important regarding food interactions?

A	Take with milk to prevent stomach upset	
B	**Avoid taking with milk or dairy products**	**CORRECT**
C	Take with antacids for better absorption	
D	Take on an empty stomach only	

Q-396

The nurse is caring for a patient with an above-knee amputation. Why is massage of the residual limb performed?

A	**To promote circulation and reduce edema**	**CORRECT**
B	To desensitize the stump	
C	To prevent muscle atrophy	
D	To assess for infection	

Q-397

The nurse is caring for an infant with a cleft lip. Which position is recommended after feeding?

A	Supine	
B	Prone	
C	Side-lying	
D	**Upright sitting**	**CORRECT**

Q-398

A patient with hyperthyroidism is experiencing weight loss despite increased appetite. Which lab finding supports this diagnosis?

A	**Decreased TSH, elevated T3 and T4**	**CORRECT**
B	Elevated TSH, decreased T3 and T4	
C	Normal TSH, elevated T3 and T4	
D	Decreased TSH, decreased T3 and T4	

Q-399

A patient who eats excessively but does not gain weight is likely exhibiting signs of which condition?

A	Diabetes mellitus	
B	**Hyperthyroidism**	**CORRECT**
C	Hypothyroidism	
D	Malabsorption syndrome	

Q-400

A patient has a stage 4 pressure injury. Which finding is characteristic of this stage?

A	Partial-thickness skin loss	
B	**Full-thickness skin loss with visible bone**	**CORRECT**
C	Non-blanchable erythema	
D	Full-thickness skin loss without exposed bone	

Q-401

The nurse is assessing a newly formed stoma postoperatively. What is the priority sign to assess?

A	Size of the stoma	
B	**Color of the stoma**	**CORRECT**
C	Amount of output	
D	Odor of the output	

Q-402

A burn patient has difficulty with IV access due to massive edema. What is the primary reason for this difficulty?

A	Vasoconstriction	
B	**Fluid shift causing edema and venous compression**	**CORRECT**
C	Increased blood viscosity	
D	Decreased cardiac output	

Q-403

A patient with a psychiatric condition reports hearing voices that are commanding him to harm himself. Which type of hallucination is this?

A	Visual hallucination	
B	**Auditory hallucination**	**CORRECT**
C	Tactile hallucination	
D	Olfactory hallucination	

Q-404

A community health nurse visits a household with limited space and six occupants. There is a suspected case of tuberculosis in a child. What is the most appropriate initial intervention?

A	Isolate the child immediately	
B	**Screen all household contacts for TB**	**CORRECT**
C	Administer BCG vaccine to all family members	
D	Notify the health department only	

Q-405

The nurse is providing education to a mother about her child who refuses to eat and has a fear of gaining weight. This is characteristic of which eating disorder?

A	**Anorexia nervosa**	**CORRECT**
B	Bulimia nervosa	
C	Pica	
D	Avoidant/restrictive food intake disorder	

Q-406

A patient with anorexia nervosa is at risk for which condition?

A	Obesity	
B	**Secondary amenorrhea**	**CORRECT**
C	Type 2 diabetes	
D	Hypertension	

Q-407

A newborn has small white bumps on the face and nose that are not red or inflamed. These are most likely:

A	**Milia**	**CORRECT**
B	Acne neonatorum	
C	Erythema toxicum	
D	Candidiasis	

Q-408

A patient is diagnosed with schizophrenia. Which symptom is a positive symptom of this disorder?

A	Flat affect	
B	**Hallucinations**	**CORRECT**
C	Social withdrawal	
D	Avolition	

Q-409

Hyperemesis gravidarum occurs in approximately what percentage of pregnancies?

A	0.3% to 1%	
B	**0.3% to 3%**	**CORRECT**
C	5% to 10%	
D	1% to 5%	

Q-410

A patient reports seeing blind spots. Which condition is most likely responsible for this visual disturbance?

A	Glaucoma	
B	**Retinal detachment**	**CORRECT**
C	Macular degeneration	
D	Cataracts	

Q-411

During a routine health screening, an adult patient has two blood pressure readings averaging 145/95 mmHg. According to the ACC/AHA hypertension classification, how should the nurse classify this blood pressure?

A	Normal	
B	Elevated	
C	Stage 1 hypertension	
D	**Stage 2 hypertension**	**CORRECT**

Q-412

The nurse is assessing a patient with a head injury. Which area of the brain, if damaged, is most likely to affect peripheral nerve function?

A	Frontal lobe	
B	Occipital lobe	
C	Temporal lobe	
D	**Parietal lobe**	**CORRECT**

Q-413

A 7-year-old child with sickle cell disease is preparing to go outside to play. What should the mother give the child before physical activity?

A	A high-calorie snack	
B	**Plenty of water to prevent dehydration**	**CORRECT**
C	An antipyretic	
D	A blood transfusion	

Q-414

A patient has latent tuberculosis. The recommended standard treatment duration for latent TB infection is:

A	1 month	
B	**6 months**	**CORRECT**
C	3 months	
D	12 months	

Q-415

The nurse is performing oral suctioning on a 4-year-old child. What is the maximum recommended suction duration?

A	Less than 5 seconds	
B	**Less than 10 seconds**	**CORRECT**
C	Less than 15 seconds	
D	Less than 20 seconds	

Q-416

A research study follows a group of patients over 10 years to observe the development of a specific disease. This is an example of which type of study?

A	**Cohort Study**	**CORRECT**
B	Case-Control Study	
C	Randomized Controlled Trial (RCT)	
D	Cross-sectional Study	

Q-417

Which of the following is considered primary prevention for tuberculosis (TB) control?

A	**BCG vaccination**	**CORRECT**
B	Screening for active TB	
C	Directly Observed Therapy (DOT)	
D	Contact tracing	

Q-418

A patient with a history of a previous C-section is at increased risk for which complication in a subsequent pregnancy?

A	**Placenta previa**	**CORRECT**
B	Placental abruption	
C	Postpartum hemorrhage	
D	Uterine rupture	

Q-419

A primigravida patient at 39 weeks gestation is admitted in active labor. The nurse notes late decelerations on the fetal monitor. What is the priority nursing action?

A	Increase IV fluids	
B	**Position the patient on her left side**	**CORRECT**
C	Administer oxygen	
D	Notify the physician	

Q-420

A patient is prescribed folic acid supplementation during pregnancy. What is the primary purpose of this supplement?

A	Prevent anemia	
B	**Prevent neural tube defects**	**CORRECT**
C	Support fetal growth	
D	Prevent preeclampsia	

Q-421

A nurse is providing discharge teaching to a postpartum patient after a cesarean delivery. Which instruction is most important to prevent postoperative complications?

A	Take a shower daily	
B	**Perform deep breathing and coughing exercises**	**CORRECT**
C	Start a high-fiber diet	
D	Walk around the unit frequently	

Q-422

A nurse manager observes a staff member consistently failing to administer medications on time. What is the most appropriate action?

A	Document the behavior and report to the supervisor	
B	**Address the issue informally with the nurse**	**CORRECT**
C	Terminate the nurse immediately	
D	Reassign the nurse to a different unit	

Q-423

A patient with a tracheostomy is showing signs of respiratory distress. The nurse suspects a mucus plug. What is the priority intervention?

A	Call the physician immediately	
B	**Suction the tracheostomy**	**CORRECT**
C	Increase oxygen flow	
D	Change the tracheostomy tube	

Q-424

A nurse is preparing to administer a blood transfusion. After spiking the blood bag, the patient begins to shiver and complain of back pain. What is the nurse's first action?

A	Slow the infusion rate	
B	Administer antihistamine	
C	**Stop the infusion and keep the IV line open with normal saline**	**CORRECT**
D	Notify the physician	

Q-425

A child presents with a cough, fever, and a characteristic "barking" cough, worse at night. Which diagnosis is most likely?

A	**Croup (Laryngotracheobronchitis)**	**CORRECT**
B	Bronchiolitis	
C	Pneumonia	
D	Asthma exacerbation	

Q-426

A nurse is teaching a patient about daily aspirin therapy for cardiovascular prevention. Which symptom should the patient be instructed to report immediately?

A	Mild stomach upset	
B	Tinnitus	
C	Bruising	
D	**Black, tarry stools**	**CORRECT**

Q-427

A patient has an intracranial pressure (ICP) reading of 15 mmHg. Which nursing intervention is most appropriate?

A	**Elevate the head of the bed to 30 degrees**	**CORRECT**
B	Administer a hypertonic solution	
C	Position the patient flat	
D	Encourage coughing and deep breathing	

Q-428

A child with Tetralogy of Fallot (TOF) experiences a hypercyanotic spell. Which position should the nurse implement to reduce cyanosis?

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

Q-429

A patient is immediately postoperative following a tonsillectomy. Which position is most appropriate to maintain airway patency and facilitate drainage?

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

Q-430

A patient is diagnosed with a respiratory infection requiring airborne precautions. Which personal protective equipment (PPE) is essential for the nurse to wear when entering the room?

A	Surgical mask and gloves	
B	**N95 respirator, gown, gloves, and eye protection**	**CORRECT**
C	Face shield and gown only	
D	Gloves and gown only	

Q-431

A newborn has not passed meconium within the first 48 hours of life. Which condition should the nurse suspect?

A	Pyloric stenosis	
B	**Hirschsprung's disease**	**CORRECT**
C	Imperforate anus	
D	Meconium aspiration syndrome	

Q-432

A patient is prescribed sublingual nitroglycerin for angina. Which statement by the patient indicates correct understanding of the administration?

A	I will swallow the tablet with water	
B	**I will place the tablet under my tongue and let it dissolve**	**CORRECT**
C	I will chew the tablet for faster effect	
D	I will place the tablet on my cheek	

Q-433

The nurse is assessing a 3-year-old child with vomiting and diarrhea. What is the most appropriate site to measure the child's temperature?

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

Q-434

A patient is prescribed heparin. The order is for 10,000 units, and the available vial contains 40,000 units/mL. How many mL should the nurse administer?

A	**0.25 mL**	**CORRECT**
B	0.5 mL	
C	1 mL	
D	2 mL	

Q-435

A patient is experiencing postoperative dyspnea. Which complication is the most likely cause?

A	Atelectasis	
B	**Opioid-induced respiratory depression**	**CORRECT**
C	Pulmonary embolism	
D	Aspiration	

Q-436

A patient with increased intracranial pressure (ICP) is exhibiting irregular, shallow breathing with periods of apnea. This is known as:

A	Kussmaul respirations	
B	**Cheyne-Stokes respirations**	**CORRECT**
C	Biot's respirations	
D	Apneustic breathing	

Q-437

A nurse finds a patient on the floor. What is the priority nursing action?

A	Call for help immediately	
B	**Assess the patient for injury**	**CORRECT**
C	Move the patient back to bed	
D	Document the fall	

Q-438

A nurse finds an unresponsive patient with no palpable pulse. The patient does not have a Do Not Resuscitate (DNR) order. What should the nurse do?

A	**Begin CPR immediately**	**CORRECT**
B	Call the physician for a DNR order	
C	Place the patient in the recovery position	
D	Wait for the code team to arrive	

Q-439

A patient with a history of congenital anomalies has a second child with the same condition. Which response by the nurse is most appropriate?

A	It's unlikely to happen again	
B	You should avoid having more children	
C	**I recommend genetic counseling**	**CORRECT**
D	It's just a coincidence	

Q-440

A soldier is exposed to a chemical nerve agent and presents with muscle twitching, miosis, and excessive salivation. Which medication should the nurse anticipate administering?

A	**Atropine**	**CORRECT**
B	Naloxone	
C	Epinephrine	
D	Lorazepam	

Q-441

A patient lacks functional islets of Langerhans. Which metabolic disturbance will this primarily cause?

A	Hypoglycemia	
B	**Hyperglycemia**	**CORRECT**
C	Hypocalcemia	
D	Hyperkalemia	

Q-442

A patient is diagnosed with a ruptured ectopic pregnancy. What is the most life-threatening complication?

A	Severe infection	
B	**Intra-abdominal hemorrhage**	**CORRECT**
C	Adhesion formation	
D	Hypovolemic shock	

Q-443

Which assessment finding is most indicative of acute renal failure?

A	**Oliguria**	**CORRECT**
B	Tachycardia	
C	Hypertension	
D	Fever	

Q-444

A patient is recovering from a tonsillectomy. Which food is most appropriate to offer first?

A	**Mashed potatoes**	**CORRECT**
B	Orange juice	
C	Toast	
D	Yogurt	

Q-445

On a fetal monitor tracing, variable decelerations are noted. What do these decelerations most likely indicate?

A	Uterine hyperstimulation	
B	**Cord compression**	**CORRECT**
C	Fetal head compression	
D	Placental insufficiency	

Q-446

A patient who is 14 weeks pregnant asks about her caloric needs. What is the recommended additional daily caloric intake during the second trimester?

A	50 kcal	
B	150 kcal	
C	**340 kcal**	**CORRECT**
D	450 kcal	

Q-447

A patient is admitted with suspected appendicitis. When the physician presses on the left lower quadrant and the patient reports pain in the right lower quadrant, this is a positive:

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

Q-448

A patient arrives in the emergency department without any identification or medical records. What is the nurse's priority action?

A	Wait until identity is confirmed	
B	**Ask the patient for their name and begin care**	**CORRECT**
C	Call security to identify the patient	
D	Treat the patient without asking for identity	

Q-449

A child is accompanying his father who is scheduled for eye surgery. The child asks the nurse, "What will happen to my dad?" What is the most appropriate response by the nurse?

A	Tell the child it's none of his business	
B	**Explain the procedure in simple, age-appropriate terms**	**CORRECT**
C	Ask the father to answer the question	
D	Give the child a book about the procedure	

Q-450

Which intervention is most important to reduce the risk of Sudden Infant Death Syndrome (SIDS)?

A	Placing the infant on the stomach to sleep	
B	**Placing the infant on the back to sleep**	**CORRECT**
C	Letting the infant sleep in the parents' bed	
D	Using soft bedding in the crib	

Q-451

A infant presents with projectile, non-bilious vomiting. This is a classic sign of:

A	**Pyloric stenosis**	**CORRECT**
B	Hirschsprung's disease	
C	Gastroesophageal reflux	
D	Gastroenteritis	

Q-452

A mother asks when she should start feeding her infant solid foods. The nurse should recommend starting at:

A	2 months	
B	4 months	
C	**6 months**	**CORRECT**
D	8 months	

Q-453

A postpartum patient is on the second day after delivery. The nurse notes that the lochia is bright red and contains small clots. This is described as:

A	**Lochia rubra**	**CORRECT**
B	Lochia serosa	
C	Lochia alba	
D	Normal lochia	

Q-454

A patient with chronic kidney disease is at risk for hyperkalemia. Which food should the nurse instruct the patient to avoid?

A	Apples	
B	**Bananas**	**CORRECT**
C	White bread	
D	Rice	

Q-455

During a code situation, the physician gives a verbal order for a medication. What is the nurse's priority action?

A	Administer the medication immediately	
B	**Repeat the order back to the physician for clarification**	**CORRECT**
C	Record the order after administration	
D	Ask the physician to write the order first	

Q-456

The nurse is caring for a patient with methicillin-resistant Staphylococcus aureus (MRSA). Which PPE should the nurse wear when entering the patient's room?

A	Sterile gloves and a gown	
B	**Non-sterile gloves and a gown**	**CORRECT**
C	N95 mask and gloves	
D	Gown and face shield	

Q-457

The nurse is performing an assessment of a patient's abdomen. In what order should the nurse perform the examination steps?

A	Inspection, palpation, percussion, auscultation	
B	Auscultation, palpation, percussion, inspection	
C	**Inspection, auscultation, percussion, palpation**	**CORRECT**
D	Palpation, percussion, auscultation, inspection	

Q-458

A patient is scheduled to receive an intramuscular (IM) injection. At what angle should the nurse insert the needle?

A	15 degrees	
B	45 degrees	
C	**90 degrees**	**CORRECT**
D	5 degrees	

Q-459

Which nursing role is typically considered part of top-level management in a healthcare organization?

A	Nursing instructor	
B	Supervisor	
C	Head nurse	
D	**Director of Nursing**	**CORRECT**

Q-460

A breastfeeding patient requests a contraceptive method. Which is the most appropriate method that will not interfere with lactation?

A	Combined oral contraceptive pill	
B	**Progesterone-only pill**	**CORRECT**
C	Estrogen patch	
D	Vaginal ring	

Q-461

The nurse is preparing for an Allen's test before obtaining an arterial blood gas (ABG) sample. This test is used to assess:

A	**Adequacy of ulnar circulation**	**CORRECT**
B	Cardiac output	
C	Respiratory function	
D	Blood pH balance	

Q-462

A newborn has thick, meconium-stained amniotic fluid and shows respiratory distress at birth. The nurse anticipates a diagnosis of:

A	Transient tachypnea of the newborn	
B	**Meconium aspiration syndrome**	**CORRECT**
C	Hyaline membrane disease	
D	Pneumonia	

Q-463

A patient with beta-thalassemia is receiving chronic blood transfusions. The nurse anticipates administering which medication to prevent iron overload?

A	Erythropoietin	
B	**Deferoxamine**	**CORRECT**
C	Hydroxyurea	
D	Folic acid	

Q-464

A patient is postoperative after a thyroidectomy. Which emergency item should be kept at the patient's bedside?

A	Intubation tray	
B	**Tracheostomy set**	**CORRECT**
C	Suction equipment	
D	Oxygen cannula	

Q-465

A mother is feeding her infant with a cleft lip and palate. Which position is best to reduce the risk of aspiration?

A	Supine position	
B	Prone position	
C	**Upright position**	**CORRECT**
D	Side-lying position	

Q-466

The nurse is providing post-operative education to the mother of a child who had a cleft lip repair. Which instruction is most important?

A	Encourage the child to cry to clear secretions	
B	**Avoid crying to prevent stress on the suture line**	**CORRECT**
C	Massage the suture line daily	
D	Feed the child with a regular bottle immediately	

Q-467

A newborn is diagnosed with spina bifida with a sac that is dry and intact. What is the priority nursing intervention?

A	Leave the sac uncovered to air dry	
B	**Cover the sac with a moist, sterile dressing**	**CORRECT**
C	Apply a dry, sterile dressing	
D	Puncture the sac to decompress it	

Q-468

A nurse is performing wound care. What type of gloves should the nurse wear for a clean, non-sterile procedure?

A	Sterile gloves	
B	**Non-sterile gloves**	**CORRECT**
C	Utility gloves	
D	No gloves are required	

Q-469

A sudden increase in the number of disease cases in a specific geographic area over a short period is defined as:

A	Endemic	
B	**Epidemic**	**CORRECT**
C	Pandemic	
D	Sporadic	

Q-470

The recommended intramuscular dose of vitamin K for a newborn to prevent hemorrhagic disease is:

A	0.5 mg	
B	**1 mg**	**CORRECT**
C	2 mg	
D	5 mg	

Q-471

A child with type 1 diabetes is going to participate in sports. What should the nurse advise the parents to do before exercise?

A	Administer extra insulin	
B	**Offer a snack with carbohydrates**	**CORRECT**
C	Check blood glucose after exercise only	
D	Withhold insulin	

Q-472

A postpartum patient is at the "Stage 4" of recovery (immediate recovery period). Her fundus is boggy. What is the priority nursing intervention?

A	**Massage the fundus**	**CORRECT**
B	Administer intravenous fluids	
C	Monitor vital signs	
D	Notify the physician	

Q-473

A patient's potassium level is below normal. Which dietary choice should the nurse encourage?

A	**Orange juice and bananas**	**CORRECT**
B	Milk and cheese	
C	Bread and pasta	
D	Red meat and eggs	

Q-474

A patient has been vomiting for several days. The arterial blood gas (ABG) results show: pH 7.48, PaCO2 45 mmHg, HCO3 32 mEq/L. This indicates:

A	Metabolic acidosis	
B	**Metabolic alkalosis**	**CORRECT**
C	Respiratory acidosis	
D	Respiratory alkalosis	

Q-475

The nurse is assessing a newly delivered placenta. How many vessels should the nurse expect to find in the umbilical cord?

A	Two	
B	**Three**	**CORRECT**
C	Four	
D	One	

Q-476

The nurse is providing health education to a patient preparing for the Hajj pilgrimage. This is considered what level of prevention?

A	**Primary prevention**	**CORRECT**
B	Secondary prevention	
C	Tertiary prevention	
D	Quaternary prevention	

Q-477

A patient weighs 70 kg. The physician orders a medication at a dose of 0.01 mg/kg. How many mg should the nurse administer?

A	**0.7 mg**	**CORRECT**
B	1.4 mg	
C	7 mg	
D	0.07 mg	

Q-478

A patient is G5 T2 P1 A1 L3. This indicates the patient has had:

A	**5 pregnancies, 2 term births, 1 preterm birth, 1 abortion**	**CORRECT**
B	5 pregnancies, 1 term birth, 2 preterm births, 1 abortion	
C	5 pregnancies, 2 term births, 1 abortion, 1 preterm birth	
D	1 pregnancy, 5 term births	

Q-479

A patient who is a strict vegetarian is at risk for a deficiency of which vitamin?

A	Vitamin C	
B	**Vitamin B12**	**CORRECT**
C	Vitamin D	
D	Vitamin A	

Q-480

An HIV-positive mother brings her infant to the clinic. What is the most important intervention to prevent HIV transmission to the infant?

A	Administering the BCG vaccine	
B	**Administering antiretroviral drugs to the infant**	**CORRECT**
C	Exclusive formula feeding	
D	Starting the infant on oral antibiotics	

Q-481

An infant is diagnosed with pyloric stenosis and is scheduled for surgery. What is the priority preoperative intervention?

A	Administer oral feeds	
B	**Keep the infant NPO**	**CORRECT**
C	Give IV antibiotics	
D	Position the infant prone	

Q-482

A nurse is caring for a patient with an elevated troponin level and ST-segment elevation on the ECG. Which diagnosis is most likely?

A	**Myocardial infarction**	**CORRECT**
B	Angina	
C	Heart failure	
D	Pericarditis	

Q-483

A patient presents with weight loss, heat intolerance, and palpitations. Laboratory results show elevated T3 and T4 levels. Which diagnosis is most likely?

A	**Hyperthyroidism**	**CORRECT**
B	Hypothyroidism	
C	Thyroiditis	
D	Thyroid cancer	

Q-484

The nurse enters a patient's room to administer a prescribed sleep medication and finds the patient sleeping comfortably. What is the nurse's priority action?

A	Wake the patient to administer the medication	
B	**Hold the medication and document that the patient was sleeping**	**CORRECT**
C	Administer the medication through the IV route	
D	Leave the medication on the bedside table	

Q-485

The nurse is caring for a patient with a urinary drainage bag. Where should the drainage bag be positioned?

A	At the level of the patient's bladder	
B	**Below the level of the patient's bladder**	**CORRECT**
C	On the patient's bed	
D	At the level of the patient's heart	

Q-486

A physician is performing a sterile procedure and breaks sterile technique. What is the most appropriate action by the nurse?

A	Ignore the break to avoid embarrassing the physician	
B	**Politely remind the physician of the break in sterility**	**CORRECT**
C	Continue to assist as if nothing happened	
D	Immediately stop the procedure	

Q-487

An infant's weight at 5 months of age should have increased by approximately how much compared to birth weight (in grams)?

A	480 grams	
B	**680 grams**	**CORRECT**
C	860 grams	
D	1060 grams	

Q-488

A patient is being assessed for discharge from the post-anesthesia care unit (PACU). Which of the following is the most important criterion for discharge?

A	**Blood pressure within 10% of baseline**	**CORRECT**
B	Patient reporting no pain	
C	Patient able to drink fluids	
D	Patient asking to go home	

Q-489

A patient opens their eyes to verbal stimuli, is confused, and localizes pain. What is the patient's Glasgow Coma Scale (GCS) score?

A	10	
B	11	
C	**12**	**CORRECT**
D	13	

Q-490

A nurse is caring for a patient on droplet precautions. Which of the following is the correct infection control measure?

A	Place the patient in a negative pressure room	
B	**Wear a surgical mask when entering the room**	**CORRECT**
C	Wear an N95 respirator mask	
D	Place the patient in a room with another patient with the same infection	

Q-491

A nurse is providing education to a patient about preventing deep vein thrombosis (DVT). Which intervention is most effective for prophylaxis?

A	Applying warm compresses	
B	**Administering prophylactic heparin**	**CORRECT**
C	Encouraging leg elevation	
D	Massaging the legs	

Q-492

A pregnant patient with severe preeclampsia is receiving magnesium sulfate. What is the antidote for magnesium sulfate toxicity?

A	Naloxone	
B	**Calcium gluconate**	**CORRECT**
C	Sodium bicarbonate	
D	Protamine sulfate	

Q-493

During Leopold's maneuvers, the nurse palpates a hard, round, mobile structure in the suprapubic area. Which fetal part is this most likely?

A	**Fetal head (cephalic presentation)**	**CORRECT**
B	Fetal buttocks (breech)	
C	Fetal back	
D	Fetal feet	

Q-494

A child is one day post-tonsillectomy. Which fluid is most appropriate to offer the child?

A	Orange juice	
B	**Apple juice**	**CORRECT**
C	Lemon juice	
D	Tomato juice	

Q-495

The nurse is caring for an infant with a cleft lip. When performing suctioning, the nurse should:

A	Suction the nose only	
B	**Suction the mouth gently and avoid the suture line**	**CORRECT**
C	Suction aggressively to clear all secretions	
D	Avoid suctioning completely	

Q-496

A patient who is 30 weeks pregnant develops generalized seizures. Blood pressure is 160/110 mmHg. Which condition is the patient most likely experiencing?

A	Gestational hypertension	
B	Preeclampsia	
C	**Eclampsia**	**CORRECT**
D	Chronic hypertension	

Q-497

A pregnant patient has an elevated blood pressure of 140/90 mmHg with no proteinuria. This condition is most likely:

A	Eclampsia	
B	Preeclampsia	
C	**Gestational hypertension**	**CORRECT**
D	Chronic hypertension	

Q-498

A patient who does not speak the same language as the nurse is scheduled for an urgent procedure. What is the most appropriate action for the nurse to obtain informed consent?

A	Use a family member to translate	
B	**Use a certified medical interpreter**	**CORRECT**
C	Proceed without consent since it is urgent	
D	Have the patient sign the form without explanation	

Q-499

The nurse needs to assess pain in a 3-year-old child. Which pain scale is most appropriate?

A	Numeric rating scale (0–10)	
B	**Faces Pain Scale–Revised**	**CORRECT**
C	Visual analog scale	
D	FLACC scale	

Q-500

A nurse leader inspires and motivates staff, fosters creativity, and encourages innovation. This is an example of which leadership style?

A	Transactional leadership	
B	**Transformational leadership**	**CORRECT**
C	Laissez-faire leadership	
D	Autocratic leadership	

Q-501

The nurse is taking a blood sample from an infant. Which sign is most indicative of pain in the infant?

A	Crying	
B	Bradycardia	
C	**Facial grimacing**	**CORRECT**
D	Withdrawal of the limb	

Q-502

A 10-year-old child refuses a procedure. What is the best approach by the nurse?

A	Tell the child there is no choice	
B	**Use therapeutic communication to explore the child's fears**	**CORRECT**
C	Call the parents to force the child	
D	Proceed with the procedure quickly	

Q-503

A patient with diabetes mellitus is scheduled for a procedure and is NPO. What is the most important preoperative nursing action?

A	Administer oral hypoglycemic agent	
B	**Check blood glucose and administer insulin as ordered**	**CORRECT**
C	Withhold all diabetes medications	
D	Provide a high-carbohydrate meal	

Q-504

A patient has low T3 and T4 levels. This is consistent with which condition?

A	Hyperthyroidism	
B	**Hypothyroidism**	**CORRECT**
C	Thyroiditis	
D	Graves' disease	

Q-505

A pregnant patient was involved in a motor vehicle accident. On assessment, the uterus is contracting and the cervix is low. This may indicate:

A	Placental abruption	
B	**Preterm labor**	**CORRECT**
C	Uterine rupture	
D	Normal pregnancy	

Q-506

The nurse is preparing a patient for an appendectomy. Which position is expected for the procedure?

A	**Supine**	**CORRECT**
B	Trendelenburg	
C	Lithotomy	
D	Prone	

Q-507

A patient has dark red vaginal bleeding and a closed cervix. Which type of abortion is this most consistent with?

A	Threatened abortion	
B	Incomplete abortion	
C	**Missed abortion**	**CORRECT**
D	Septic abortion	

Q-508

A child presents with ear pain, fever, and bulging tympanic membrane. This is most consistent with:

A	Otitis externa	
B	**Otitis media**	**CORRECT**
C	Mastoiditis	
D	Foreign body	

Q-509

A patient is experiencing itching on the face, neck, and hands. Which medication is most likely to provide relief?

A	**Antihistamine**	**CORRECT**
B	Antibiotic	
C	Antifungal	
D	Analgesic	

Q-510

A patient with thalassemia minor asks the nurse about the condition. The nurse's response should be based on the understanding that thalassemia minor:

A	Requires regular blood transfusions	
B	**Is a carrier state with mild or no symptoms**	**CORRECT**
C	Is a severe form of anemia	
D	Is caused by iron deficiency	

Q-511

A patient falls in the bathroom and sustains a fractured leg. The nurse should communicate this event to the next shift using which method?

A	Shift report	
B	**Incident report**	**CORRECT**
C	Kardex	
D	Nursing notes	

Q-512

A school nurse identifies a disease outbreak and takes measures to prevent its spread to others. This is an example of which level of prevention?

A	Primary prevention	
B	**Secondary prevention**	**CORRECT**
C	Tertiary prevention	
D	Quaternary prevention	

Q-513

A patient's blood pressure is 134/80 mmHg. What is the pulse pressure?

A	34 mmHg	
B	**54 mmHg**	**CORRECT**
C	64 mmHg	
D	44 mmHg	

Q-514

A mother had a previous child with a neural tube defect and is now pregnant again. Which supplement should the nurse recommend to reduce the risk of recurrence?

A	Iron	
B	Calcium	
C	**Folic acid**	**CORRECT**
D	Vitamin D	

Q-515

A postpartum patient has a BMI of 29. What is the most appropriate advice for the nurse to give regarding weight management?

A	Begin a strict diet immediately	
B	**Encourage a balanced diet and gradual physical activity**	**CORRECT**
C	Ignore the BMI at this time	
D	Prescribe weight loss medication	

Q-516

A pregnant patient reports leaking fluid. The nurse notes the cervix is dilated. This most likely indicates:

A	**Membrane rupture (labor)**	**CORRECT**
B	Urinary incontinence	
C	Increased vaginal discharge	
D	Infection	

Q-517

The nurse is educating an elderly patient about recommended vaccinations. Which vaccine is specifically recommended for adults aged 65 and older?

A	MMR vaccine	
B	**Pneumococcal vaccine**	**CORRECT**
C	Hepatitis A vaccine	
D	Varicella vaccine	

Q-518

A pregnant patient reports frequent heartburn. The nurse should explain that this is likely due to:

A	Spicy food consumption	
B	**Hormonal changes and decreased gastric motility**	**CORRECT**
C	Increased stomach acid production	
D	Lying flat after eating	

Q-519

A parent expresses concern that vaccines may cause autism. What is the most appropriate response by the nurse?

A	Respect the parent's concern and avoid discussing it	
B	**Tell the parent that vaccines are safe and prevent serious diseases**	**CORRECT**
C	Agree with the parent to avoid conflict	
D	Tell the parent that vaccination is optional	

Q-520

A patient is experiencing a severe allergic reaction. The nurse should anticipate administering which medication first?

A	Antihistamine	
B	Corticosteroid	
C	**Epinephrine**	**CORRECT**
D	Albuterol	

Q-521

The nurse is preparing to administer a blood transfusion. What is the most important step to confirm patient identity?

A	Check the patient's room number	
B	**Use two patient identifiers (e.g., name and date of birth)**	**CORRECT**
C	Check the wristband only	
D	Ask the patient for their name	

Q-522

A patient with chronic kidney disease is on a fluid restriction. The nurse should notify the physician if the patient's daily weight increases by more than:

A	0.5 kg	
B	**1 kg**	**CORRECT**
C	2 kg	
D	3 kg	

Q-523

The nurse is caring for a patient with a nasogastric tube. Which assessment finding indicates proper tube placement?

A	Auscultation of air over the epigastrium	
B	**Aspiration of gastric contents with a pH of 5**	**CORRECT**
C	Patient is able to speak clearly	
D	Tube is secured to the nose	

Q-524

A patient is receiving IV fluids at 125 mL/hr. The nurse notes that the patient has gained 2 kg in 24 hours. What is the priority nursing action?

A	Continue the current infusion rate	
B	Reduce the infusion rate	
C	**Notify the physician**	**CORRECT**
D	Check the patient's blood pressure	

Q-525

A nurse is delegating a task to a licensed practical nurse (LPN). Which task is most appropriate for the LPN to perform?

A	Assess the patient's skin condition	
B	**Administer oral medications**	**CORRECT**
C	Develop the care plan	
D	Perform a comprehensive admission assessment	

Q-526

A patient with a history of falls is at risk for injury. Which intervention should the nurse include in the care plan?

A	Apply restraints	
B	**Place the bed in the lowest position**	**CORRECT**
C	Keep the patient in a recliner chair	
D	Leave the patient unattended in the bathroom	

Q-527

The nurse is performing hand hygiene. Which of the following is the most effective method to remove transient organisms?

A	**Hand washing with soap and water**	**CORRECT**
B	Alcohol-based hand rub	
C	Using sterile gloves	
D	Wearing a mask	

Q-528

A patient is receiving a potassium supplement. Which sign indicates that the patient is experiencing hyperkalemia?

A	**Muscle weakness**	**CORRECT**
B	Tachycardia	
C	Flushing	
D	Bradycardia	

Q-529

The nurse is caring for a patient with a tracheostomy. What is the priority when performing tracheostomy care?

A	**Cleaning the inner cannula**	**CORRECT**
B	Changing the tracheostomy ties	
C	Assessing the skin around the stoma	
D	Monitoring respiratory rate	

Q-530

A patient has a do-not-resuscitate (DNR) order. The nurse understands that this order means:

A	The patient will not receive any treatment	
B	**The patient will not receive CPR if they stop breathing**	**CORRECT**
C	The patient will be discharged home	
D	The patient will receive comfort measures only	

Q-531

The nurse is assessing a patient for signs of fluid overload. Which finding is most concerning?

A	Peripheral edema	
B	**Crackles in the lungs**	**CORRECT**
C	Weight gain of 1 kg	
D	Jugular vein distention	

Q-532

A patient is preparing for discharge after a myocardial infarction. Which lifestyle modification is most important for the nurse to teach?

A	Reduce dietary sodium	
B	Increase physical activity gradually	
C	**Quit smoking**	**CORRECT**
D	Manage stress	

Q-533

The nurse is educating a new mother about childhood vaccinations. Which statement best describes the primary purpose of vaccinations?

A	Vaccinations may cause autism	
B	**Vaccinations prevent and reduce serious diseases**	**CORRECT**
C	Vaccinations are only needed for school entry	
D	Vaccinations are optional and have no benefit	

Q-534

A pregnant patient presents with sudden onset of severe abdominal pain, uterine tenderness, and fetal distress. There is no vaginal bleeding. Which condition is most likely?

A	**Placental abruption**	**CORRECT**
B	Ectopic pregnancy	
C	Molar pregnancy	
D	Preterm labor	

Q-535

A primigravida at 39 weeks gestation presents with regular uterine contractions. Which hormonal changes are associated with the onset of labor?

A	Increased progesterone, decreased estrogen	
B	**Decreased progesterone, increased estrogen and prostaglandins**	**CORRECT**
C	Increased progesterone, increased estrogen	
D	Decreased estrogen, increased progesterone	

Q-536

A child presents with sudden abdominal pain, vomiting, and currant jelly stools. Which diagnostic test is most likely to confirm the suspected diagnosis?

A	X-ray	
B	**Ultrasound**	**CORRECT**
C	CT scan	
D	MRI	

Q-537

A patient with suspected Addisonian crisis is admitted. Which nursing intervention is a priority in the acute phase?

A	Administer oral fluids	
B	Provide a quiet, warm environment	
C	**Administer IV corticosteroids**	CORRECT
D	Monitor blood glucose hourly	

Q-538

The nurse is preparing to administer an intramuscular (IM) injection. Which action should the nurse avoid after injection to prevent altering absorption?

A	Applying pressure to the site	
B	**Massaging the site**	CORRECT
C	Using the Z-track method	
D	Checking for blood return	

Q-539

A breastfeeding mother reports breast pain, redness, and tenderness. She has a fever. Which treatment should the nurse anticipate?

A	Cold compresses	
B	**Antibiotics**	CORRECT
C	Antifungal cream	
D	Warm compresses and massage	

Q-540

A patient is diagnosed with a urinary tract infection. Which type of medication should the nurse anticipate administering?

A	Antiviral	
B	**Antibiotic**	CORRECT
C	Antifungal	
D	Antiparasitic	

Q-541

A child has a history of untreated Group A streptococcal pharyngitis and now presents with migratory polyarthritis, carditis, and subcutaneous nodules. Which condition is most likely?

A	**Rheumatic fever**	CORRECT
B	Kawasaki disease	
C	Juvenile idiopathic arthritis	
D	Systemic lupus erythematosus	

Q-542

The nurse is implementing a new electronic health record system. Which action is most important to protect patient information?

A	Share passwords with colleagues	
B	**Log off the computer after each use**	CORRECT
C	Leave patient charts open for quick access	
D	Use simple passwords for easy recall	

Q-543

A physician writes an ambiguous or incorrect medication order. What is the nurse's priority action?

A	**Clarify the order with the physician**	**CORRECT**
B	Administer the order as written	
C	Discard the order	
D	Document the order and ask another nurse	

Q-544

Which laboratory finding is most indicative of renal failure in a child?

A	**Elevated BUN and creatinine**	**CORRECT**
B	Elevated hemoglobin	
C	Decreased platelet count	
D	Normal serum electrolytes	

Q-545

The nurse is preparing to administer an intramuscular injection to an infant. Which site is most appropriate?

A	Deltoid	
B	**Vastus lateralis**	**CORRECT**
C	Dorsogluteal	
D	Ventrogluteal	

Q-546

The parents of a child recently diagnosed with cancer are in shock and asking few questions. The nurse recognizes this as which stage of grief?

A	Anger	
B	**Denial**	**CORRECT**
C	Bargaining	
D	Acceptance	

Q-547

The recommended storage temperature for most vaccines is:

A	**2–8 degrees Celsius**	**CORRECT**
B	10–15 degrees Celsius	
C	Room temperature	
D	Below freezing	

Q-548

Which vitamin is essential for the absorption of calcium?

A	Vitamin A	
B	Vitamin C	
C	**Vitamin D**	**CORRECT**
D	Vitamin E	

Q-549

A patient with a history of diabetes insipidus is admitted. Which electrolyte imbalance is most likely to occur?

A	**Hypernatremia**	**CORRECT**
B	Hyponatremia	
C	Hyperkalemia	
D	Hypokalemia	

Q-550

A patient with chronic renal failure is at risk for which of the following?

A	Hypocalcemia	
B	Hypercalcemia	
C	Hyponatremia	
D	**Hyperkalemia**	**CORRECT**

Q-551

A patient is prescribed an antibiotic that is potentially nephrotoxic. Which laboratory value should the nurse monitor closely?

A	Hemoglobin	
B	Platelet count	
C	**Serum creatinine**	**CORRECT**
D	White blood cell count	

Q-552

A patient is receiving a blood transfusion and develops hives and itching. What is the most likely cause?

A	Bacterial contamination	
B	**Allergic reaction**	**CORRECT**
C	Hemolytic reaction	
D	Circulatory overload	

Q-553

A child with nephrotic syndrome is at risk for which complication?

A	Hypotension	
B	Hypervolemia	
C	**Infection**	**CORRECT**
D	Hyperkalemia	

Q-554

The nurse is assessing a patient with hyperkalemia. Which electrocardiogram (ECG) change is most concerning?

A	Widened QRS complex	
B	**Peaked T waves**	**CORRECT**
C	Prolonged PR interval	
D	ST-segment depression	

Q-555

A patient is receiving IV potassium supplementation. What is the maximum safe infusion rate for IV potassium?

A	5 mEq/hour	
B	**10 mEq/hour**	**CORRECT**
C	15 mEq/hour	
D	20 mEq/hour	

Q-556

A mother of nine children is referred to home health care. This type of visit is best described as:

A	Initial assessment	
B	**Follow-up visit**	**CORRECT**
C	Selective visit	
D	Emergency visit	

Q-557

The nurse is caring for a patient with measles (rubeola). Which type of precaution should be implemented?

A	Standard precautions	
B	Contact precautions	
C	Droplet precautions	
D	**Airborne precautions**	**CORRECT**

Q-558

A patient is prescribed tetracycline. Which instruction should the nurse include in the teaching plan?

A	Take with milk to reduce stomach upset	
B	Take on an empty stomach	
C	**Avoid sunlight exposure**	**CORRECT**
D	Take with food	

Q-559

A child is diagnosed with acute otitis media. The nurse should anticipate which medication for treatment?

A	Antihistamine	
B	**Antibiotic**	**CORRECT**
C	Cough suppressant	
D	Decongestant	

Q-560

A patient with a fractured leg is in a long leg cast. Which finding indicates a potential complication?

A	Pain that is relieved by elevation	
B	Slight swelling of the toes	
C	**Patient reporting numbness in the foot**	**CORRECT**
D	Cast is dry and intact	

Q-561

The nurse is assessing a patient with abdominal pain. Which finding is most indicative of peritonitis?

A	Dullness on percussion	
B	**Rebound tenderness**	**CORRECT**
C	Hyperactive bowel sounds	
D	Soft, non-tender abdomen	

Q-562

A patient is receiving chemotherapy and develops anemia. Which medication should the nurse anticipate to stimulate red blood cell production?

A	Filgrastim	
B	**Erythropoietin**	**CORRECT**
C	Oprelvekin	
D	Sargramostim	

Q-563

A patient with chronic obstructive pulmonary disease (COPD) is receiving oxygen therapy. What is the safest oxygen delivery device for this patient?

A	Non-rebreather mask	
B	Simple face mask	
C	Nasal cannula	
D	**Venturi mask**	**CORRECT**

Q-564

A patient is postoperative and has a Jackson-Pratt drain. The nurse should assess the drain for:

A	**Appearance and amount of drainage**	**CORRECT**
B	Color of the tubing	
C	Patient's pain level	
D	Patient's temperature	

Q-565

The nurse is preparing to insert a Foley catheter. Which step is most important to prevent infection?

A	**Use sterile technique**	**CORRECT**
B	Inflate the balloon fully	
C	Use a large catheter size	
D	Remove the catheter as soon as possible	

Q-566

A patient is diagnosed with hyperglycemia. Which symptom is most consistent with this condition?

A	**Polyuria**	**CORRECT**
B	Bradycardia	
C	Hypertension	
D	Weight gain	

Q-567

A patient is experiencing a panic attack. Which nursing intervention is most appropriate?

A	Leave the patient alone	
B	**Stay with the patient and speak calmly**	**CORRECT**
C	Administer a sedative	
D	Turn on bright lights	

Q-568

A patient with schizophrenia is exhibiting disorganized speech and behavior. These are examples of:

A	Negative symptoms	
B	**Positive symptoms**	**CORRECT**
C	Cognitive symptoms	
D	Affective symptoms	

Q-569

A patient is prescribed a monoamine oxidase inhibitor (MAOI) for depression. Which dietary restriction should be emphasized?

A	Avoid caffeine	
B	**Avoid tyramine-rich foods**	**CORRECT**
C	Avoid high-fat foods	
D	Avoid acidic foods	

Q-570

The nurse is caring for a patient with a head injury. Which finding indicates a worsening condition?

A	Slowing heart rate	
B	Increasing blood pressure	
C	Irregular respirations	
D	**All of the above**	**CORRECT**

Q-571

A patient is receiving an intravenous infusion of normal saline. The nurse notes redness and swelling at the IV site. This is most likely:

A	Infiltration	
B	**Phlebitis**	**CORRECT**
C	Circulatory overload	
D	Allergic reaction	

Q-572

A patient with asthma is prescribed an inhaler. The nurse should teach the patient to:

A	Inhale and exhale rapidly	
B	**Hold the breath for 10 seconds after inhalation**	**CORRECT**
C	Use the inhaler only during attacks	
D	Rinse mouth with water after use	

Q-573

A patient is diagnosed with cholecystitis. Which dietary recommendation is most appropriate?

A	High-fiber diet	
B	**Low-fat diet**	**CORRECT**
C	High-protein diet	
D	Low-carbohydrate diet	

Q-574

A patient is experiencing acute low back pain. Which position is most comfortable and reduces strain on the spine?

A	Prone position	
B	**Side-lying with knees bent**	**CORRECT**
C	Supine with legs straight	
D	Sitting in a soft chair	

Q-575

The nurse is assessing a patient for signs of deep vein thrombosis (DVT). Which finding is most concerning?

A	Positive Homans sign	
B	**Unilateral leg swelling and warmth**	**CORRECT**
C	Patient reports leg cramps	
D	Redness on the leg	

Q-576

A patient is being discharged with a new prescription for warfarin. Which teaching point is most important?

A	Take with food to avoid stomach upset	
B	**Monitor for bleeding and bruising**	**CORRECT**
C	Avoid all green leafy vegetables	
D	Take as needed for pain	

Q-577

The nurse is providing education to a patient with gout. Which food should the patient avoid?

A	**Organ meats and shellfish**	**CORRECT**
B	Citrus fruits	
C	Whole grains	
D	Dairy products	

Q-578

A patient with heart failure is prescribed furosemide. The nurse should monitor for which adverse effect?

A	Hyperkalemia	
B	**Hypokalemia**	**CORRECT**
C	Hyponatremia	
D	Hypercalcemia	

Q-579

A patient is in the immediate postoperative period and has a urinary catheter. The nurse notes that the urine output is less than 30 mL/hr. What is the priority action?

A	Increase the IV rate	
B	Notify the physician	
C	**Check for kinks in the tubing**	**CORRECT**
D	Assess the patient's blood pressure	

Q-580

The nurse is preparing a patient for surgery. Which finding requires immediate notification of the surgeon?

A	Elevated blood pressure	
B	Patient reports feeling nervous	
C	**Serum potassium of 5.2 mEq/L**	**CORRECT**
D	Weight of 150 lbs	

Q-581

A patient with diabetes mellitus presents with confusion, sweating, and a blood glucose of 50 mg/dL. Which action should the nurse take first?

A	**Administer IV dextrose**	**CORRECT**
B	Give the patient orange juice	
C	Administer glucagon	
D	Check the patient's vital signs	

Q-582

A patient is diagnosed with malaria. The nurse should expect to administer which medication?

A	Acyclovir	
B	**Chloroquine**	**CORRECT**
C	Metronidazole	
D	Amoxicillin	

Q-583

The nurse is caring for a patient with a central venous catheter. Which sign indicates a possible infection?

A	**Redness and drainage at the site**	**CORRECT**
B	Patient reporting mild discomfort	
C	Catheter is intact	
D	No fluctuation in the catheter	

Q-584

A patient is admitted with a left-sided cerebrovascular accident (CVA). The nurse expects the patient to exhibit:

A	Left-sided paralysis and expressive aphasia	
B	Right-sided paralysis and receptive aphasia	
C	Left-sided paralysis and receptive aphasia	
D	**Right-sided paralysis and expressive aphasia**	**CORRECT**

Q-585

A patient is on a low-sodium diet. Which food should the nurse teach the patient to avoid?

A	Fresh apples	
B	**Canned soup**	**CORRECT**
C	Brown rice	
D	Unsalted popcorn	

Q-586

A patient with anemia is prescribed iron supplements. Which side effect should the nurse include in the teaching plan?

A	**Constipation**	**CORRECT**
B	Diarrhea	
C	Hypertension	
D	Tachycardia	

Q-587

The nurse is caring for a patient with a chest tube. What is the priority nursing action?

A	Clamp the chest tube	
B	Monitor for air leaks in the system	
C	Empty the drainage system	
D	**Assess the patient's respiratory status**	**CORRECT**

Q-588

A patient on a medication that can cause hyperkalemia has a sudden increase in serum potassium levels. Which medication should the nurse anticipate having available at the bedside for emergency management?

A	Sodium bicarbonate	
B	**Calcium gluconate**	**CORRECT**
C	Insulin and dextrose	
D	Kayexalate	

Q-589

A child weighing 28 kg is prescribed a medication at 50 mg/kg/day divided every 8 hours. What is the dose per administration?

A	140 mg	
B	700 mg	
C	**467 mg**	**CORRECT**
D	1400 mg	

Q-590

A child is diagnosed with Hirschsprung disease. Which symptom is the hallmark of this condition?

A	Projectile vomiting	
B	**Failure to pass meconium in the first 24–48 hours**	**CORRECT**
C	Currant jelly stools	
D	Abdominal distension with bilious vomiting	

Q-591

A patient with schizophrenia is exhibiting disorganized thinking and speech. The patient says, "I need to go to the store to buy a hat for my cat." This is an example of which thought process?

A	Flight of ideas	
B	**Loose associations**	**CORRECT**
C	Echolalia	
D	Neologism	

Q-592

A nurse is caring for a patient with schizophrenia who is hearing voices commanding self-harm. The nurse knows this is which type of symptom?

A	Negative symptom	
B	**Positive symptom**	**CORRECT**
C	Cognitive symptom	
D	Affective symptom	

Q-593

A patient is scheduled for a procedure and asks the nurse about the preparation. The nurse's response should be based on which understanding of the patient's rights?

A	The patient has the right to refuse any procedure after signing consent	
B	The nurse can override the patient's refusal in an emergency	
C	**The patient has the right to understand the procedure and give informed consent**	**CORRECT**
D	Only the physician has the right to explain the procedure	

Q-594

A patient's medication order is 1 mL of epinephrine. The patient weighs 2.5 kg, and the concentration is 0.1 mg/mL. How many mg will the nurse administer?

A	**0.1 mg**	**CORRECT**
B	0.25 mg	
C	1 mg	
D	2.5 mg	

Q-595

The nurse is calculating IV fluids for a patient. The order is for 250 mL to be infused over 8 hours. What is the flow rate in mL/hr?

A	15 mL/hr	
B	**31.25 mL/hr**	**CORRECT**
C	50 mL/hr	
D	62.5 mL/hr	

Q-596

The nurse is providing education to a patient about preventing tuberculosis (TB) transmission. Which statement indicates that the patient understands the teaching?

A	I need to wash my hands frequently	
B	I should cover my mouth when coughing	
C	**I will take my medication for 6 months as prescribed**	**CORRECT**
D	I should avoid crowded places	

Q-597

A patient with tuberculosis is started on a 6-month treatment regimen. The nurse explains that sputum cultures should convert to negative within:

A	2–4 weeks	
B	**4–8 weeks**	**CORRECT**
C	8–12 weeks	
D	12–16 weeks	

Q-598

The nurse is preparing a patient for an endoscopic procedure. The patient asks, "Will this hurt?" What is the nurse's best response?

A	You won't feel anything at all	
B	**You may feel some discomfort, but it is important to stay still**	**CORRECT**
C	I will give you medication to make you sleep	
D	The doctor will explain everything	

Q-599

A patient with a history of drug abuse is taking prescribed opioid medications. The nurse should assess for signs of which condition?

A	Tolerance	
B	Addiction	
C	Physical dependence	
D	**All of the above**	**CORRECT**

Q-600

A community health nurse is developing a program for malaria prevention. Which intervention is considered secondary prevention?

A	Administering prophylactic medication	
B	Educating about mosquito nets	
C	**Screening and early treatment of cases**	**CORRECT**
D	Mosquito control programs	

Q-601

A patient's hemoglobin A1c level is 7.5%. This indicates that the patient's average blood glucose over the past 3 months is approximately:

A	150 mg/dL	
B	**170 mg/dL**	**CORRECT**
C	190 mg/dL	
D	210 mg/dL	

Q-602

During a hospital fire emergency, which patient should the nurse evacuate first?

A	**A bedridden patient who cannot self-evacuate and is in immediate danger**	**CORRECT**
B	A stable ambulatory patient who can follow instructions independently	
C	A critically ill patient requiring extensive life-support equipment	
D	A patient in isolation who is stable	

Q-603

The nurse is caring for a patient with a cast. The patient reports that the cast feels tight and the toes are pale. What is the priority nursing action?

A	Elevate the extremity	
B	Apply ice to the cast	
C	Notify the physician	
D	**Assess neurovascular status**	**CORRECT**

Q-604

A patient is prescribed a medication that requires monitoring of serum drug levels. The nurse should draw the blood sample:

A	At any time during the day	
B	At the same time each day	
C	**Immediately before the next dose (trough level)**	**CORRECT**
D	Immediately after the dose (peak level)	

Q-605

A nurse observes that a patient's urine output has decreased to less than 30 mL/hr. The nurse should assess for which possible cause?

A	Dehydration	
B	Renal failure	
C	Urinary obstruction	
D	**All of the above**	**CORRECT**

Q-606

The nurse is providing discharge teaching to a patient with chronic obstructive pulmonary disease (COPD). Which statement by the patient indicates the need for further teaching?

A	I will use my inhaler as prescribed	
B	I will avoid crowds during flu season	
C	I will rest frequently throughout the day	
D	**I will increase my fluid intake to thin secretions**	**CORRECT**

Q-607

A patient is experiencing chest pain. Which medication should the nurse anticipate administering first?

A	**Aspirin**	**CORRECT**
B	Nitroglycerin	
C	Morphine sulfate	
D	Oxygen	

Q-608

A patient is scheduled for an elective surgery. The nurse is reviewing the consent form and notes that it was signed only by the patient's spouse. What should the nurse do?

A	Proceed with the surgery	
B	**Have the patient sign the consent form**	**CORRECT**
C	Ask the physician to explain the procedure again	
D	Notify the risk management department	

Q-609

The nurse is caring for a patient with a chest tube. Which finding indicates that the chest tube system is functioning correctly?

A	Continuous bubbling in the water seal chamber	
B	**Intermittent bubbling in the water seal chamber**	**CORRECT**
C	Absence of bubbling in the water seal chamber	
D	Continuous bubbling in the suction chamber	

Q-610

A patient with a head injury is at risk for increased intracranial pressure (ICP). Which nursing intervention is most appropriate to prevent increased ICP?

A	Suction the patient frequently	
B	Keep the patient in a supine position	
C	**Maintain the head of the bed elevated 30 degrees**	**CORRECT**
D	Administer sedatives as needed	

Q-611

A patient has a nasogastric tube for gastric decompression. The nurse notes that the drainage is bright red. What should the nurse do first?

A	Increase the suction	
B	**Notify the physician**	**CORRECT**
C	Document the finding	
D	Check the tube placement	

Q-612

A patient with heart failure is prescribed a low-sodium diet. The nurse should teach the patient to avoid which food?

A	Fresh chicken	
B	**Canned soup**	**CORRECT**
C	Unsalted nuts	
D	Fresh vegetables	

Q-613

A patient is taking warfarin. The nurse should monitor the patient for signs of which adverse effect?

A	**Bleeding**	**CORRECT**
B	Hypertension	
C	Constipation	
D	Hypotension	

Q-614

The nurse is assessing a patient who has just undergone a cardiac catheterization. Which finding requires immediate notification of the physician?

A	Mild groin pain	
B	**Hematoma at the insertion site**	**CORRECT**
C	Pulse rate of 90 beats per minute	
D	Blood pressure of 110/70 mmHg	

Q-615

A patient with cirrhosis is experiencing fluid retention. The nurse should monitor the patient for which complication?

A	Ascites	
B	Peripheral edema	
C	Pulmonary edema	
D	**All of the above**	**CORRECT**

Q-616

A child is brought to the emergency department with a seizure. Which medication should the nurse anticipate administering to stop the seizure activity?

A	**Lorazepam**	**CORRECT**
B	Phenytoin	
C	Phenobarbital	
D	Valproic acid	

Q-617

A patient is experiencing withdrawal symptoms from alcohol. The nurse should monitor the patient for which serious complication?

A	Delirium tremens	
B	Seizures	
C	Wernicke-Korsakoff syndrome	
D	**All of the above**	**CORRECT**

Q-618

The nurse is providing education to a patient with iron deficiency anemia. Which food should the nurse recommend to increase iron absorption?

A	Milk	
B	**Orange juice**	**CORRECT**
C	Tea	
D	Eggs	

Q-619

A patient with asthma is prescribed a beta-2 agonist (e.g., albuterol). The nurse should monitor the patient for which adverse effect?

A	Bradycardia	
B	**Tachycardia**	**CORRECT**
C	Hypotension	
D	Respiratory depression	

Q-620

A patient is receiving total parenteral nutrition (TPN). The nurse should monitor the patient for which complication?

A	Hyperglycemia	
B	Hypoglycemia	
C	Liver dysfunction	
D	**All of the above**	**CORRECT**

Q-621

The nurse is providing care to a patient after a bone marrow transplant. Which infection control measure is most important?

A	Standard precautions	
B	Droplet precautions	
C	Airborne precautions	
D	**Protective environment (neutropenic precautions)**	**CORRECT**

Q-622

A patient is diagnosed with a urinary tract infection (UTI). The nurse should instruct the patient to complete which of the following?

A	Take antibiotics until symptoms resolve	
B	**Take the full course of antibiotics as prescribed**	**CORRECT**
C	Stop antibiotics if symptoms improve	
D	Take antibiotics only when symptoms return	

Q-623

The nurse is caring for a patient with a peripheral IV line. The nurse should change the IV site and dressing every:

A	24 hours	
B	48 hours	
C	**72-96 hours**	**CORRECT**
D	1 week	

Q-624

A patient with severe dehydration has a serum sodium level of 125 mEq/L. The nurse anticipates which type of IV fluid?

A	**Normal saline**	**CORRECT**
B	Half-normal saline	
C	Dextrose 5% in water	
D	Hypertonic saline	

Q-625

A patient is suspected of having a pulmonary embolism. Which diagnostic test is most definitive?

A	Chest X-ray	
B	D-dimer	
C	**CT pulmonary angiography**	**CORRECT**
D	Ventilation-perfusion scan	

Q-626

The nurse is preparing a patient for a lumbar puncture. The nurse should position the patient in which position?

A	Supine	
B	Prone	
C	**Side-lying with knees drawn to chest**	**CORRECT**
D	Sitting upright	

Q-627

A patient is experiencing acute pain after surgery. The nurse should assess the patient's pain using which tool?

A	Numerical rating scale	
B	Visual analog scale	
C	Faces pain scale	
D	**All of the above**	**CORRECT**

Q-628

The nurse is providing education to a patient with chronic pain about non-pharmacological pain management. Which intervention should the nurse recommend?

A	Distraction techniques	
B	Relaxation therapy	
C	Heat or cold application	
D	**All of the above**	**CORRECT**

Q-629

A patient is admitted with a diagnosis of heart failure. The nurse should monitor the patient's fluid balance by assessing:

A	Daily weight	
B	Intake and output	
C	Edema	
D	**All of the above**	**CORRECT**

Q-630

A patient with a history of asthma is having difficulty breathing. The nurse auscultates the lungs and hears expiratory wheezes. This indicates:

A	**Airway obstruction**	**CORRECT**
B	Airway inflammation	
C	Mucous plugging	
D	All of the above	

Q-631

The nurse is caring for a patient with a wound infection. The nurse should monitor the patient for signs of systemic infection, including:

A	Fever	
B	Tachycardia	
C	Leukocytosis	
D	**All of the above**	**CORRECT**

Q-632

A patient is receiving corticosteroid therapy. The nurse should teach the patient to avoid which of the following?

A	**High-sodium foods**	**CORRECT**
B	High-potassium foods	
C	High-calcium foods	
D	High-protein foods	

Q-633

A patient with chronic kidney disease is prescribed a phosphate binder. The nurse should administer this medication:

A	**With meals**	**CORRECT**
B	On an empty stomach	
C	At bedtime	
D	With antacids	

Q-634

The nurse is providing discharge teaching to a patient with a new colostomy. The patient expresses concern about body image. What is the nurse's best response?

A	**I understand this is difficult, but you will adapt**	**CORRECT**
B	You should not worry about it	
C	It's important to accept this change	
D	You can always reverse the colostomy later	

Q-635

A patient is diagnosed with a myocardial infarction. The nurse should monitor the patient for which complication during the first 24 hours?

A	Dysrhythmias	
B	Cardiogenic shock	
C	Heart failure	
D	**All of the above**	**CORRECT**

Q-636

The nurse is preparing to administer the MMR (measles, mumps, rubella) vaccine to a child. What is the recommended route and site of administration?

A	**Subcutaneous injection in the outer aspect of the upper arm**	**CORRECT**
B	Intramuscular injection in the deltoid muscle	
C	Subcutaneous injection in the anterolateral thigh	
D	Intradermal injection in the forearm	

Q-637

An infant is diagnosed with spina bifida with a sac that is intact. Which position is most appropriate for the infant to prevent pressure on the sac?

A	Prone (on the abdomen)	
B	**Prone with slight flexion**	**CORRECT**
C	Prone with extension	
D	Supine	

Q-638

A patient on warfarin therapy has an elevated INR with bleeding. Which medication should the nurse anticipate administering as the antidote?

A	**Vitamin K (Phytomenadione)**	**CORRECT**
B	Protamine sulfate	
C	Naloxone	
D	Flumazenil	

Q-639

A newborn is born at 35 weeks gestation and weighs 1800 grams. How is this infant's birth weight classified?

A	**Low Birth Weight (LBW)**	**CORRECT**
B	Very Low Birth Weight (VLBW)	
C	Extremely Low Birth Weight (ELBW)	
D	Appropriate for Gestational Age (AGA)	

Q-640

A child weighing 15 kg is prescribed a medication at a dose of 10 mg/kg. The available concentration is 125 mg per 5 mL. How many mL should the nurse administer?

A	**0.6 mL**	**CORRECT**
B	1.2 mL	
C	2.4 mL	
D	6 mL	

Q-641

A patient taking citalopram, an SSRI antidepressant, reports an adverse effect. Which side effect is commonly associated with SSRIs?

A	Hair loss	
B	**Sexual dysfunction**	**CORRECT**
C	Hearing loss	
D	Renal failure	

Q-642

An immunocompromised patient reports recent exposure to a neighbor diagnosed with tuberculosis. Based on evidence-based practice, what should the nurse do first?

A	Recommend immediate treatment	
B	**Screen and assess for TB infection**	**CORRECT**
C	Ignore the exposure	
D	Start airborne isolation at home	

Q-643

A patient with chronic obstructive pulmonary disease (COPD) is at risk for which complication?

A	**Respiratory failure**	**CORRECT**
B	Hyperthyroidism	
C	Appendicitis	
D	Glaucoma	

Q-644

Lactated Ringer's solution is classified as which type of intravenous fluid?

A	Hypotonic	
B	Hypertonic	
C	**Isotonic**	**CORRECT**
D	Colloid	

Q-645

Cervical dilation of 6 cm indicates which stage of labor?

A	Latent phase	
B	**Active phase**	**CORRECT**
C	Transition phase	
D	Third stage	

Q-646

A patient is diagnosed with bacterial meningitis. What type of isolation precaution is required?

A	Airborne precautions	
B	Contact precautions	
C	**Droplet precautions**	**CORRECT**
D	Standard precautions	

Q-647

A patient is coughing up blood and is suspected of having pulmonary tuberculosis. What type of isolation is required?

A	Contact precautions	
B	Droplet precautions	
C	Standard precautions	
D	**Airborne precautions**	**CORRECT**

Q-648

A patient reports pain and redness at the IV cannula site. What is the nurse's priority action?

A	Increase the infusion rate	
B	**Stop the infusion and remove the IV**	**CORRECT**
C	Apply heat to the site	
D	Flush the IV with saline	

Q-649

A nurse is administering prescribed eye drops to a client. Where should the nurse place the medication?

A	Directly on the cornea	
B	On the sclera	
C	**Into the conjunctival sac**	**CORRECT**
D	Onto the eyelashes	

Q-650

A healthcare provider prescribes paracetamol 1 g QID. The medication supplied by the pharmacy is available as 250 mg tablets. Which nursing action is most appropriate?

A	Ask the pharmacy to provide 1 g tablets	
B	Call the doctor to recheck the dose	
C	**Administer four 250 mg tablets**	**CORRECT**
D	Hold the medication and document it	

Q-651

A community health nurse administers the meningococcal vaccine to individuals preparing for Hajj. This intervention is an example of which level of prevention?

A	**Primary prevention**	**CORRECT**
B	Secondary prevention	
C	Tertiary prevention	
D	Restorative prevention	

Q-652

The nurse is preparing to insert a nasogastric tube. In which position should the patient be placed to facilitate insertion?

A	Supine	
B	**Sitting upright with head slightly flexed**	**CORRECT**
C	Trendelenburg	
D	Side-lying	

Q-653

A patient is receiving a blood transfusion. The nurse notes that the patient is becoming anxious and short of breath, with crackles on lung auscultation. What is the priority nursing action?

A	Slow the infusion rate	
B	Administer oxygen	
C	Notify the physician	
D	**Stop the transfusion immediately**	**CORRECT**

Q-654

A patient with a history of deep vein thrombosis (DVT) is prescribed warfarin. The nurse should monitor which laboratory value to assess the therapeutic effect?

A	**PT/INR**	**CORRECT**
B	aPTT	
C	Platelet count	
D	Fibrinogen level	

Q-655

A patient is in the active phase of labor. The nurse notes fetal heart rate decelerations that begin at the peak of the contraction and resolve after the contraction ends. What is the most likely cause?

A	Cord compression	
B	Head compression	
C	**Placental insufficiency**	**CORRECT**
D	Maternal hypotension	

Q-656

The nurse is caring for a patient who has just undergone a thyroidectomy. Which assessment finding requires immediate notification of the surgeon?

A	Slight hoarseness	
B	Mild pain at the incision site	
C	**Laryngeal stridor or respiratory distress**	**CORRECT**
D	Drainage of 20 mL of serosanguinous fluid	

Q-657

A patient is experiencing a tonic-clonic seizure. What is the priority nursing action?

A	Restrain the patient to prevent injury	
B	Place a tongue blade in the patient's mouth	
C	**Protect the patient from injury and maintain airway**	**CORRECT**
D	Administer IV lorazepam immediately	

Q-658

The nurse is providing discharge teaching to a patient who has a new colostomy. Which statement by the patient indicates understanding of the teaching?

A	I will change the appliance once a week	
B	I will irrigate the colostomy daily	
C	**I should notify my doctor if the stoma is pale or dusky**	**CORRECT**
D	I should use adhesive remover only if the skin is irritated	

Q-659

A patient with diabetes insipidus is admitted. Which finding is consistent with this diagnosis?

A	**Polyuria and polydipsia**	**CORRECT**
B	Oliguria and edema	
C	Weight gain and hypertension	
D	Bradycardia and confusion	

Q-660

A patient is diagnosed with hyperemesis gravidarum. Which intervention is most appropriate?

A	Encourage small, frequent meals	
B	**Administer IV fluids and antiemetics as prescribed**	**CORRECT**
C	Withhold food and fluids	
D	Advise the patient to eat fatty foods	

Q-661

The nurse is assessing a patient with suspected appendicitis. Which assessment finding is most indicative?

A	Pain in the right upper quadrant	
B	**Rebound tenderness in the right lower quadrant**	**CORRECT**
C	Sharp pain in the left lower quadrant	
D	Pain relieved by eating	

Q-662

A patient with hypertension is being discharged. Which dietary instruction is most important?

A	Increase potassium intake	
B	**Reduce sodium intake**	**CORRECT**
C	Increase calcium intake	
D	Reduce fat intake	

Q-663

A patient is taking a calcium channel blocker for hypertension. The nurse should monitor for which adverse effect?

A	Bradycardia	
B	**Peripheral edema**	**CORRECT**
C	Hyperglycemia	
D	Bronchospasm	

Q-664

The nurse is caring for a patient with a wound that requires a sterile dressing change. Which action maintains the sterile field?

A	**Hold the sterile field above waist level**	**CORRECT**
B	Reach across the sterile field when needed	
C	Sneeze away from the sterile field	
D	Open the sterile package before performing hand hygiene	

Q-665

A patient with cirrhosis is prescribed lactulose. The nurse should monitor the patient for which therapeutic effect?

A	**Reduced serum ammonia levels**	**CORRECT**
B	Increased serum albumin levels	
C	Decreased bilirubin levels	
D	Increased platelet count	

Q-666

A patient with a urinary tract infection is prescribed ciprofloxacin. The nurse should teach the patient to avoid which beverage?

A	Water	
B	**Milk**	**CORRECT**
C	Orange juice	
D	Caffeine	

Q-667

The nurse is assessing a patient after a lumbar puncture. The nurse should position the patient in which position for 4-6 hours?

A	**Supine**	**CORRECT**
B	Prone	
C	Sitting upright	
D	Trendelenburg	

Q-668

A patient is receiving IV vancomycin. The nurse should monitor the patient for which adverse effect?

A	**Nephrotoxicity**	**CORRECT**
B	Cardiotoxicity	
C	Hepatotoxicity	
D	Neurotoxicity	

Q-669

A patient is diagnosed with a pulmonary embolism. Which medication should the nurse anticipate administering?

A	Alteplase (tPA)	
B	**Heparin**	**CORRECT**
C	Warfarin	
D	Aspirin	

Q-670

The nurse is providing education to a patient on how to self-administer subcutaneous heparin. Which instruction is correct?

A	Massage the site after injection	
B	Aspirate before injection	
C	**Pinch the skin and insert the needle at a 90-degree angle**	**CORRECT**
D	Use the same site for consistency	

Q-671

The nurse is assessing a patient who is 2 hours post-cesarean section. The nurse notes that the fundus is firm at the umbilicus and the lochia is moderate rubra. What is the priority nursing action?

A	**Continue to monitor and document**	**CORRECT**
B	Notify the physician immediately	
C	Perform a fundal massage	
D	Increase the IV rate	

Q-672

A patient is experiencing anxiety and is hyperventilating. The nurse should instruct the patient to:

A	**Take deep, slow breaths into a paper bag**	**CORRECT**
B	Breathe deeply and rapidly	
C	Hold their breath for 30 seconds	
D	Exhale forcefully and quickly	

Q-673

A patient is prescribed digoxin for heart failure. The nurse should monitor the patient for signs of digoxin toxicity, including:

A	Tachycardia	
B	**Nausea, vomiting, and visual disturbances**	**CORRECT**
C	Hypertension	
D	Constipation	

Q-674

A patient with a history of alcohol abuse is admitted for pancreatitis. The nurse should monitor for signs of alcohol withdrawal, such as:

A	Sedation	
B	**Tremors and agitation**	**CORRECT**
C	Bradycardia	
D	Hypothermia	

Q-675

The nurse is performing a newborn assessment. Which finding should be reported to the pediatrician?

A	Milia on the face	
B	Acrocyanosis of the hands and feet	
C	**A single umbilical artery**	**CORRECT**
D	Mongolian spots on the back	

Q-676

A patient with bronchial asthma is prescribed montelukast. The nurse should explain that this medication works by:

A	Dilating the bronchi immediately	
B	**Reducing airway inflammation**	**CORRECT**
C	Suppressing the cough reflex	
D	Thinning respiratory secretions	

Q-677

A patient is diagnosed with dehydration and is ordered to receive IV fluids. The nurse should monitor for which sign of effective fluid replacement?

A	Decreased blood pressure	
B	**Increased urine output**	**CORRECT**
C	Increased heart rate	
D	Decreased skin turgor	

Q-678

A patient is admitted with a sickle cell crisis. Which nursing intervention is most appropriate to manage the patient's pain?

A	Apply ice packs to painful joints	
B	**Administer opioid analgesics as prescribed**	**CORRECT**
C	Encourage ambulation to relieve stiffness	
D	Restrict fluid intake to reduce edema	

Q-679

A patient is receiving chemotherapy and is at risk for tumor lysis syndrome. Which laboratory value should the nurse monitor closely?

A	Hemoglobin	
B	Serum calcium	
C	Platelet count	
D	**Serum uric acid**	**CORRECT**

Q-680

A patient with type 2 diabetes is prescribed metformin. The nurse should teach the patient to monitor for signs of lactic acidosis, including:

A	**Muscle aches and weakness**	**CORRECT**
B	Tachycardia	
C	Flushing of the skin	
D	Weight gain	

Q-681

The nurse is providing education to a patient about the prevention of osteoporosis. Which recommendation is most important?

A	Limit calcium intake	
B	**Engage in weight-bearing exercises**	**CORRECT**
C	Avoid sunlight exposure	
D	Restrict protein intake	

Q-682

A patient with Cushing's syndrome is expected to exhibit which clinical manifestation?

A	Weight loss	
B	Hyperpigmentation	
C	**Buffalo hump and moon face**	**CORRECT**
D	Hypoglycemia	

Q-683

A patient is receiving an IV infusion of normal saline. The nurse notes the patient has developed crackles in the lung bases and is short of breath. What is the priority nursing action?

A	Slow the infusion rate and monitor	
B	Notify the physician immediately	
C	**Place the patient in a high Fowler's position**	**CORRECT**
D	Administer furosemide as prescribed	

Q-684

The nurse is performing a neurological assessment on a patient. Which finding indicates a positive Babinski sign?

A	Flexion of the toes	
B	**Extension of the great toe and fanning of the other toes**	**CORRECT**
C	Plantar flexion of the foot	
D	Coughing or gagging	

Q-685

A patient is admitted with acute pancreatitis. The nurse should expect the patient to be placed on which type of dietary restriction?

A	Low-fat diet	
B	High-fiber diet	
C	**Clear liquid diet, then NPO**	**CORRECT**
D	High-protein diet	

Q-686

A patient is diagnosed with a urinary tract infection and is prescribed an antibiotic. The nurse should instruct the patient to complete the entire course of antibiotics to:

A	**Prevent antibiotic resistance**	**CORRECT**
B	Reduce the cost of treatment	
C	Prevent allergic reactions	
D	Reduce side effects	

Q-687

The nurse is positioning a patient who is postoperative following an appendectomy. Which position is most appropriate?

A	Supine	
B	**Low Fowler's**	**CORRECT**
C	High Fowler's	
D	Prone	

Q-688

Which of the following best defines Evidence-Based Practice (EBP) in nursing?

A	Using traditional methods of care	
B	**Integrating best research evidence with clinical expertise and patient values**	**CORRECT**
C	Following hospital policies without question	
D	Relying solely on physician orders	

Q-689

A pregnant patient has a history of preterm labor. Which instruction is most important to prevent recurrence?

A	**Avoid sexual intercourse during the third trimester**	**CORRECT**
B	Increase physical activity	
C	Avoid all dietary fats	
D	Take daily aspirin	

Q-690

A nurse discovers a medication error. What is the most appropriate action?

A	Ignore the error if the patient is stable	
B	**Report the error and follow hospital policy**	**CORRECT**
C	Document it only in the nursing notes	
D	Tell the patient that the error did not occur	

Q-691

A nurse notices a yellow container in a patient's room. What is the primary purpose of this container?

A	Disposal of regular trash	
B	**Disposal of needles and sharp objects**	**CORRECT**
C	Storage of clean linens	
D	Collection of biohazardous fluids	

Q-692

The nurse is assessing a patient with edema. The edema is described as +3. What does this indicate?

A	Mild pitting edema with no visible deformity	
B	Moderate pitting edema with a 4 mm indentation	
C	**Severe pitting edema with a 6 mm indentation**	**CORRECT**
D	Gross edema with a deep 8 mm indentation	

Q-693

A patient with a prolapsed umbilical cord is in labor. What is the priority nursing intervention?

A	Apply warm compresses to the cord	
B	**Elevate the presenting part and cover the cord with a sterile saline-soaked gauze**	**CORRECT**
C	Administer oxygen to the mother	
D	Notify the physician immediately	

Q-694

The nurse is caring for a patient with a gastrointestinal fistula. What is the priority preoperative intervention?

A	Administer oral antibiotics	
B	**Keep the patient NPO and place a nasogastric tube to suction**	**CORRECT**
C	Provide a high-fiber diet	
D	Encourage oral fluids	

Q-695

Immediately after birth, what is the priority nursing action for the newborn?

A	Place the newborn on the mother's chest	
B	**Dry the newborn and stimulate breathing**	**CORRECT**
C	Clamp and cut the umbilical cord	
D	Administer vitamin K	

Q-696

A patient who recently lost their spouse has isolated themselves at home and refuses to go out. This is most likely a manifestation of:

A	**Normal grief reaction**	**CORRECT**
B	Clinical depression	
C	Social anxiety disorder	
D	Acute stress disorder	

Q-697

A patient with diabetes mellitus is using a glucometer to check blood glucose levels. Which statement indicates the patient understands proper use?

A	I will use the device only once a week	
B	**I will calibrate the device regularly and check blood glucose as scheduled**	**CORRECT**
C	I will clean the device with soap and water	
D	I will share the device with family members	

Q-698

A breastfeeding mother asks about breast care after feeding. Which action should the nurse advise against?

A	Washing the nipple with water only	
B	Applying expressed milk to the nipple	
C	**Washing the nipple with soap and water**	**CORRECT**
D	Air-drying the nipple after feeding	

Q-699

A nurse leader allows staff members to make decisions and solve problems independently. This leadership style is best described as:

A	Autocratic	
B	Democratic	
C	**Laissez-faire**	**CORRECT**
D	Transactional	

Q-700

A researcher is studying the effects of smoking by comparing a group of smokers to a group of non-smokers. This is an example of which type of study?

A	**Cohort study**	**CORRECT**
B	Case-control study	
C	Randomized controlled trial	
D	Cross-sectional study	

Q-701

A nurse documents a patient's vital signs incorrectly. What is the most appropriate corrective action?

A	Leave the incorrect documentation as is	
B	**Write the correct documentation and note the late entry**	**CORRECT**
C	Erase the incorrect documentation	
D	Ask another nurse to document the correct vitals	

Q-702

A newborn is receiving phototherapy for hyperbilirubinemia. Which nursing intervention is most important?

A	**Cover the infant's eyes with eye shields**	**CORRECT**
B	Turn the infant every hour	
C	Feed the infant every 4 hours	
D	Monitor the infant's temperature	

Q-703

A 15-year-old patient is scheduled for surgery. From whom should the nurse obtain informed consent?

A	The patient	
B	**The patient's parent or legal guardian**	**CORRECT**
C	The patient's spouse	
D	The physician	

Q-704

A patient is brought to the emergency department with burns. What is the priority nursing assessment?

A	**Airway**	**CORRECT**
B	Blood pressure	
C	Heart rate	
D	Burn depth	

Q-705

After administering medication through a nasogastric (NG) tube, what should the nurse do next?

A	Clamp the tube for 30 minutes	
B	**Flush the tube with 30-60 mL of water**	**CORRECT**
C	Remove the tube immediately	
D	Aspirate stomach contents	

Q-706

A patient with a severe headache is sensitive to light. Which nursing intervention is most appropriate?

A	Keep the room well-lit	
B	**Reduce lighting and provide a quiet environment**	**CORRECT**
C	Apply a cold compress to the head	
D	Administer a sedative	

Q-707

A patient of a different cultural background refuses a procedure due to their beliefs. What is the most appropriate nursing action?

A	**Respect the patient's beliefs and explore alternatives**	**CORRECT**
B	Insist the patient comply with the procedure	
C	Tell the patient they are being unreasonable	
D	Call security to force the procedure	

Q-708

A nurse discusses a patient's condition in a public elevator. This is a violation of which ethical principle?

A	Justice	
B	Beneficence	
C	**Confidentiality**	**CORRECT**
D	Autonomy	

Q-709

A patient with tuberculosis is prescribed a 6-month treatment regimen. The nurse should explain that this treatment is necessary to:

A	Prevent antibiotic resistance	
B	**Ensure complete eradication of the bacteria**	**CORRECT**
C	Reduce side effects	
D	Monitor the patient's response	

Q-710

The nurse is assessing a patient with chronic kidney disease. Which finding is consistent with this condition?

A	Hypokalemia	
B	**Metabolic acidosis**	**CORRECT**
C	Hypercalcemia	
D	Hypophosphatemia	

Q-711

A patient with a history of gastric ulcer is prescribed ibuprofen for pain. What is the most appropriate nursing action?

A	Administer ibuprofen as prescribed	
B	**Contact the physician to discuss alternative pain relief**	**CORRECT**
C	Give ibuprofen with food to reduce side effects	
D	Administer ibuprofen with an antacid	

Q-712

A patient is prescribed an ACE inhibitor for hypertension. The nurse should teach the patient to report which side effect?

A	**Dry cough**	**CORRECT**
B	Bradycardia	
C	Peripheral edema	
D	Hyperglycemia	

Q-713

A child is prescribed methylphenidate for attention deficit hyperactivity disorder (ADHD). The nurse should monitor the child for which adverse effect?

A	**Insomnia and decreased appetite**	**CORRECT**
B	Bradycardia	
C	Weight gain	
D	Sedation	

Q-714

A patient with a pacemaker is scheduled for surgery. Which nursing action is most important?

A	Administer antibiotics preoperatively	
B	**Coordinate with the electrophysiology team for device management**	**CORRECT**
C	Avoid using any electrical equipment	
D	Restrict the patient's fluid intake	

Q-715

The nurse is caring for a patient with a chest tube. The chest tube system is accidentally disconnected. What is the priority nursing action?

A	Clamp the chest tube	
B	Reconnect the system	
C	**Place the end of the tube in sterile water**	**CORRECT**
D	Notify the physician	

Q-716

A patient is diagnosed with atrial fibrillation. Which medication is commonly used for rate control?

A	Adenosine	
B	**Metoprolol**	**CORRECT**
C	Amiodarone	
D	Lidocaine	

Q-717

A patient is admitted with a gastrointestinal bleed. The nurse should assess the patient for signs of hypovolemic shock, including:

A	Bradycardia	
B	Increased blood pressure	
C	**Tachycardia and hypotension**	**CORRECT**
D	Warm, dry skin	

Q-718

The nurse is providing discharge teaching to a patient with a new tracheostomy. Which statement by the patient indicates understanding of care?

A	I will clean the inner cannula with tap water	
B	I will keep the tracheostomy ties loose	
C	**I will suction the tracheostomy as needed to maintain airway patency**	**CORRECT**
D	I will change the tracheostomy tube daily	

Q-719

A patient with chronic pain is prescribed a transdermal fentanyl patch. The nurse should teach the patient to:

A	Apply heat to the patch site to increase absorption	
B	**Change the patch every 72 hours**	**CORRECT**
C	Cut the patch in half for a smaller dose	
D	Dispose of the patch in the trash	

Q-720

A patient is scheduled for a bronchoscopy. The nurse should instruct the patient to:

A	Eat a heavy meal before the procedure	
B	**Remain NPO for 6-12 hours before the procedure**	**CORRECT**
C	Take oral medications with a sip of water	
D	Brush teeth thoroughly before the procedure	

Q-721

A patient with a history of myocardial infarction is prescribed aspirin. The nurse should explain that aspirin works by:

A	Dilating coronary arteries	
B	**Inhibiting platelet aggregation**	**CORRECT**
C	Reducing cholesterol levels	
D	Preventing arrhythmias	

Q-722

The nurse is caring for a patient with a spinal cord injury. The nurse should monitor for autonomic dysreflexia, which is characterized by:

A	Hypotension and bradycardia	
B	**Hypertension and bradycardia**	**CORRECT**
C	Hypotension and tachycardia	
D	Hypertension and tachycardia	

Q-723

A patient is receiving IV heparin therapy. Which laboratory value should be monitored to assess the therapeutic effect?

A	PT/INR	
B	**aPTT**	**CORRECT**
C	Platelet count	
D	D-dimer	

Q-724

A patient is admitted with an exacerbation of heart failure. The nurse should place the patient in which position to facilitate breathing?

A	Supine	
B	Prone	
C	**High Fowler's**	**CORRECT**
D	Trendelenburg	

Q-725

The nurse is educating a patient about proper use of a metered-dose inhaler (MDI). Which instruction is correct?

A	**Shake the inhaler well before use**	**CORRECT**
B	Hold the inhaler upside down	
C	Exhale forcefully after inhaling the medication	
D	Inhale the medication without holding the breath	

Q-726

A patient is diagnosed with deep vein thrombosis (DVT) and is prescribed warfarin. The nurse should teach the patient to avoid which foods?

A	**Foods high in vitamin K (e.g., green leafy vegetables)**	**CORRECT**
B	Foods high in potassium (e.g., bananas)	
C	Foods high in protein (e.g., meat)	
D	Foods high in sodium (e.g., canned foods)	

Q-727

A patient with asthma is prescribed a corticosteroid inhaler. The nurse should teach the patient to:

A	Use the inhaler only during asthma attacks	
B	**Rinse the mouth with water after each use**	**CORRECT**
C	Use the inhaler before the bronchodilator	
D	Hold the breath for 30 seconds after inhalation	

Q-728

A patient is receiving a blood transfusion and develops fever and chills. What is the most likely cause?

A	**Febrile non-hemolytic reaction**	**CORRECT**
B	Allergic reaction	
C	Hemolytic reaction	
D	Circulatory overload	

Q-729

A patient is diagnosed with hypoglycemia. Which symptom is most consistent with this condition?

A	Polyuria	
B	**Confusion and diaphoresis**	**CORRECT**
C	Tachycardia	
D	Polydipsia	

Q-730

The nurse is performing a cardiac assessment. Which sound is caused by turbulent blood flow through a narrowed valve?

A	S1	
B	S2	
C	**Murmur**	**CORRECT**
D	Rub	

Q-731

A patient is taking an MAOI antidepressant. Which food should the nurse advise the patient to avoid?

A	**Aged cheese and cured meats**	**CORRECT**
B	Fresh fruits and vegetables	
C	Whole grains	
D	Dairy products	

Q-732

A patient is scheduled for a CT scan with contrast. The nurse should assess the patient for:

A	Allergy to shellfish or iodine	
B	History of asthma	
C	Renal function	
D	**All of the above**	**CORRECT**

Q-733

A patient with a head injury is at risk for increased intracranial pressure (ICP). Which sign is an early indicator of increased ICP?

A	Widening pulse pressure	
B	Bradycardia	
C	**Changes in level of consciousness**	**CORRECT**
D	Irregular respirations	

Q-734

The nurse is providing discharge teaching to a patient with a colostomy. Which statement indicates the patient understands the teaching?

A	I will change the appliance every day	
B	**I will monitor the stoma for color and output**	**CORRECT**
C	I will irrigate the colostomy every morning	
D	I will restrict my diet to liquid foods	

Q-735

A patient with advanced cancer requires care focused on relieving pain, managing symptoms, and improving quality of life. Which type of care is most appropriate?

A	Curative care	
B	**Palliative care**	**CORRECT**
C	Terminal care	
D	Supportive care	

Q-736

The nurse is prioritizing care for multiple patients. Which patient should be seen first?

A	A patient with a stable vital signs	
B	**A patient with a blood pressure of 180/110 mmHg**	**CORRECT**
C	A patient requesting pain medication	
D	A patient ready for discharge	

Q-737

Which nursing intervention is an example of secondary prevention?

A	Administering vaccinations	
B	**Screening for hypertension**	**CORRECT**
C	Providing rehabilitation after a stroke	
D	Health education about healthy eating	

Q-738

A patient is receiving DKA (diabetic ketoacidosis) treatment. Which finding is most consistent with this condition?

A	**Elevated blood glucose**	**CORRECT**
B	Normal blood glucose	
C	Low blood glucose	
D	Normal electrolyte levels	

Q-739

A patient with cyclothymia is being assessed. Which symptom is characteristic of this condition?

A	Severe depressive episodes only	
B	**Mild mood swings with periods of hypomania and mild depression**	**CORRECT**
C	Psychotic episodes	
D	Complete absence of mood changes	

Q-740

Which intervention is most important to prevent the spread of tuberculosis in a healthcare setting?

A	Administering the BCG vaccine	
B	**Placing the patient on airborne precautions**	**CORRECT**
C	Wearing a surgical mask	
D	Isolating the patient for 2 weeks	

Q-741

The nurse is doffing (removing) personal protective equipment (PPE). What is the correct sequence?

A	**Gloves, gown, goggles, mask**	**CORRECT**
B	Goggles, gown, gloves, mask	
C	Mask, goggles, gown, gloves	
D	Gloves, goggles, mask, gown	

Q-742

A patient with rheumatic fever is prescribed which medication for prophylaxis?

A	**Penicillin**	**CORRECT**
B	Aspirin	
C	Ibuprofen	
D	Acetaminophen	

Q-743

A patient with a history of pulmonary embolism is at risk for which complication?

A	**Deep vein thrombosis**	**CORRECT**
B	Myocardial infarction	
C	Stroke	
D	Pneumonia	

Q-744

The nurse is administering magnesium sulfate to a patient. What is the priority assessment before administration?

A	Blood pressure	
B	Heart rate	
C	**Respiratory rate and deep tendon reflexes**	**CORRECT**
D	Urine output	

Q-745

A patient with a DNR (do not resuscitate) order is refusing treatment. What is the nurse's best action?

A	**Respect the patient's wishes and follow hospital policy**	**CORRECT**
B	Override the patient's refusal	
C	Notify the family to make the decision	
D	Administer treatment regardless of the patient's refusal	

Q-746

A patient with schizophrenia is repeating a word spoken by the nurse. This is an example of which thought process?

A	Flight of ideas	
B	**Echolalia**	**CORRECT**
C	Neologism	
D	Word salad	

Q-747

A patient with a new diagnosis of cancer appears in shock and is asking few questions. What is the most appropriate nursing intervention?

A	Provide detailed information immediately	
B	**Offer emotional support and allow time to process the information**	**CORRECT**
C	Tell the patient to be strong	
D	Leave the patient alone	

Q-748

A patient who recently lost their spouse is experiencing grief. Which physical symptom is most likely to be associated with this?

A	Increased appetite	
B	Hypersomnia	
C	**Fatigue and weight loss**	**CORRECT**
D	Hypertension	

Q-749

A patient is in the second stage of labor. What is the expected finding?

A	**Complete cervical dilation (10 cm) and delivery of the baby**	**CORRECT**
B	Cervical dilation from 4–7 cm	
C	Delivery of the placenta	
D	Contractions every 2–3 minutes	

Q-750

A patient is positive for chlamydia but has no symptoms. This is described as:

A	**Subclinical infection**	**CORRECT**
B	Acute infection	
C	Chronic infection	
D	Latent infection	

Q-751

The most common fetal presentation at term is:

A	Breech	
B	**Vertex (cephalic)**	**CORRECT**
C	Transverse lie	
D	Face presentation	

Q-752

A patient is experiencing false labor contractions (Braxton Hicks). Which instruction is most appropriate?

A	Lie down and rest	
B	**Ambulate (walk)**	**CORRECT**
C	Drink plenty of fluids	
D	Take a warm bath	

Q-753

A patient with a history of psychosis presents with an illusion. What is the best description of an illusion?

A	**A false perception of a real external stimulus**	**CORRECT**
B	A false perception without a real stimulus	
C	A fixed false belief	
D	A misinterpretation of a sound	

Q-754

A child with a cleft lip needs to be positioned after surgery. The nurse notices the child is moving their hands toward the suture line. Which position is best?

A	**Supine with arm restraints**	**CORRECT**
B	Prone with arm restraints	
C	Side-lying with arm restraints	
D	Upright with arm restraints	

Q-755

A patient with a urinary tract infection (UTI) should be advised to:

A	**Increase fluid intake**	**CORRECT**
B	Avoid fluids	
C	Take antibiotics only when symptoms worsen	
D	Restrict diet	

Q-756

A patient with a history of previous cesarean section is at risk for which complication in a subsequent pregnancy?

A	Placenta previa	
B	**Uterine rupture**	**CORRECT**
C	Preterm labor	
D	Postpartum hemorrhage	

Q-757

A patient with COPD is at risk for which acid-base imbalance?

A	**Respiratory acidosis**	**CORRECT**
B	Metabolic acidosis	
C	Respiratory alkalosis	
D	Metabolic alkalosis	

Q-758

A nurse notices a colleague documenting medication administration that was not given. What is the most appropriate action?

A	Ignore the incident	
B	Confront the colleague privately	
C	**Report the incident to the supervisor**	**CORRECT**
D	Correct the documentation yourself	

Q-759

A patient with a new colostomy asks about dietary changes. Which food should the nurse recommend to avoid odor?

A	Asparagus	
B	**Yogurt**	**CORRECT**
C	Fish	
D	Eggs	

Q-760

A patient with a history of depression is started on an SSRI. The nurse should monitor for which adverse effect in the first few weeks?

A	**Increased suicidal ideation**	**CORRECT**
B	Weight gain	
C	Sedation	
D	Hypertension	

Q-761

A patient is receiving a blood transfusion. The nurse notes the patient has developed hives and itching. What is the priority action?

A	Slow the transfusion	
B	Administer diphenhydramine	
C	**Stop the transfusion immediately**	**CORRECT**
D	Notify the physician	

Q-762

A patient with a history of alcohol abuse is admitted with pancreatitis. The nurse should monitor for signs of alcohol withdrawal, such as:

A	**Tremors**	**CORRECT**
B	Hypotension	
C	Hypothermia	
D	Bradycardia	

Q-763

A patient is diagnosed with hyperkalemia. Which dietary modification is most important?

A	Increase potassium intake	
B	**Limit potassium-rich foods**	**CORRECT**
C	Increase sodium intake	
D	Limit calcium-rich foods	

Q-764

A patient is undergoing a lumbar puncture. What is the most important post-procedure nursing action?

A	**Keep the patient supine for several hours**	**CORRECT**
B	Ambulate the patient immediately	
C	Apply ice to the puncture site	
D	Administer pain medication	

Q-765

A patient with a history of seizures is prescribed phenytoin. Which side effect should the nurse monitor for?

A	**Gingival hyperplasia**	**CORRECT**
B	Tachycardia	
C	Constipation	
D	Weight loss	

Q-766

A patient with a history of asthma is prescribed a beta-blocker for hypertension. What is the most important nursing action?

A	Administer the medication as prescribed	
B	Monitor blood pressure	
C	**Assess respiratory status closely due to potential bronchospasm**	**CORRECT**
D	Check heart rate	

Q-767

A patient is admitted with a myocardial infarction. Which enzyme is most specific for cardiac muscle damage?

A	CPK-MB	
B	**Troponin**	**CORRECT**
C	LDH	
D	AST	

Q-768

A patient is receiving enteral nutrition. The nurse should assess for which complication to prevent aspiration?

A	Elevation of the head of the bed at least 30 degrees	
B	Checking residual volume every 4 hours	
C	Monitoring for coughing or choking	
D	**All of the above**	**CORRECT**

Q-769

A patient with a history of anaphylaxis is discharged with an epinephrine auto-injector. Which statement indicates the patient understands how to use it?

A	**I will inject the medication into my thigh**	**CORRECT**
B	I will take it with food	
C	I will store it in the refrigerator	
D	I will use it only if I have difficulty breathing	

Q-770

A patient with a history of COPD is receiving oxygen at 2 L/min via nasal cannula. The nurse should monitor the patient for:

A	**Hypercapnia and respiratory depression**	**CORRECT**
B	Increased respiratory rate	
C	Hypoxia	
D	Bradycardia	

Q-771

A patient is scheduled for a cardiac catheterization. Which allergy is most important to assess?

A	Penicillin	
B	Sulfa drugs	
C	**Shellfish or iodine contrast**	**CORRECT**
D	Aspirin	

Q-772

A patient is receiving total parenteral nutrition (TPN). The nurse should monitor for which complication related to the catheter?

A	Infection	
B	Pneumothorax	
C	Sepsis	
D	**All of the above**	**CORRECT**

Q-773

A patient reports severe itching on the face, neck, and hands. Which medication should the nurse anticipate administering?

A	**Diphenhydramine**	**CORRECT**
B	Cephalexin	
C	Fluconazole	
D	Morphine	

Q-774

A pregnant patient is diagnosed with preeclampsia and has a blood pressure of 190/90 mmHg with a severe headache. There is no proteinuria. What is the most likely diagnosis?

A	**Gestational hypertension**	**CORRECT**
B	Preeclampsia without severe features	
C	Eclampsia	
D	Chronic hypertension	

Q-775

A patient with severe preeclampsia is experiencing a seizure. Which medication should the nurse anticipate administering?

A	**Magnesium sulfate**	**CORRECT**
B	Diazepam	
C	Phenytoin	
D	Lorazepam	

Q-776

A patient is scheduled for a liver biopsy. The nurse notices that the consent form has not been signed. What is the most appropriate action?

A	Proceed with the procedure	
B	Ask the charge nurse to sign	
C	**Notify the physician and have the patient sign the consent**	**CORRECT**
D	Cancel the procedure	

Q-777

A patient is being prepared for surgery and states, "No one has explained anything to me." What is the nurse's priority action?

A	Proceed with the preparation	
B	**Notify the surgeon to explain the procedure**	**CORRECT**
C	Explain the procedure to the patient	
D	Document the patient's statement	

Q-778

A patient with a history of bipolar disorder who is taking lithium is admitted. Which dietary instruction is most important?

A	Increase sodium intake	
B	**Maintain a consistent sodium intake**	**CORRECT**
C	Avoid potassium-rich foods	
D	Increase fluid intake	

Q-779

The nurse is assessing a patient with a fracture. Which type of fracture requires urgent intervention within 12–24 hours?

A	Simple fracture	
B	Compound fracture	
C	**Compartment syndrome**	CORRECT
D	Stress fracture	

Q-780

A patient involved in a motor vehicle accident has one leg longer than the other. Which injury is most likely?

A	**Pelvic fracture**	CORRECT
B	Femur fracture	
C	Tibia fracture	
D	Patellar fracture	

Q-781

A patient is diagnosed with placenta previa. Which mode of delivery is expected?

A	Vaginal delivery	
B	**Cesarean section**	CORRECT
C	Forceps delivery	
D	Vacuum delivery	

Q-782

A breastfeeding mother reports breast pain, redness, and fever. She is diagnosed with mastitis. What is the best initial intervention?

A	Apply cold compresses	
B	**Apply warm compresses**	CORRECT
C	Stop breastfeeding	
D	Apply ice packs	

Q-783

The PKU (phenylketonuria) test in a newborn is typically performed:

A	Within the first 24 hours	
B	**At 24–72 hours of age**	CORRECT
C	At 1 week of age	
D	At 2 weeks of age	

Q-784

A patient is started on total parenteral nutrition (TPN). Which complication should the nurse monitor for initially?

A	Hypoglycemia	
B	**Hyperglycemia**	CORRECT
C	Infection	
D	Hypokalemia	

Q-785

A patient with rheumatoid arthritis is reporting joint pain. Which analgesic is most appropriate for managing both pain and inflammation?

A	Acetaminophen	
B	**Ibuprofen**	**CORRECT**
C	Aspirin	
D	Tramadol	

Q-786

A patient arrives at the emergency department after attempting suicide with an unknown amount of medication less than 1 hour ago. What is the priority intervention?

A	Activated charcoal	
B	**Gastric lavage (stomach wash)**	**CORRECT**
C	Cathartics	
D	Hemodialysis	

Q-787

A patient diagnosed with cancer is in the terminal stage and wishes to go home. The family is willing to provide care. What is the nurse's priority action?

A	**Arrange for hospice care at home**	**CORRECT**
B	Advise the patient to stay in the hospital	
C	Call the physician to convince the patient	
D	Provide emotional support only	

Q-788

A child with a VP shunt is postoperative. Which finding is most concerning?

A	Mild headache	
B	Low-grade fever	
C	**Signs of increased intracranial pressure**	**CORRECT**
D	Irritability	

Q-789

A teenage patient with thalassemia is scheduled for a blood transfusion. Which nursing intervention is most appropriate to address the patient's developmental needs?

A	Explain the procedure just before starting	
B	Create a support group with other teens	
C	**Ask the patient about their concerns and fears**	**CORRECT**
D	Ask the parents to explain the procedure	

Q-790

A child with hyperthyroidism is being started on medication. Which drug is the first-line treatment?

A	Propylthiouracil	
B	**Methimazole**	**CORRECT**
C	Levothyroxine	
D	Propranolol	

Q-791

A patient with a history of atrial fibrillation is admitted with rapid ventricular response. The nurse notes a heart rate of 170 bpm and low blood pressure. What is the priority action?

A	Administer IV fluids	
B	**Obtain a 12-lead ECG**	**CORRECT**
C	Notify the physician	
D	Prepare for cardioversion	

Q-792

A patient at 7 weeks gestation is attending her first prenatal visit. What should the nurse teach the patient about normal physiological changes?

A	Blood pressure typically increases as pregnancy progresses	
B	**Respirations become deeper and faster as pregnancy progresses**	**CORRECT**
C	Heart rate decreases	
D	Temperature increases	

Q-793

A patient is at 25 weeks gestation with a blood pressure of 190/90 mmHg and a severe headache, but no proteinuria. What is the most likely diagnosis?

A	**Preeclampsia with severe features**	**CORRECT**
B	Eclampsia	
C	Gestational hypertension	
D	Chronic hypertension with superimposed preeclampsia	

Q-794

A newborn has mild cyanosis that is not worsening. What is the nurse's priority action?

A	**Continue to monitor closely**	**CORRECT**
B	Notify the physician immediately	
C	Administer oxygen	
D	Call a code	

Q-795

A postpartum patient who experienced a hemorrhage is now stable and requests to go to the bathroom. What is the nurse's best action?

A	Assist the patient to the bathroom	
B	**Provide a bedpan**	**CORRECT**
C	Allow the patient to go alone	
D	Perform a fundal assessment first	

Q-796

A postpartum patient reports that she is unable to control her urine (incontinence) and wants to go to the bathroom. What is the nurse's priority action?

A	Assist the patient to the bathroom	
B	**Provide a bedpan**	**CORRECT**
C	Place a urinary catheter	
D	Ask the patient to wait	

Q-797

A patient has undergone a below-knee amputation. Which intervention is most important to promote circulation and prevent contractures?

A	**Elevate the residual limb on a pillow**	**CORRECT**
B	Apply ice packs to the residual limb	
C	Administer pain medication	
D	Position the patient supine	

Q-798

A patient with a postoperative wound develops profuse, purulent drainage with a foul odor. The skin around the wound is dry and peeling. What is the priority nursing action?

A	Apply moisturizing lotion	
B	**Notify the physician**	**CORRECT**
C	Place the patient in contact isolation	
D	Change the dressing	

Q-799

A child is wearing a long leg cast. The nurse should perform a neurovascular assessment by checking:

A	**Pulse, capillary refill, and sensation in the affected extremity**	**CORRECT**
B	Blood pressure	
C	Temperature at the skin above the cast	
D	Pain level only	

Q-800

A patient at full-term gestation presents with mild contractions and a slow leakage of fluid. What is the most appropriate nursing action?

A	Prepare for delivery	
B	**Assess the cervix**	**CORRECT**
C	Monitor fetal heart rate	
D	Administer oxytocin	

Q-801

A patient is receiving a blood transfusion. After 30 minutes, the patient develops a fever and back pain. What is the most likely cause?

A	Febrile non-hemolytic reaction	
B	**Hemolytic reaction**	**CORRECT**
C	Allergic reaction	
D	Circulatory overload	

Q-802

In a SWOT analysis, the "S" stands for:

A	**Strengths**	**CORRECT**
B	Standards	
C	Systems	
D	Support	

Q-803

What is the primary purpose of tracheostomy care?

A	**Maintain a patent airway**	**CORRECT**
B	Prevent infection	
C	Improve oxygenation	
D	Promote healing	

Q-804

The nurse is assessing a patient with psoriasis. Which finding is characteristic of this condition?

A	**Red, scaly plaques**	**CORRECT**
B	Vesicular lesions	
C	Pustular lesions	
D	Macular rash	

Q-805

Two nurses are arguing over the assignment of patients. The head nurse intervenes and facilitates a discussion. The best outcome is:

A	Compromise	
B	Accommodation	
C	**Collaboration**	**CORRECT**
D	Competition	

Q-806

On the second postpartum day, the uterus is palpated 2 cm above the umbilicus and is deviated to the right side. What is the most likely cause of this deviation?

A	**Full bladder**	**CORRECT**
B	Retained products of conception	
C	Uterine infection	
D	Constipation	

Q-807

A patient at 11 weeks gestation presents with unilateral lower quadrant abdominal pain and vaginal bleeding. Which condition is most likely?

A	**Ectopic pregnancy**	**CORRECT**
B	Threatened abortion	
C	Molar pregnancy	
D	Appendicitis	

Q-808

A nurse is caring for a patient who is taking herbal supplements and is scheduled for surgery. Why should these supplements be withheld before surgery?

A	They may affect anesthesia	
B	They may cause bleeding	
C	They may interact with other medications	
D	**All of the above**	**CORRECT**

Q-809

A patient with diabetes is being discharged. The nurse is teaching foot care. Which instruction is most important?

A	Apply moisturizer to the feet daily	
B	**Check the feet daily for any cuts or blisters**	**CORRECT**
C	Wear tight shoes for support	
D	Soak feet in hot water daily	

Q-810

A patient with diabetes is advised to perform foot care. Which action indicates the patient understands the teaching?

A	**Inspect feet daily before putting on shoes**	**CORRECT**
B	Walk barefoot to strengthen feet	
C	Apply lotion between the toes	
D	Use heating pads on feet	

Q-811

A patient with dementia has a caregiver who is concerned about medication management. Which intervention is most appropriate?

A	Provide written instructions	
B	Refer to a social worker	
C	**Arrange for a home health aide to assist**	**CORRECT**
D	Place the patient in a facility	

Q-812

A medication error occurs, and a root cause analysis reveals that the nurses were frequently interrupted during medication administration. What is the best intervention to prevent future errors?

A	**Prohibit interruptions during medication administration**	**CORRECT**
B	Provide additional training on medication safety	
C	Assign one nurse to prepare all medications	
D	Increase staffing levels	

Q-813

A patient is diagnosed with an inguinal hernia. Which symptom is most concerning?

A	Painful swelling in the groin	
B	Nausea and vomiting	
C	Abdominal distension	
D	**Incarceration or strangulation**	**CORRECT**

Q-814

A nurse is caring for a patient after a burn injury. The patient has multiple procedures scheduled and expresses concern about returning to normal. The nurse identifies this as:

A	**Lack of confidence**	**CORRECT**
B	Noncompliance with treatment	
C	Fear of death	
D	Depression	

Q-815

A patient reports using over-the-counter antacids frequently for heartburn. What is the nurse's priority teaching?

A	**The potential risks and interactions of antacids**	**CORRECT**
B	Referral to a pharmacist	
C	Dietary modifications	
D	Prescription alternatives	

Q-816

A nurse is caring for a patient with dehydration. The nurse assesses the patient's skin turgor. Which site is most reliable for this assessment in an older adult?

A	Back of the hand	
B	Forehead	
C	**Clavicle area**	**CORRECT**
D	Abdomen	

Q-817

A patient is admitted with pneumonia. The nurse notes the patient is producing thick, purulent sputum. Which intervention should the nurse prioritize to maintain a patent airway?

A	Encourage fluid intake	
B	Administer oxygen	
C	**Assist with coughing and deep breathing**	**CORRECT**
D	Perform suctioning	