mouth, dry throat, and nasal dryness. Clients should be instructed to rinse their mouth after use and increase fluid intake (if not contraindicated).

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43. A nurse is assessing a client with a pulmonary embolism. Which finding should the nurse expect?

A. Bradycardia
B. Sudden onset of dyspnea and chest pain
C. Hypertension
D. Bradypnea

Answer: B
Rationale: Pulmonary embolism typically presents with sudden onset of dyspnea, pleuritic chest pain, tachycardia, and hypoxemia. The nurse should prepare for diagnostic testing (CT angiography) and administer anticoagulants as prescribed.

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44. A client with asthma is prescribed montelukast. Which instruction should the nurse include?

A. "Take this medication in the evening."
B. "Use this medication for acute attacks."
C. "Take this medication with a high-fat meal."
D. "Stop the medication if you feel better."

Answer: A
Rationale: Montelukast is a leukotriene receptor antagonist used for long-term asthma control. It is taken in the evening for best effect. It is not used for acute attacks.

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45. A nurse is caring for a client with a new tracheostomy. Which finding indicates a need for immediate intervention?

A. Serosanguineous drainage on the dressing
B. Oxygen saturation 95%

A. Blood pressure 140/86 mm Hg
B. Heart rate 78/min
C. Muscle cramps and hypotension
D. Weight loss of 1 kg

Answer: C
Rationale: Muscle cramps and hypotension during dialysis may indicate excessive fluid removal or electrolyte imbalance. The nurse should slow the ultrafiltration rate and notify the provider.

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148. A nurse is assessing a client with acute kidney injury (AKI). Which finding should the nurse report?

A. Urine output of 50 mL/hr
B. Serum creatinine 4.2 mg/dL
C. BUN 18 mg/dL
D. Serum potassium 4.0 mEq/L

Answer: B
Rationale: A serum creatinine of 4.2 mg/dL is significantly elevated (normal 0.6–1.2 mg/dL), indicating severe renal impairment. The nurse should notify the provider and monitor for complications.

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149. A client is prescribed furosemide. Which laboratory value should the nurse monitor?

A. Serum potassium
B. Serum calcium
C. Serum magnesium
D. Serum sodium

Answer: A
Rationale: Furosemide is a loop diuretic that causes potassium loss (hypokalemia). The nurse should monitor serum potassium levels closely.

intervention. Petechiae and bleeding gums are also concerning but less urgent than active bleeding.

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188. A client is receiving chemotherapy. Which laboratory value should the nurse monitor closely?

A. Hemoglobin 12 g/dL
B. Absolute neutrophil count (ANC) 800/mm^3
C. Platelet count 250,000/mm^3
D. WBC 8,000/mm^3

Answer: B
Rationale: An ANC below 1,000/mm^3 indicates severe neutropenia and a high risk of infection. The nurse should implement neutropenic precautions and notify the provider.

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189. A client is prescribed filgrastim. Which instruction should the nurse include?

A. "Report bone pain to your provider."
B. "Take the medication orally with food."
C. "Expect immediate improvement in energy."
D. "Avoid all sources of infection."

Answer: A
Rationale: Filgrastim commonly causes bone pain. Clients should report this to the provider, who may prescribe analgesics. The medication is administered subcutaneously, not orally.

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190. A nurse is caring for a client with a new diagnosis of leukemia. Which finding should the nurse expect?

A. Increased platelet count
B. Decreased white blood cell count

C. Pain at the burn site
D. Mild erythema

Answer: B
Rationale: Hoarseness and singed nasal hairs indicate inhalation injury, which can lead to airway obstruction. The nurse should prepare for intubation and notify the provider immediately.

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213. A client is prescribed prednisone. Which instruction should the nurse include?

A. "Do not stop taking this medication abruptly."
B. "Take the medication at bedtime."
C. "Increase your intake of potassium-rich foods."
D. "Expect your blood glucose to decrease."

Answer: A
Rationale: Prednisone must be tapered gradually to prevent adrenal crisis. It should be taken in the morning and can cause hyperglycemia, not hypoglycemia.

214–225: *(Additional immune/integumentary questions cover: anaphylaxis, autoimmune disorders, pressure injuries, wound care, and burn management.)*

SECTION 10: PERIOPERATIVE & EMERGENCY CARE

(Questions 226–250)

226. A nurse is caring for a client after emergency surgery. The client has been taking antihypertensive medications for several years. For which side effect related to the antihypertensive medications should the nurse monitor?

A. Bradypnea
B. Hypotension

15. A client is prescribed amiodarone. Which adverse effect should the nurse monitor for?

A. Hypertension
B. Pulmonary toxicity
C. Hyperglycemia
D. Tachycardia

Answer: B
Rationale: Amiodarone can cause pulmonary toxicity, which can be fatal. Clients should report shortness of breath, cough, or chest pain. Other adverse effects include thyroid dysfunction, corneal microdeposits, and hepatotoxicity.

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16. A nurse is caring for a client who is 12 hr postoperative following an abdominal aortic aneurysm (AAA) repair. Which finding should the nurse report to the provider immediately?

A. Absent bowel sounds in all four quadrants
B. Serosanguineous drainage on the abdominal dressing
C. Diminished pedal pulses with a cool lower extremity
D. Urine output of 45 mL over the past hour

Answer: C
Rationale: Diminished pedal pulses and a cool extremity indicate graft occlusion or arterial thrombosis, a life-threatening complication of AAA repair requiring immediate surgical intervention.

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17. A client is admitted with crushing chest pain radiating to the left jaw. The ECG shows ST elevation. Which action should the nurse take first?

A. Administer aspirin 325 mg chewed
B. Obtain a 12-lead ECG
C. Prepare for percutaneous coronary intervention (PCI)
D. Administer morphine sulfate IV

in the vascular space. Dextrose solutions do not provide adequate volume expansion for shock resuscitation.

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2. A nurse is planning care for a client who has pernicious anemia. Which intervention should the nurse include?

A. Administer ferrous sulfate
B. Increase dietary intake of folic acid
C. Initiate weekly vitamin B12 injections
D. Initiate a blood transfusion

Answer: C
Rationale: Pernicious anemia is caused by a deficiency of intrinsic factor, which is necessary for vitamin B12 absorption in the ileum. Treatment requires lifelong vitamin B12 replacement, typically via intramuscular injection. Oral iron and folic acid do not address the underlying B12 deficiency.

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3. A nurse is assessing a client who has a platelet count of 50,000/mm^3. Which finding should the nurse report immediately?

A. Petechiae on the arms
B. Blood in the urine
C. Bleeding gums
D. Bruising at the IV site

Answer: B
Rationale: Gross hematuria indicates significant bleeding and requires immediate intervention. A platelet count of 50,000/mm^3 indicates moderate thrombocytopenia. Petechiae and bleeding gums are concerning but less urgent than active bleeding. The nurse should implement bleeding precautions and notify the provider.

C. Atropine
D. Epinephrine

Answer: B
Rationale: Diltiazem, a calcium channel blocker, is commonly used for rate control in atrial fibrillation. Adenosine is used for supraventricular tachycardia.

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40. A client is prescribed hydralazine. Which adverse effect should the nurse monitor for?

A. Bradycardia
B. Reflex tachycardia
C. Hypertension
D. Constipation

Answer: B
Rationale: Hydralazine is a direct vasodilator that can cause reflex tachycardia as the body compensates for decreased blood pressure.

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41. A client with heart failure is prescribed carvedilol. Which instruction should the nurse include?

A. "Take the medication with food."
B. "Stop the medication if you feel better."
C. "Take the medication on an empty stomach."
D. "Increase your dose if you feel short of breath."

Answer: A
Rationale: Carvedilol should be taken with food to reduce the risk of orthostatic hypotension. It should not be stopped abruptly.

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42. A nurse is teaching a client about the adverse effects of statins. Which statement by the client indicates understanding?