

RN Comprehensive Predictor 2019 Form A	: 180 Q&A
RN Comprehensive Predictor 2019 Form B	: 180 Q&A
ATI Comprehensive Exit Final	: 180 Q&A
RN Comprehensive Predictor 2019	: 180 Q&A
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RN Comprehensive Predictor 2019 Form A

1. A nurse in a pediatric unit is preparing to insert an IV catheter for 7-year-old. Which of the following actions should the nurse take?

- A. (Unable to read)
- B. Tell the child they will feel discomfort during the catheter insertion.
- C. Use a mummy restraint to hold the child during the catheter insertion.
- D. Require the parents to leave the room during the procedure.

2. A nurse is caring for a client who has arteriovenous fistula. Which of the following findings should the nurse report?

- A. Thrill upon palpation.
- B. Absence of a bruit.
- C. Distended blood vessels
- D. Swishing sound upon auscultation.

3. A nurse is providing discharge teaching for a client who has an implantable cardioverter defibrillator. Which of the following statements demonstrates understanding of the teaching?

- A. "I will soak in the tub rather than showering"
- B. "I will wear loose clothing around my ICD"
- C. "I will stop using my microwave oven at home because of my ICD"
- D. "I can hold my cellphone on the same side of my body as the ICD"

4. A nurse is caring for a client who is at 14 weeks gestation and reports feelings of ambivalence about being pregnant. Which of the following responses should the nurse make?

- A. "Describe your feelings to me about being pregnant"
- B. "You should discuss your feelings about being pregnant with your provider"
- C. "Have you discussed these feelings with your partner?"
- D. "When did you start having these feelings?"

5. A nurse is planning care for a client who has a prescription for a bowel-training program following a spinal cord injury. Which of the following actions should the nurse include in the plan of care?

- A. Encourage a maximum fluid intake of 1,500 ml per day.
- B. Increase the amount of refined grains in the client's diet.
- C. Provide the client with a cold drink prior to defecation.
- D. Administer a rectal suppository 30 minutes prior to scheduled defecation times.

85. A nurse is caring for a client who is receiving intermittent feedings via a feeding pump and is experiencing dumping syndrome. Which of the following actions should the nurse take?

- A. Administer a refrigerated feeding.
- B. Increased the amount of water use to flush the tubing.
- C. (Unable to read) rate of the client's feedings.
- D. Instruct the client to move onto their right side.

86. A nurse in an emergency department is caring for a client who received a dose of penicillin and is now anxious, flushing, tachycardic and has difficulty swallowing. Which of the following actions is the nurse's priority?

- A. Monitor the client's ECG
- B. Take the client's vital signs.
- C. Administer oxygen
- D. Insert an IV line.

87. A nurse is caring for a client who has Raynaud's disease. Which of the following actions should the nurse take?

- A. Provide information about stress management.
- B. Maintain a cool temperature in the client's room.
- C. Administer epinephrine for acute episodes.
- D. Give glucocorticoid steroid twice per day.

88. A nurse is reviewing the medical history of a client who has angina. Which of the following findings in the client's medical history should identify as a risk factor for angina?

- A. Hyperlipidemia.
- B. COPD
- C. Seizure disorder
- D. Hyponatremia.

89. A nurse is caring for a client who is 12 hr. postpartum and has a third-degree perineal laceration. The client reports not having a bowel movement for 4 days. Which of the following medications should the nurse administer?

- A. Bisacodyl 10 mg rectal suppository.
- B. Magnesium hydroxide 30 ml PO.
- C. Famotidine 20 mg PO.
- D. Loperamide 4 mg PO.

151. A nurse is reviewing the medical records of four clients. The nurse should identify that which of the following client findings requires follow up care?

- A. A client who received a Mantoux test 48hr ago and has an induration
- B. A client who is scheduled for a colonoscopy and is taking sodium phosphate
- C. A client who is taking warfarin and has an INR of 1.8
- D. A client who is taking bumetanide and has a potassium level of 3.6 mEq/L

152. A nurse is caring for a client who is postpartum and request information about contraception. Which of the following instructions should the nurse include?

- A. "The lactation amenorrhea method is effective for your first year postpartum"
- B. "You can continue to use the diaphragm used before your pregnancy"
- C. "Place transdermal birth control patch on your upper arm"
- D. "I should avoid vaginal spermicides while breast feeding."

153. A nurse is reviewing the facility's safety protocols considering newborn abduction with the parent of a newborn. Which of the following statements indicates an understanding of the teaching?

- A. "Staff will apply identification band after first bath"
- B. "I will not publish public announcement about my baby's birth"
- C. "I can remove my baby's identification band as long as she is in my room"
- D. "I can leave my baby in my room while I walk in the hallway"

154. A nurse is developing a plan of care for a client who has preeclampsia and is to receive magnesium sulfate via continuous IV infusion. Which of the following actions should the nurse include in the plan?

- A. Restrict the client's total fluid intake to 250 mL/hr
- B. Give the protamine if signs of magnesium sulfate toxicity occur
- C. Monitor the FHR via Doppler every 30min
- D. Measure the client's urine output every hour

155. A nurse is receiving a telephone prescription from a provider for a client who requires additional medication for pain control. Which of the following entries should the nurse make in the medical record?

- A. "Morphine 3 mg SQ every 4 hr. PRN for pain."
- B. "Morphine 3 mg Subcutaneous (Unable to read)"
- C. "Morphine 3.0 mg sub q every 4 hr. PRN for pain."
- D. "Morphine 3 mg SC q 4 hr. PRN for pain."

27. A nurse is caring for a client who has depression and reports taking ST. John's wort along with citalopram. The nurse should monitor the client for which of the following conditions as a result of an interaction between these substances?

A. Serotonin syndrome

B. Tardive dyskinesia

C. Pseudo parkinsonism.

D. Acute dystonia.

28. A nurse is assessing a client who is receiving packed RBCs. Which of the following findings indicate fluid overload?

A. Low back pain.

B. Dyspnea.

C. Hypotension.

D. Thready pulse.

29. A nurse is calculating a client's expected date of delivery. The client's last menstrual period began on April . Using Nagele's rule, what date should the nurse determine to be the client's expected delivery date? (Use mmdd format.)

0119 date

30. A nurse is discussing group treatment and therapy with a client. The nurse should include which of the following as being a characteristic of a therapeutic group? A. The group is organized in an autocratic structure.

B. The group encourages members to focus on a particular issue. (Mental Health Chapter 8 Page 42)

C. The group must be led by a licensed psychiatrist.

D. The group encourages clients to form dependent relationships.

31. A nurse manager is reviewing documentation with a newly licensed nurse. Which of the following notations by the newly licensed nurse indicates an understanding of the teaching.

82 B

A nurse is receiving change-of-shift report for a group of clients. Which of the following clients should the nurse plan to assess first?



- ☐ A client who has sinus arrhythmia and is receiving cardiac monitoring
- ☐ A client who has a hip fracture and a new onset of tachypnea
- ☐ A client who has epidural analgesia and weakness in the lower extremities
- ☐ A client who has diabetes mellitus and a hemoglobin A1C of 6.8%

83. A

A nurse is providing dietary teaching to a client who has a new diagnosis of irritable bowel syndrome. Which of the following recommendations should the nurse include?

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- ☐ Consume food high in bran fiber.
- ☐ Increase intake of milk products.
- ☐ Sweeten foods with fructose corn syrup.
- ☐ Increase intake of foods high in gluten.

84. A

A nurse is caring for an infant who has coarctation of the aorta. Which of the following should the nurse identify as an expected finding?



- ☐ Weak femoral pulses
- ☐ Frequent nosebleeds
- ☐ Upper extremity hypotension
- ☐ Increased intracranial pressure

85. A

A nurse is providing teaching to a client about the adverse effects of sertraline. Which of the following adverse effects should the nurse include?



- ☐ Excessive sweating
- ☐ Increased urinary frequency
- ☐ Dry cough
- ☐ Metallic taste in mouth

165. A nurse is preparing to administer a new prescription for isoniazid (INH) to a client who has tuberculosis. The nurse should instruct the client to report which of the following findings as an adverse effect of the medication?

- a. "You might notice yellowing of your skin."
- b. "You might experience pain in your joints."
- c. "You might notice tingling of your hands."
- d. "You might experience loss of appetite."

166. A nurse is providing information about tuberculosis to a group of clients at a local community center. Which of the following manifestations should the nurse include in the teaching? (Select all that apply.)

- a. Persistent cough
- b. Weight gain
- c. Fatigue
- d. Night sweats
- e. Purulent sputum

167. A nurse is caring for a group of clients. Which of the following clients are at risk for pulmonary embolism? (Select all that apply.)

- a. A client who has a BMI of 30
- b. A female client who is postmenopausal
- c. A client who has a fractured femur
- d. A client who is a marathon runner
- e. A client who has chronic atrial fibrillation

168. A nurse is assessing a client who has a pulmonary embolism. Which of the following information should the nurse expect to find? (Select all that apply.)

- f. Bradypnea
- g. Pleural friction rub
- h. Hypertension
- i. Petechiae
- j. Tachycardia

169. A nurse is reviewing prescriptions for a client who has acute dyspnea and diaphoresis. The client states she is anxious and is unable to get enough air. Vital signs are HR 117/min, respirations 38/min, temperature 38.4 C (101.2 F), and blood pressure 100/54 mm Hg. Which of the following nursing actions is the priority?

- k. Notify the provider.
- l. Administer heparin via IV infusion.
- m. Administer oxygen therapy.
- n. Obtain a spiral CT scan.

170. A nurse is caring for a client who has a new prescription for heparin therapy. Which of the following statements by the client should indicate an immediate concern for the nurse?

- o. "I am allergic to morphine."
- p. "I take antacids several times a day."
- q. "I had a blood clot in my leg several years ago."
- r. "It hurts to take a deep breath."

149. 149 A nurse is assessing a client who has a **chest tube** following a **thoracotomy**. Which of the following findings **requires intervention** by the nurse?
- Tidaling with spontaneous respirations
 - Drainage collection chamber is 1/3 full
 - 1 cm of water present in the water seal chamber
 - Suction chamber pressure of -20 cm H₂O
150. A provider has written a do not resuscitate order for a client who is comatose and does not have **advance directives**. A member of the clients family says to the nurse, "**I wonder when the doctor will tell us what's going on**" Which of the following actions should the nurse take first
- Request that the provider provide more information to the family.
 - Refer the family to a support group for grief counseling.
 - Offer to answer questions that family members have.
 - Ask the family what the provider has discussed with them.
151. A nurse is performing a skin assessment on a client who has risk factors for development of skin cancer. The nurse should understand that a suspicious lesion is
- scaly and red
 - asymmetric, with variegated coloring
 - firm and rubbery
 - brown with a wart-like texture
152. A nurse is interviewing an **older adult client** about the **physiological changes** he has been experiencing. Which of the following changes should the nurse recognize is normally associated with the aging process?
- Decreased sense of taste
 - Decreased blood pressure
 - Increased gastric secretions
 - Increased accommodation to near vision
153. A nurse in an intensive care unit is planning care for a client who has **alcohol withdrawal syndrome**. Which of the following should the nurse include in the plan of care?
- Administer disulfiram.
 - Provide frequent orientation to time and place.
 - Engage the client in group therapy.
 - Perform gastric lavage.
154. A nurse is assessing a client's cardiovascular system. **Identify** where the nurse should place the diaphragm of the stethoscope to best hear the closing of the **aortic heart valve**. (Selectable areas or Hot Spots" can be found by moving your cursor over the artwork until the cursor changes appearance, usually into a hand. Click only on the Hot Spot that corresponds to your answer.)

58. A nurse is caring for a client who had gastric bypass surgery 1 week ago and has manifestations of early dumping syndrome. Which of the following findings should the nurse expect? (Select all that apply)

- A. Hypertension
- B. Diaphoresis
- C. Syncope
- D. Fever - idr putting this one
- E. Dizziness

Early manifestations: Feeling of fullness, weakness, dizziness, palpitations, sweating, abdominal cramping, and diarrhea

59. A nurse is caring for a male client who has a spinal cord injury. Which of the following techniques should the nurse use when providing perineal care?

- A. Wash the penis from the scrotum to the tip using a spiral motion
- B. Discard the washcloth after cleansing the urethral meatus
- C. Don sterile gloves to prevent infection
- D. Use water with no soap to prevent skin irritation

60. A nurse is assessing a toddler whose parent is concerned about the child's hearing ability. Which of the following findings indicates the need for further hearing evaluation?

- A. Lack of response to facial expressions
- B. Uses gestures to communicate
- C. Exaggerated startle response to sounds
- D. Prefers group over solitary play

61. A surgeon is obtaining informed consent from a client. When a nurse witnesses the client sign the consent form, which of the following legal requirements is the nurse confirming?

- a. The nurse explained the risks and benefits of the surgery- PROVIDERS JOB
- b. The nurse explained the surgical procedure in detail- PROVIDERS JOB
- c. The client knows she may not longer refuse the procedure- Client has the right to refuse even if its seconds prior to the surgery.
- d. The client agreed to the procedure voluntarily. - meaning she wasn't forced to sign.

177. A nurse on a medical-surgical unit is planning care for a group of clients. Which of the following clients should the nurse plan to see first?
- a. A client who has diabetes mellitus and a morning blood glucose level of 120 mg/dL.
 - b. A client who has heart failure and an oxygen saturation level of 89%
 - c. A client who has atrial fibrillation and a ventricular heart rate of 105/min
 - d. A client who has polycystic kidney disease and a blood pressure of 130/85 mmHg
178. A nurse is caring for a child who has cystic fibrosis and requires postural drainage. Which of the following actions should the nurse take?
- a. Perform the procedure prior to meals
 - b. Administer a bronchodilator after the procedure
 - c. Hold hand flat to perform percussions on the child.
 - d. Perform the procedure twice a day.
179. A nurse is caring for a client who is at 33 weeks of gestation following an amniocentesis. The nurse should monitor the client for which of the following complications
- a. Contractions
 - b. Hypertension
 - c. Vomiting
 - d. Epigastric pain
180. A nurse is providing care for a group of clients. Which of the following client's should the nurse assess first?
- a. A client who has pneumonia with a productive cough
 - b. A client who has a NG tube in place and reports nausea
 - c. A client who received an opioid for pain following an appendectomy and has an SaO₂ of 94%
 - d. A client who has a fracture tibia and reports shortness of breath

180. A nurse is admitting a client who has schizophrenia. The client states, "I'm hearing voices." Which of the following responses is the priority for the nurse to state?

- a. "How long have you been hearing the voices?"
- b. "What are the voices telling you?"

- a. Euphoric mood
 - b. All-or-nothing thinking
 - c. Disorganized speech
 - d. Hypochondriasis
144. A nurse and an assistive personnel (AP) are caring for a group of clients. Which of the following tasks is appropriate for the nurse to delegate to the AP?
- a. Documenting the report of pain for a client who is postoperative
 - b. Applying a condom catheter for a client who has a spinal cord injury
 - c. Administering oral fluids to a client who has dysphagia
 - d. Reviewing active range-of-motion exercise with a client who had a stroke
145. A nurse is planning to administer ampicillin 100 mg/kg/day in divided doses every 12 hr to a newborn who weighs 4.34 kg (9.5 lb). Available is ampicillin 125 mg/ml. How many milliliters should the nurse administer per dose?
- 17 ml
146. A nurse is delegating tasks to an assistive personnel for a group of clients. Which of the following statements should the nurse make?
- a. Take the client in room 106 to radiology
 - b. The client in room 109 has spilled his water pitcher
 - c. Tell me the standing weight of the client in room 102 before breakfast
 - d. Take the vital signs of the clients on this side of the unit
147. A nurse is caring for a client who has end-stage kidney disease. The client's adult child asks the nurse about becoming a living kidney donor for her father. Which of the following conditions in the child's medical history should the nurse identify as a contraindication to the procedure?
- a. Hypertension
 - b. Primary glaucoma
 - c. Osteoarthritis
 - d. Amputation
148. A nurse is planning care for a preschool-age child who is in the acute phase of Kawasaki disease. Which of the following interventions should the nurse include in the plan of care?
- a. Monitor the child's cardiac status
 - b. Gives scheduled doses of acetaminophen every 6 hr
 - c. Administer antibiotics via intermittent IV bolus for 24 hr
 - d. Provide stimulation with children of the same age in the playroom
149. A nurse has identified tasks to delegate to a group of assistive personnel (AP) after receiving change-of-shift report. Identify the sequence of steps the nurse should follow when delegating tasks to the Aps
- a. Evaluate the AP's performance of each task (4)
 - b. Review the skill level and qualifications of each AP (1)
 - c. Monitor progress of task completion with each AP (3)
 - d. Communicate appropriate tasks to the APs with specific expectations (2)
150. A nurse in a surgical suite is planning care for a client who requires surgery and has a latex sensitivity. Which of the following strategies is appropriate for the client?
- a. Tape stockinet over monitoring devices and cords

100. Admitting a client who is in labor and at 38 weeks of gestation. The client has a history of herpes simplex virus 2. Which of the following questions is most important for the nurse to ask the client?
- "Are you currently taking acyclovir?"
 - "Do you have an active lesion?"**
 - "When did your labor begin?"
 - "How long ago were you first diagnosed?"
101. A nurse is preparing an in-service for a group of nurses about malpractice issues in nursing. Which of the following examples should the nurse include in the teaching?
- Leaving a NG tube clamped after administering oral medication
 - Administering potassium via IV bolus**
 - Documenting communication with a provider in the progress notes of client's medical record
 - Placing a yellow bracelet on a client who is at risk for falls
102. Lab results of a client who has osteomyelitis and is receiving tobramycin. Which of the following findings indicate the client is experiencing an adverse effect of the medication?
- Serum creatinine 0.4 mg/dL
 - Albumin 3.2 g/dL
 - Total bilirubin 0.08 mg/dL
 - BUN 30 mg/dL**
103. A nurse is teaching a client who is trying to conceive. Which of the following should the nurse instruct the client to increase in her diet to prevent a neural tube defect?
- Zinc
 - Calcium
 - Folate**
 - Iron
104. The nurse practices the ethical principles of distributive justice by performing which of the following?
- Ensuring that a client who is homeless receives preventive medical care**
 - Being honest with the parents of a child about the need to report suspected abuse
 - Keeping a promise to visit with a client who is housebound after the delivery of care
 - Accepting the decision of an older adult client to live alone in her home
105. Client who is to receive alteplase recombinant for a thrombus in the coronary artery. Which of the following actions should the nurse include in the plan of care?
- Observe for bruising of the skin**
 - Provide a diet low in protein
 - Monitor v/s every hour for the first 4 hr.
 - Administer medications intramuscularly
106. Client with dementia. Which of the following actions should the nurse take to reduce the risk for client injury?
- Keep the television on during the night
 - Place the bedside table at the foot of the bed
 - Raise the side rails up when the client is in bed
 - Assist the client to the toilet frequently**
107. Assessment of an 8 y/o child. Which of the following findings indicates the need for intervention by the nurse?
- Client eats at least one snack daily
 - Client's weight has increased by 0.9 kg (2 lb.)**
 - Client's height has increased by 6.35 cm (2.5 in)
 - Client drinks 3 cups of 1% milk per day
108. Client following thyroidectomy. For which of the following complications should the nurse assess the client?
- Muscular depression
 - Laryngeal stridor**
 - Hypokalemia
 - Hyperglycemia
109. Teaching to a client who is at 12 weeks gestation. The nurse should tell the client that she will undergo which of the following screening tests at 16 weeks of gestation?
- Maternal serum alpha-fetoprotein