

HESI EXIT V2

1. The nurse is caring for a pre-adolescent client in skeletal Dunlop traction. Which nursing intervention is appropriate for this child?
A) Make certain the child is maintained in correct body alignment.
B) Be sure the traction weights touch the end of the bed.
C) Adjust the head and foot of the bed for the child's comfort
D) Release the traction for 15-20 minutes every 6 hours PRN.
2. The nurse is assessing a healthy child at the 2 year check up. Which of the following should the nurse report immediately to the health care provider?
A) Height and weight percentiles vary widely
B) Growth pattern appears to have slowed
C) Recumbent and standing height are different
D) Short term weight changes are uneven
3. The parents of a 2 year-old child report that he has been holding his breath whenever he has temper tantrums. What is the best action by the nurse?
A) Teach the parents how to perform cardiopulmonary resuscitation
B) Recommend that the parents give in when he holds his breath to prevent anoxia
C) Advise the parents to ignore breath holding because breathing will begin as a reflex
D) Instruct the parents on how to reason with the child about possible harmful effects
4. The nurse is assessing a client in the emergency room. Which statement suggests that the problem is acute angina?
A) "My pain is deep in my chest behind my sternum."
B) "When I sit up the pain gets worse."
C) "As I take a deep breath the pain gets worse."
D) "The pain is right here in my stomach area."
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5. The nurse is assessing the mental status of a client admitted with possible organic brain disorder. Which of these questions will best assess the function of the client's recent

49. The nurse enters a 2 year-old child's hospital room in order to administer an oral medication. When the child is asked if he is ready to take his medicine, he immediately says, "No!" What would be the most appropriate next action?

- A) Leave the room and return five minutes later and give the medicine
- B) Explain to the child that the medicine must be taken now
- C) Give the medication to the father and ask him to give it
- D) Mix the medication with ice cream or applesauce

50. A nurse is doing pre conceptual counseling with a woman who is planning a pregnancy. Which of the following statements suggests that the client understands the connection between alcohol consumption and fetal alcohol syndrome?

- A) "I understand that a glass of wine with dinner is healthy."
- B) "Beer is not really hard alcohol, so I guess I can drink some."
- C) "If I drink, my baby may be harmed before I know I am pregnant."
- D) "Drinking with meals reduces the effects of alcohol."

51. The client who is receiving enteral nutrition through a gastrostomy tube has had 4 diarrhea stools in the past 24 hours. The nurse should

- A) Review the medications the client is receiving
- B) Increase the formula infusion rate
- C) Increase the amount of water used to flush the tube
- D) Attach a rectal bag to protect the skin

52. A nurse is assigned to a client who is a new admission for the treatment of a frontal lobe brain tumor. Which history offered by the family members would be anticipated by the nurse as associated with the diagnosis and communicated?

- A) "My partner's breathing rate is usually below 12."
- B) "I find the mood swings and the change from a calm person to being angry all the time hard to deal with."
- C) "It seems our sex life is nonexistent over the past 6 months."
- D) "In the morning and evening I hear complaints that reading is next to impossible from blurred print."

53. The nurse prepares for a Denver Screening test with a 3 year-old child in the clinic.

- B) Talk with the client's family about the situation
- C) Report the situation to the health care provider
- D) Document the situation in the notes

96. When teaching adolescents about sexually transmitted diseases, what should the nurse emphasize that is the most common infection?

- A) Gonorrhea
- B) Chlamydia**
- C) Herpes
- D) HIV

97. First-time parents bring their 5 day-old infant to the pediatrician's office because they are extremely concerned about its breathing pattern. The nurse assesses the baby and finds that the breath sounds are clear with equal chest expansion. The respiratory rate is 38-42 breaths per minute with occasional periods of apnea lasting 10 seconds in length. What is the correct analysis of these findings?

- A) The pediatrician must examine the baby
- B) Emergency equipment should be available
- C) This breathing pattern is normal**
- D) A future referral may be indicated

98. A client is admitted with the diagnosis of meningitis. Which finding would the nurse expect in assessing this client?

- A) Hyperextension of the neck with passive shoulder flexion
- B) Flexion of the hip and knees with passive flexion of the neck**
- C) Flexion of the legs with rebound tenderness
- D) Hyper flexion of the neck with rebound flexion of the legs

99. Clients taking which of the following drugs are at risk for depression?

- A) Steroids**
- B) Diuretics
- C) Folic acid
- D) Aspirin

C) Include a family member and direct communications to that person

D) Face the client while presenting the information as the interpreter talks in the native language

144. A client is in her third month of her first pregnancy. During the interview, she tells the nurse that she has several sex partners and is unsure of the identity of the baby's father. Which of the following nursing interventions is a priority?

A) Counsel the woman to consent to HIV screening

B) Perform tests for sexually transmitted diseases

C) Discuss her high risk for cervical cancer

D) Refer the client to a family planning clinic

145. A client is discharged following hospitalization for congestive heart failure. The nurse teaching the family suggests they encourage the client to rest frequently in which of the following positions?

A) High Fowler's

B) Supine

C) Left lateral

D) Low Fowler's

146. A nurse who is evaluating a mentally retarded 2 year-old in a clinic should stress which goal when talking to the child's mother?

A) Teaching the child self-care skills

B) Preparing for independent toileting

C) Promoting the child's optimal development

D) Helping the family decide on long term care

147. The nurse is caring for a client with trigeminal neuralgia (tic douloureux). To assist the client with nutrition needs, the nurse should

A) Offer small meals of high calorie soft food

B) Assist the client to sit in a chair for meals

C) Provide additional servings of fruits and raw vegetables

D) Encourage the client to eat fish, liver and chicken