1. In planning care for a 6 month-old infant, what must the nurse provide to assist in the development of trust?
   A) Food
   B) Warmth
   C) Security
   D) Comfort

2. A nurse has just received a medication order which is not legible. Which statement best reflects assertive communication?
   A) "I cannot give this medication as it is written. I have no idea of what you mean."
   B) "Would you please clarify what you have written so I am sure I am reading it correctly?"
   C) "I am having difficulty reading your handwriting. It would save me time if you would be more careful."
   D) "Please print in the future so I do not have to spend extra time attempting to read your writing."

3. What is the most important consideration when teaching parents how to reduce risks in the home?
   A) Age and knowledge level of the parents
   B) Proximity to emergency services
   C) Number of children in the home
   D) Age of children in the home

4. A 35 year-old client with sickle cell crisis is talking on the telephone but stops as the nurse enters the room to request something for pain. The nurse should
   A) Administer a placebo
   B) Encourage increased fluid intake
   C) Administer the prescribed analgesia
   D) Recommend relaxation exercises for pain control

5. While caring for a toddler with croup, which initial sign of croup requires the nurse's immediate attention?
   A) Respiratory rate of 42
   B) Lethargy for the past hour
   C) Apical pulse of 54
   D) Coughing up copious secretions

6. A client is admitted with low T3 and T4 levels and an elevated TSH level. On initial assessment, the nurse would anticipate which of the following assessment findings?
   A) Lethargy
   B) Heat intolerance
5. The nurse is caring for a client in atrial fibrillation. The atrial heart rate is 250 and the ventricular rate is controlled at 75. Which of the following findings is cause for the most concern?

A) Diminished bowel sounds
B) Loss of appetite
C) A cold, pale lower leg
D) Tachypnea

The correct answer is C: A cold, pale lower leg

6. The client with infective endocarditis must be assessed frequently by the home health nurse. Which finding suggests that antibiotic therapy is not effective, and must be reported by the nurse immediately to the healthcare provider?

A) Nausea and vomiting
B) Fever of 103 degrees Fahrenheit (39.5 degrees Celsius)
C) Diffuse macular rash
D) Muscle tenderness

The correct answer is B: Fever of 103 degrees F (39.5 degrees C)

7. A client who had a vasectomy is in the post recovery unit at an outpatient clinic. Which of these points is most important to be reinforced by the nurse?
8. A client has an order for 1000 ml of D5W over an 8 hour period. The nurse discovers that 800 ml has been infused after 4 hours. What is the priority nursing action?
   A) Ask the client if there are any breathing problems
   B) Have the client void as much as possible
   C) Check the vital signs
   D) Auscultate the lungs
   The correct answer is D: Auscultate the lungs

9. Following change-of-shift report on an orthopedic unit, which client should the nurse see first?
   A) 16 year-old who had an open reduction of a fractured wrist 10 hours ago
   B) 20 year-old in skeletal traction for 2 weeks since a motor cycle accident
   C) 72 year-old recovering from surgery after a hip replacement 2 hours ago
   D) 75 year-old who is in skin traction prior to planned hip pinning surgery.
   The correct answer is C: 72 year-old recovering from surgery after a hip replacement 2 hours ago

10. A nurse observes a family member administer a rectal suppository by having the client lie on the left side for the administration. The family member pushed the suppository until the finger went up to the second knuckle. After 10 minutes the client was told by the family member to turn to the right side and the client did this. What is the appropriate comment for the nurse to make?
     A) Why don’t we now have the client turn back to the left side.
     B) That was done correctly. Did you have any problems with the insertion?
     C) Let’s check to see if the suppository is in far enough.