## ATI PN COMPREHENSIVE PREDICTOR 2020 FORM A

- 1. A nurse is assessing a client who has received an antibiotic. The nurse should identify which of the following findings as an indication of a possible allergic reaction to the medication?
  - A. Bradycardia
  - B. Headache
  - C. Joint pain
  - D. Hypotension
- 2. A nurse on a mental health unit is caring for a client who has schizophrenia and is experiencing auditory hallucinations telling them to hurt others. The client is refusing to take anti-psychotic medication. Which of the following responses should the nurse make?
  - A. "You should plan to take this medication for a few weeks."
  - B. "You will regret it if you do not take this medication."
  - C. "This medication will help you respond to the voices.
  - D. "This medication will help you stop the voices you are hearing."
- 3. A nurse is providing care for a patient who has depression and is to have electroconvulsive therapy. Which of the following conditions should the nurse identify as increasing the client's risk for complications?
  - A. Hyperthyroidism
  - B. Renal calculi
  - C. Diabetes mellitus
  - D. Cardiac dysrhythmias
- 4. A nurse is reviewing the laboratory results of a client who has rheumatoid arthritis. Which of the following findings should the nurse report to the provider?
  - A. WBC count 8,000/mm
  - B. Platelets 150,000/mm
  - C. Aspartate aminotransferase 10 units/L
  - D. Erythrocyte sedimentation 75 mm/hr
- 5. A nurse is suctioning the airway of a client who is receiving mechanical ventilation via an endotracheal tube. Which of the following findings should the nurse identify as an indication that suctioning has been effective?
  - A. Presence of a productive cough
  - B. Decreased peak inspiratory pressure
  - C. Thinning of mucous secretions
  - D. Flattening of the artificial airway cuff

- C. The client exhibits sympathy to the partner.
- D. The client ignores the partner when they are using alcohol.

## 59. A nurse is caring for a client who has Graves' disease and is experiencing a thyroid storm. Which of the following actions is the nurse spriority?

- A. Obtain the client's blood glucose.
- B. Administer 0.9% sodium chloride IV.
- C. Provide a cooling blanket.
- D. Monitor the client's cardiac rhythm. This has more priority
- 60. A nurse is providing preoperative teaching to a client about promoting circulation during the postoperative period. Which of the following instructions should the nurse include?
  - A. "Remain on bed rest for 24 hours following the procedure." B. "Use an incentive spirometer every 4 hours."
  - C. "Participate in range-of-motion exercises."
  - D. "Place a pillow under your knees while in bed."
- 61. A nurse is setting up a sterile field to perform wound irrigation for a client. Which of the following actions should the nurse when pouring the sterile solution?
  - A. Hold the bottle in the center of the sterile field when pouring the solution.
  - B. Hold the irrigation solution bottle with the label facing away from the palm of the hand.
  - C. Place the sterile gauze over areas of spilled solution within the sterile field.
  - D. Remove the cap and place it sterile-side up on a clean surface.
- 62. A nurse is conducting a home visit for a family who has two young children. The nurse notes several welts across the back of the legs of one of the children. Which of the following actions should the nurse take first?
  - A. Contact child protective services.
  - B. Refer the parents to a self-help group.
  - C. Instruct the parents about methods of discipline. D. Document clinical findings.
- 63. A nurse is teaching a client who is to undergo placement of a non-tunneled percutaneous central venous access device. Which of the following statements should the nurse include in the teaching?
  - A. "The provider will wear a mask while performing the procedure."
  - B. "You should not eat or drink for 4 hours prior to the procedure."
  - C. "Your head will be elevated as high as possible while the catheter is inserted."
  - D. "The provider will give you pain medication before inserting the catheter."

- 121. A nurse is caring for a client who has a tension pneumothorax. Which of the following manifestations should the nurse expect?
  - A. Paradoxical chest movement
  - B. Bilateral crackles
  - C. Asymmetry of the chest
  - D. Blood-tinged sputum
- 122. A nurse is caring for a client who is at 11 weeks of gestation. Which of the following immunizations should the nurse recommend?
  - A. Human papillomavirus
  - B. Influenza
  - C. Measles, mumps and rubella
  - D. Varicella
- 123. A nurse in a pediatric clinic is reviewing the laboratory test results of a school-age child. Which of the following findings should the nurse report to the provider?
  - A. Hct 40%
  - B. Hgb 12.5 g/dL
  - C. Platelets 250,000/mm
  - D. WBC 14,000/mm
- 124. A nurse is assessing a client who is receiving packed RBCs. Which of the following indicates fluid overload?
  - A. Low-back pain
  - B. Thready pulse
  - C. Hypotension
  - D. Dyspnea
- 125. A nurse is caring for an adult client who asks about risk factors for Alzheimer's disease. Which of the following responses should the nurse take?
  - A. "There are no known genetic mutations that cause Alzheimer's disease."
  - B. "A diet low in carbohydrates increases the risk for Alzheimer's disease."
  - C. "Asthma has been identified as a risk factor for Alzheimer's disease."
  - D. "Repeated concussions increase the risk for Alzheimer's disease."

- 150. A nurse is caring for a client who is in labor and is receiving oxytocin. Which of the following findings indicates that the nurse should increase the rate of infusion?
  - A. Contractions every 5 min that last 30 seconds
  - B. Montevideo units consistently 300 mm Hg
  - C. Urine output of 20mL/hr
  - D. FHR pattern with absent variability
- 151. A nurse is screening food brought in by a family member for a client who takes phenelzine. The nurse should instruct the family member that which of the following foods can cause an interaction with this medication?
  - A. Cottage cheese
  - B. Iceberg lettuce salad
  - C. Orange gelatin
  - D. Bologna sandwich
- 152. A quality control nurse is reviewing medication prescriptions for a group of clients. Which of the following medication prescriptions should the nurse identify as being complete?
  - A. Digoxin 0.25mg PO daily
  - B. Cimetidine PO twice daily
  - C. Epoetin alfa 150 units/kg three times weekly
  - D. Tetracycline 200mg PO
- 153. A nurse is collecting a medication history from a client who reports taking aspirin 81 mg daily. Which of the following medications places the client at increased risk for bleeding?
  - A. Potassium chloride
  - B. Gabapentin
  - C. Dabigatran
  - D.
  - Pioglitazone
- 154. A nurse is caring for a client who is receiving oxytocin IV for augmentation of labor. The client's contractions are occurring every 1 min with a 45-second duration, and the fetal heart rate is 170 to 180/min. Which of the following actions should the nurse take?

- D. Place the child in a supine position after the feeding.
- 170. A nurse is caring for a client who has a fracture of the left hip and is in skeletal traction. Which of the following actions should the nurse take?
  - A. Increase the amount of weight if the client experiences muscle spasms.
  - B. Remove the traction weights when bathing the client.
  - C. Ensure there is no space between the traction weights and the bed.
  - D. Provide a trapeze for the client to aid movement in bed.
- 171. A nurse who is trained as an interpreter has agreed to translate for an older adult client who is assigned to another nurse. Which of the following statements by the nurse who is translating indicates understanding of this role?
  - A. "I will let the client know that I am available as the interpreter."
  - B. "I will receive a small fee for interpreting for this client."
  - C. "I will let the client know that an interpreter is unavailable during the night shift."
  - D. "I am glad I am available today, but when I'm not, you can use a family member."
- 172. A nurse on an inpatient eating disorder unit is assessing an adolescent client who has anorexia nervosa and a BMI of 16.5. Which of the following findings should the nurse expect?
  - A. Menorrhagia
  - B. Potassium 4.2 mEq/L
  - C. Blood pressure 132/86 mm Hg
  - D. Lanugo
- 173. A client is requesting information from a nurse about a nitrazine test. Which of the following statements should the nurse make?
  - A. "Your bladder should be full prior to me performing this test."
  - B. "I will be taking a blood sample to test for changes in your hormone levels."
  - C. "This test will determine if there is leaking amniotic fluid."
  - D. "If this test is positive you will be required to have a non-stress test."
- 174. A nurse is providing dietary teaching to a client who had an exacerbation of COPD. Which of the following information should the nurse include in the teaching?
  - A. "You should eat hot foods to reduce your sense of fullness during a meal."
  - B. "Lunch should be your largest meal of the day."