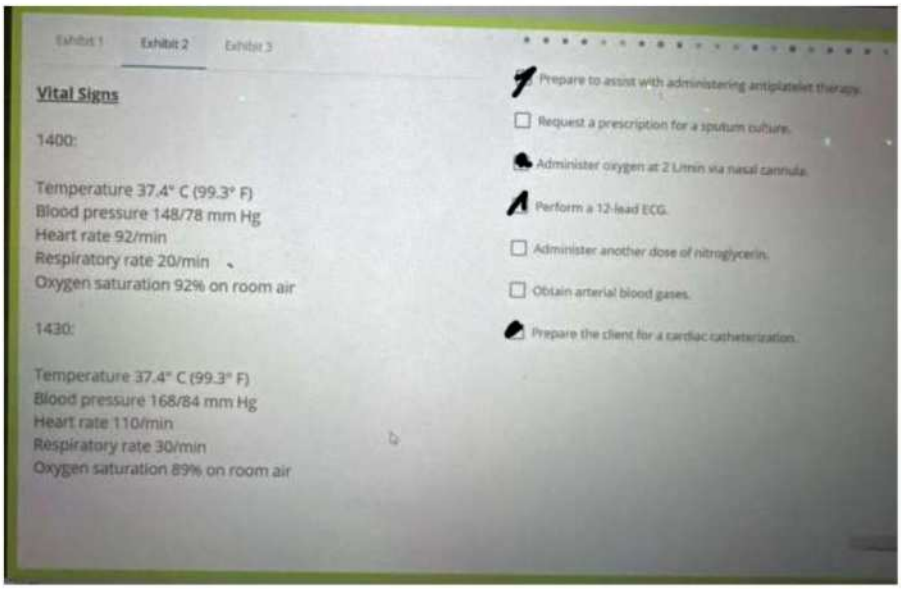


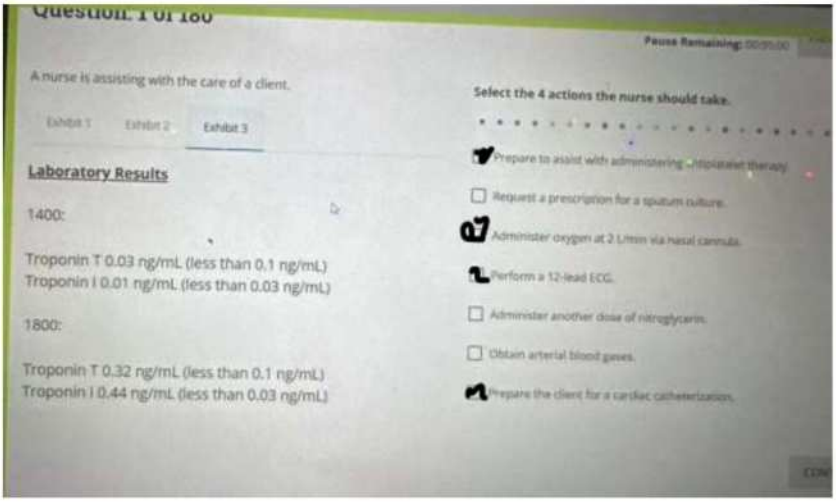

A nurse is assessing a client with chronic kidney disease. Which finding is most common?

A. Anemia and fatigue
B. Hypertension only
C. Polyuria
D. Weight loss

**Correct Answer: A**
**Rationale:** Anemia, fatigue, hypertension, and edema are the most common signs of CKD.

A nurse is teaching a client with chronic kidney disease about diet. Which instruction is most important?

A. "Increase potassium intake."
B. "Limit protein and potassium as prescribed."
C. "Increase sodium intake."
D. "Drink 4 liters of fluid daily."

**Correct Answer: B**
**Rationale:** Protein and potassium restriction are essential in CKD. Sodium and fluids may also be limited.

A nurse is assessing a client with increased intracranial pressure. Which finding is the earliest sign?

A. Alert and oriented
B. Decreased level of consciousness
C. Pupils equal and reactive
D. Blood pressure 110/70 mm Hg

**Correct Answer: B**
**Rationale:** Decreasing LOC is the earliest and most sensitive sign of increased ICP.

A nurse is assessing a client with a subdural hematoma. Which finding is most characteristic?

A. Lucid interval followed by deterioration
B. Immediate loss of consciousness
C. No symptoms
D. Bradycardia only

**Correct Answer: A**
**Rationale:** A lucid interval followed by deterioration is the most classic presentation of subdural hematoma.

A. Bradycardia and hypertension
B. Tachycardia and hypotension
C. Weight gain and edema
D. Bounding pulses

**Correct Answer: B**
**Rationale:** Fluid volume deficit causes tachycardia, hypotension, dry mucous membranes, decreased urine output, and poor skin turgor.

A nurse is assessing a client with fluid volume excess. Which finding is expected?

A. Weight loss and dry mucous membranes
B. Weight gain, edema, and crackles
C. Tachycardia and hypotension
D. Decreased urine output

**Correct Answer: B**
**Rationale:** Fluid volume excess causes weight gain, edema, crackles, JVD, and hypertension.

A nurse is caring for a client with hyperkalemia. Which finding is expected?

A. Muscle weakness and peaked T waves
B. Muscle spasms and prolonged QT
C. Hypertension and bradycardia
D. Hyperreflexia

**Correct Answer: A**
**Rationale:** Hyperkalemia causes muscle weakness, peaked T waves, and cardiac dysrhythmias.

A nurse is caring for a client with hypokalemia. Which finding is expected?

A. Peaked T waves
B. Muscle weakness and U waves
C. Hypertension
D. Bradycardia

**Correct Answer: B**
**Rationale:** Hypokalemia causes muscle weakness, U waves, and dysrhythmias.

A nurse is caring for a client with hypernatremia. Which finding is expected?

A. Confusion and thirst
B. Edema and crackles

**Correct Answer: B**
**Rationale:** Increase fluids to prevent dehydration and avoid high-fiber foods to prevent obstruction.

A nurse is assessing a client with a nasogastric tube. Which finding indicates proper placement?

A. pH of aspirate 1–4
B. pH of aspirate 7
C. Absence of aspirate
D. Client reports nausea

**Correct Answer: A**
**Rationale:** Gastric pH is 1–4. pH greater than 6 indicates intestinal or respiratory placement.

A nurse is caring for a client with a nasogastric tube. Which action is correct?

A. Irrigate with 60 mL of saline.
B. Verify placement before each use.
C. Clamp the tube during feedings.
D. Position the client supine during feedings.

**Correct Answer: B**
**Rationale:** Verify placement before each use. Position the client upright during feedings.

A nurse is teaching a client about enteral feedings. Which instruction is correct?

A. "Lie flat during feedings."
B. "Keep the head of the bed elevated 30–45 degrees."
C. "Administer feedings rapidly."
D. "Skip flushing the tube."

**Correct Answer: B**
**Rationale:** Keep the head elevated 30–45 degrees to prevent aspiration.

A nurse is assessing a client with a new tracheostomy. Which finding requires immediate intervention?

A. Pink, moist stoma
B. Bleeding from the stoma
C. Mild coughing
D. Clear secretions

A. "Use it only when you feel tired."
B. "Use it every night while sleeping."
C. "Use it during the day."
D. "Use it only during exacerbations."

**Correct Answer: B**
**Rationale:** CPAP should be used every night while sleeping.

A nurse is assessing a client with a pulmonary embolism. Which finding is expected?

A. Sudden pleuritic chest pain and dyspnea
B. Gradual cough and fever
C. Wheezing
D. Hemoptysis and weight loss

**Correct Answer: A**
**Rationale:** PE causes sudden pleuritic chest pain, dyspnea, tachycardia, and hemoptysis.

A nurse is teaching a client about preventing pulmonary embolism. Which instruction is correct?

A. "Stay in bed."
B. "Ambulate early and use compression stockings."
C. "Cross your legs."
D. "Massage your legs."

**Correct Answer: B**
**Rationale:** Early ambulation and compression stockings prevent DVT and PE.

A nurse is assessing a client with a DVT. Which finding is expected?

A. Unilateral leg swelling and warmth
B. Bilateral leg edema
C. Cool, pale extremity
D. Absent pedal pulses

**Correct Answer: A**
**Rationale:** DVT causes unilateral swelling, warmth, pain, and redness.

A nurse is teaching a client about preventing DVT. Which instruction is correct?

A. "Stay in bed."
B. "Perform ankle pumps and ambulate early."
C. "Cross your legs."
D. "Massage your legs."

A nurse is assessing a client taking spironolactone. Which finding indicates hyperkalemia?

A. Muscle weakness and peaked T waves
B. U waves
C. Hypertension
D. Bradycardia

**Correct Answer: A**
**Rationale:** Hyperkalemia causes muscle weakness, peaked T waves, and dysrhythmias.

A nurse is teaching a client about metoprolol. Which instruction is correct?

A. "Stop taking it if you feel better."
B. "Do not stop abruptly."
C. "Take it only when symptomatic."
D. "It can cause hypertension."

**Correct Answer: B**
**Rationale:** Do not stop metoprolol abruptly to prevent rebound hypertension and tachycardia.

A nurse is assessing a client taking metoprolol. Which finding indicates bradycardia?

A. Heart rate 50/min
B. Heart rate 88/min
C. Blood pressure 110/70 mm Hg
D. Respiratory rate 18/min

**Correct Answer: A**
**Rationale:** Heart rate less than 60/min indicates bradycardia. Hold metoprolol and notify provider.

A nurse is teaching a client about nitroglycerin. Which instruction is correct?

A. "Take it with food."
B. "Take it sublingually and call 911 if pain persists after 3 doses."
C. "Take it at bedtime."
D. "Stop taking it if you feel better."

**Correct Answer: B**
**Rationale:** Take sublingually and call 911 if pain persists after 3 doses.

A nurse is teaching a client about nitroglycerin. Which instruction is correct?

C. Hyperresonance
D. Wheezing

**Correct Answer: A**
**Rationale:** Flail chest causes paradoxical chest movement, severe pain, and hypoxia.

A nurse is caring for a client with a flail chest. Which action is priority?

A. Administer oxygen and prepare for intubation.
B. Encourage ambulation.
C. Provide a high-protein diet.
D. Administer aspirin.

**Correct Answer: A**
**Rationale:** Administer oxygen and prepare for intubation to support ventilation.

A nurse is assessing a client with a pulmonary contusion. Which finding is expected?

A. Hemoptysis and hypoxia
B. Hypertension
C. Bradycardia
D. Weight gain

**Correct Answer: A**
**Rationale:** Pulmonary contusion causes hemoptysis, hypoxia, and chest pain.

A nurse is teaching a client about preventing pulmonary contusion. Which instruction is correct?

A. "Wear a seatbelt."
B. "Avoid seatbelts."
C. "Ignore symptoms."
D. "Skip medications."

**Correct Answer: A**
**Rationale:** Wear a seatbelt and use protective equipment to prevent pulmonary contusion.

A nurse is assessing a client with a pneumothorax. Which finding is expected?

A. Absent breath sounds on the affected side
B. Crackles
C. Wheezing
D. Dullness

A nurse is teaching a client with heart failure about fluid restriction. Which instruction is correct?

A. "Drink 4 liters daily."
B. "Limit fluids as prescribed and monitor weight."
C. "Drink only when thirsty."
D. "Avoid all fluids."

**Correct Answer: B**
**Rationale:** Limit fluids as prescribed and monitor weight daily.

A nurse is assessing a client with left-sided heart failure. Which finding is expected?

A. Pulmonary crackles and dyspnea
B. Peripheral edema
C. JVD
D. Hepatomegaly

**Correct Answer: A**
**Rationale:** Left-sided heart failure causes pulmonary crackles, dyspnea, and orthopnea.

A nurse is assessing a client with right-sided heart failure. Which finding is expected?

A. Pulmonary crackles
B. Peripheral edema and JVD
C. Dyspnea
D. Orthopnea

**Correct Answer: B**
**Rationale:** Right-sided heart failure causes peripheral edema, JVD, hepatomegaly, and ascites.

A nurse is teaching a client about digoxin. Which instruction is correct?

A. "Take it with meals."
B. "Monitor for nausea, vomiting, and visual changes."
C. "Stop taking it if you feel better."
D. "Take it at bedtime."

**Correct Answer: B**
**Rationale:** Monitor for digoxin toxicity: nausea, vomiting, visual changes, and bradycardia.

A nurse is assessing a client for digoxin toxicity. Which finding is expected?

**Correct Answer: A**
**Rationale:** Kidney stones cause severe flank pain radiating to the groin, hematuria, and nausea.

A nurse is teaching a client about preventing kidney stones. Which instruction is correct?

A. "Decrease fluid intake."
B. "Increase fluid intake and limit oxalate-rich foods."
C. "Increase sodium intake."
D. "Avoid all dairy."

**Correct Answer: B**
**Rationale:** Increase fluids, limit oxalates, and reduce sodium to prevent kidney stones.

A nurse is assessing a client with acute kidney injury. Which finding indicates the oliguric phase?

A. Urine output 100 mL/24 hr
B. Urine output 2000 mL/24 hr
C. Urine output 800 mL/24 hr
D. Urine output 400 mL/24 hr

**Correct Answer: A**
**Rationale:** Oliguria is urine output less than 400 mL/24 hr. Anuria is less than 100 mL/24 hr.

A nurse is teaching a client with chronic kidney disease about diet. Which instruction is correct?

A. "Increase potassium intake."
B. "Limit protein and potassium as prescribed."
C. "Increase sodium intake."
D. "Drink 4 liters of fluid daily."

**Correct Answer: B**
**Rationale:** CKD requires protein and potassium restriction. Sodium and fluids may also be limited.

A nurse is assessing a client with nephrotic syndrome. Which finding is expected?

A. Hematuria and hypertension
B. Proteinuria, hypoalbuminemia, and edema
C. Oliguria and hyperkalemia
D. Pyuria and dysuria

A. "Take it with sildenafil."
B. "Avoid sildenafil while taking nitroglycerin."
C. "Take it only at night."
D. "Stop taking it if you feel better."

**Correct Answer: B**
**Rationale:** Avoid sildenafil with nitroglycerin due to severe hypotension.

A nurse is teaching a client about atorvastatin. Which instruction is most important?

A. "Take it in the morning."
B. "Take it in the evening and monitor liver function."
C. "Take it with food."
D. "Stop taking it if you feel better."

**Correct Answer: B**
**Rationale:** Take atorvastatin in the evening and monitor liver function.

A nurse is assessing a client taking atorvastatin. Which finding indicates a complication?

A. Muscle pain and weakness
B. Hypertension
C. Bradycardia
D. Weight gain

**Correct Answer: A**
**Rationale:** Muscle pain and weakness may indicate rhabdomyolysis, a complication of statins.

A nurse is teaching a client about warfarin. Which instruction is most important?

A. "Increase vitamin K intake."
B. "Maintain consistent vitamin K intake and monitor INR."
C. "Take aspirin for pain."
D. "Stop taking it before dental procedures without consulting your provider."

**Correct Answer: B**
**Rationale:** Consistent vitamin K intake and INR monitoring are essential.

A nurse is assessing a client taking warfarin. Which finding indicates bleeding?

A. Bruising and gum bleeding
B. Hypertension
C. Bradycardia
D. Weight gain