C. The newly licensed nurse uses a penlight to assess for changes in the contour of the body.
D. The newly licensed nurse uses the dorsal surface of her hand to assess skin temperature. - B. The newly licensed nurse writes detailed notes while performing the head-to-toe assessment.

A nurse is developing a care plan for a client who is immobile. Which of the following interventions should the nurse include?

A. Promote the consumption of 1,000 mL of fluid per day.
B. Massage the lower extremities with lotion daily.
C. Maintain correct body alignment with use of trochanter rolls.
D. Elevate the lower extremities with a pillow behind the knees while in bed. - C. Maintain correct body alignment with use of trochanter rolls.

- to prevent external rotation and abduction of the hips which will maintain correct body alignment
- should consume 2 to 3 L of fluids daily to prevent renal calculi and urinary tract infections.

A nurse is caring for for a client who is to start taking captopril for a new diagnosis of hypertension. Which of the following tasks should the nurse delegate to assistive personal?

A. Obtain blood pressure before and after medication administration.
B. Request a dietary referral.
C. Review the client's medication administration record.
D. Teach the client to use salt substitutes. - A. Obtain blood pressure before and after medication administration.

A nurse is teaching a female client who has opioid use disorder about methadone. Which of the following information should the nurse include in the teaching?

A. "If you suspect you are pregnant, stop taking this medication."
B. "You cannot become physically dependent on this medication."
C. "Sedation is a common adverse effect of this medication."
D. "If you forget a dose, you can double your next dose." - C. "Sedation is a common adverse effect of this medication."

- Sedation and drowsiness are common adverse effects of methadone. Sedation most frequently occurs at the beginning of treatment or during dosage increases.
- Methadone can cause respiratory depression.
- can develop physical dependency with long-term use of methadone.
- can take methadone to treat opioid withdrawal symptoms during pregnancy.

- A client who has recently lost 5% of total body weight or 4.5 kg (10 lb) is at risk for developing a pressure ulcer.
- Albumin 4.2 : This value is within the expected reference range for an older adult client.
- Diarrhea and exposure to stool place the client at risk for developing a pressure ulcer.

A client tells a nurse that she wants to review the information in her medical record. Which of the following responses should the nurse give?

A. "There's a protocol for reviewing your medical record, and I can initiate the process."
B. "The medical record has a lot of medical terminology, and it might be difficult for you to understand."
C. "You should really talk to your provider if you have any questions about your treatment."
D. "Some parts of your medical record are restricted, but I can show you the parts that you are allowed to see." - A. "There's a protocol for reviewing your medical record, and I can initiate the process."

- The client's record is the legal property of the facility; however, the client has a right to access the information. HIPAA ensures that clients have access to their records, can obtain a copy of the record, and request corrections to the document. The nurse is responsible for providing the client with access to the medical record according to the facility's policy.

A nurse is caring for a client who is 12hr post op, is receiving PCA for pain control and requires a BP check in 10 min. Which of the following staff members should the nurse assign to collect?

A. An RN who is monitoring a client who started receiving a blood transfusion 5 min ago
B. An assistive personnel (AP) who is feeding a client a meal
C. A licensed practical nurse (LPN) who is reinforcing discharge instructions with a client
D. An assistive personnel (AP) who is assisting a client to return to bed - D. An assistive personnel (AP) who is assisting a client to return to bed

A nurse is caring for an older client in the PACU following general anesthesia. Which of the following findings should the nurse report to provider?

A. Urine output 120 mL in 4 hr
B. Systolic blood pressure 12 mm Hg lower than the preoperative level
C. Audible stridor
D. Normal sinus rhythm with an occasional premature ventricular contraction - C. Audible stridor

C. Blowing bubbles with liquid soap to "blow the hurt away"
D. Taking a warm bath and playing with a bath toy - C. Blowing bubbles with liquid soap to "blow the hurt away"

A nurse manger is on planning committee to develop an emergency preparedness plan. The nurse should recommend that which go the following actions takes place first when implementing an emergency preparedness plan.

A. Contact the triage officer.
B. Implement the client tracking system.
C. Request the communications officer to release a press statement.
D. Notify the incident commander. - D. Notify the incident commander.

- notify the incident commander to initiate the command hierarchy and maintain order.

A nurse is providing discharge teaching to a new mother about car safety. Which of the following statements should the nurse include in the teaching?

A. "Place your baby's car seat at a 30-degree angle."
B. "Your baby's car seat should be rear-facing until he is 6 months old."
C. "Swaddle your baby in a light blanket before placing him in the car seat."
D. "Secure the retainer clip at the level of your baby's armpits." - D. "Secure the retainer clip at the level of your baby's armpits."

- to place the newborn's car seat at a 45° angle.
- remain rear-facing in the back seat of the vehicle until he is 2 years old

A nurse in an acute mental health facility is planning care for adolescent who has anorexia nervosa. Which of the following interventions should the nurse include in the client's plan of care?

A. Give the client a choice of foods and beverages.
B. Supervise the client during and after eating.
C. Encourage casual conversation about food during meal times.
D. Provide opportunities for the client to choose her own meal times. - B. Supervise the client during and after eating.

- to prevent the client from hiding food or purging.
- establish specific meal times as part of a structured milieu.

A charge nurse on a pediatric unit is planning an educational session for staff nurses to teach them about working with parents whose children are candidates for organ donation. Which of the following information should the nurse plan to include?

A. A child who has had an illness requiring an antibiotic over the last 30 days is not a candidate for organ donation.

- use surgical asepsis when suctioning a newly created tracheostomy.
- Once resistance is met, the nurse should withdraw the catheter 1 to 2 cm (0.4 in to 0.8 in) to prevent damaging bronchial tissue

A nurse is providing discharge instructions to a client who has a new prescription for amitriptyline to treat depression. The nurse should identify that which of the following statements indicate understanding.

A. "I should avoid eating smoked meat, cheeses, and ripe avocados while taking this type of medication."
B. "I should watch for common reactions like dry mouth and constipation."
C. "I will avoid getting chilled because I am at risk for hypothermia."
D. "I will take my daily dose of this medication every morning before breakfast." - B. "I should watch for common reactions like dry mouth and constipation."

- reinforce that increasing dietary fiber, fluid intake, and chewing sugar free gum can alleviate the anticholinergic effects of dry mouth and constipation.
- an MAOI should avoid foods that contain tyramine.
- avoid overheating because of the lack of an ability to sweat while taking this medication.
- take a daily dose of amitriptyline, a tricyclic antidepressant, at bedtime to promote sleep and minimize drowsiness during the day.

A nurse is education a client about the goals of hospice care. Which of the following statements should the nurse identity as an indication that the client understands the teaching?

A. "I will be eligible to receive experimental therapy in hopes of overcoming my disease."
B. "Care will include approved medications that might cure my disease."
C. "If the suffering gets too bad, I will be able to take medication to help me end my life."
D. "I will receive treatment to control my symptoms and keep me comfortable." - D. "I will receive treatment to control my symptoms and keep me comfortable."

The parents of a preschool age child tell the nurse that their child is demonstrating reluctance in going to bed at night and reports that he is not tired. What should nurse recognize that the teaching has been effective when?

A. "We will let him watch his favorite video before bed."
B. "We should read him a story every night before bedtime."
C. "We can let him fall asleep in our room, and then move him to his bed."
D. "We should change his bedtime to be an hour later." - B. "We should read him a story every night before bedtime."

- a child who is preschool age, is approximately 12 hr each night. A lack of sleep can lead to problems such as altered behavior, hyperactivity, and poor impulse control.

A. Temperature 39.4° C (103° F)
B. Headache
C. Constipation
D. Vomiting - A. Temperature 39.4° C (103° F)

- neuroleptic malignant syndrome, a potentially life-threatening adverse effect of chlorpromazine in which the client can have a high temperature, dysrhythmia, decreased level of consciousness, and a labile blood pressure. Therefore, the priority finding for the nurse report to the provider is hyperpyrexia.
- Headache, Constipation, Vomiting is a common adverse effect of chlorpromazine.