1.

Direct the UAP to immediately flush the eye with water at the unit's eyewash station

2.

Reassure the UAP that the risk for HIV is low as urine does not transmit the virus

3.

Refer the UAP to the occupational health department for postexposure prophylaxis

4.

Send the UAP to the facility's emergency department for medical evaluation -

✓✓1.

Direct the UAP to immediately flush the eye with water at the unit's eyewash station

The nurse prepares to administer a client's scheduled prandial regular insulin plus a correctional dose based on a sliding scale as the client's breakfast tray arrives. The client's fasting blood glucose level is 210 mg/dL (11.7 mmol/L). How many total units of regular insulin should the nurse administer? Click the exhibit button for additional information. Record your answer using a whole number.

EXHIBIT:

Medication administration record:

8-year-old with cola-colored urine and generalized edema

4.

15-year-old who is withdrawn and having painful urination - ✓✓1.

4-month-old who is lethargic with fever and vomiting

A nurse is preparing to administer a unit of packed red blood cells to a critically ill client. Two nurses have performed the verification process, and the unit label indicates that it is in-date and unexpired. On inspection, the nurse notices a large air bubble at the top of the bag. What is the appropriate action by the nurse at this time?

1.

Call the blood bank to verify the expiration date and the safety of the blood for administration

2.

Call the health care provider for further instruction and file an incident report

3.

Proceed with administration as any air will be caught by the drip chamber of the tubing

4.

Return the blood to the blood bank, notify them that air is present, and obtain a new bag - ✓✓4.

Educational objective:Sedated infants are at increased risk of pressure injuries due to limited mobility, sensory deficits, and incontinence. The nurse should elevate the head of the bed ≤30 degrees to reduce pressure, apply a moisture barrier to any vulnerable tissue areas, reposition the pulse oximeter every 4 hours, and avoid the use of baby powder and donut pillows.

The nurse is caring for a client 1 hour after receiving the first electroconvulsive therapy treatment for severe major depressive disorder. The client reports a headache, is disoriented to place, and cannot recall the spouse's name. What is the appropriate nursing action?

1.

Call the spouse to ask about memory problems prior to admission

2.

Complete a full neurological examination and stroke assessment

3.

Document the findings in the client's medical record

4.

Request a prescription for a CT scan of the head - ✓✓3.

Document the findings in the client's medical record

The clinic nurse evaluates the ongoing treatment plan for a client with major depressive disorder. Which of the following client statements indicate a positive response to treatment? Select all that apply.

1.

"I am trying to force myself to eat more, but I have still lost 5 pounds."

2.

"I have been getting about 13 hours of sleep at night, and I still feel tired."

3.

"I joined a book club with some of the parents from my kids' school."

4.

"Physical intimacy doesn't interest me like it used to, but my spouse is patient."

5.

"This haircut and color are very different, but I think I like the new look." - ✓✓3, 5

A client comes to the emergency department after being bitten by a bat. The nurse observes 2 small, nondraining puncture wounds resembling pinpricks on the fingertip. Which action should the nurse implement first?

1.

Administer an intramuscular injection of human rabies vaccine

2.

5.

"Sudden positive outlook or calmness may indicate an impending suicide attempt."

- ✓✓3, 4, 5

Dozens of clients arrive in the emergency department with chemical burns and inhalation injuries from exposure to anhydrous ammonia gas released from a tanker truck on a highway. What is the priority action by the nurse?

1.

Administer 100% oxygen to all clients with evidence of inhalation injuries

2.

Assist clients to remove contaminated clothing and shower with copious amounts of water

3.

Estimate the extent of the clients' burn injuries using the rule of nines

4.

Rapidly assess the clients' vital signs, respiratory effort, and neurological status - ✓✓2.

Assist clients to remove contaminated clothing and shower with copious amounts of water

4.

"I will have to take the prescribed medications for about a year."

5.

"I will wear a medical alert bracelet to advise others of my diagnosis." - ✓✓1, 2, 5

The nurse is assisting the health care provider (HCP) with insertion of a central venous access device for a client scheduled to receive chemotherapy. Which nursing actions are appropriate? Select all that apply.

1.

Applying a sterile, occlusive dressing to the site once insertion is completed

2.

Asking family members to refrain from entering the room during the procedure

3.

Donning a face mask and providing one to the HCP before the procedure

4.

Infusing only normal saline until catheter placement is confirmed by x-ray

5.

Verifying that the client has signed informed consent before the procedure begins - ✓✓1, 2, 3, 5

"I quit my retail job and now sit at a desk instead."

4.

"I try to elevate my legs as often as possible."

5.

"I try to walk at least 1 mile (1.6 km) every day." - ✓✓1, 2, 4, 5

The nurse is preparing to reposition several clients. For which clients should the nurse elevate the affected extremity? Select all that apply.

1.

Client 2 days after above-the-knee amputation

2.

Client scheduled for a right hip fracture repair

3.

Client who just returned from femoral-approach percutaneous coronary intervention

4.

Client with edema and a history of deep venous thrombosis in the left calf

5.

Client with weeping cellulitis of the right foot - ✓✓4, 5

2.

Client in restraints to prevent self-extubation of an endotracheal tube

3.

Client receiving a continuous IV norepinephrine infusion for septic shock

4.

Client with acute stroke receiving tissue plasminogen activator

5.

Client with diabetic ketoacidosis receiving insulin before meals - ✓✓1, 5

The nurse suspects that a client with cirrhosis is developing hepatic encephalopathy based on which assessment findings? Select all that apply.

1.

Breath has musty, sweet odor

2.

Excessively sleepy

3.

Flapping tremors when arms and hands are extended

4.

Had 2 soft bowel movements in 24 hours

5.

Pinpoint pupils - ✓✓1, 2, 3