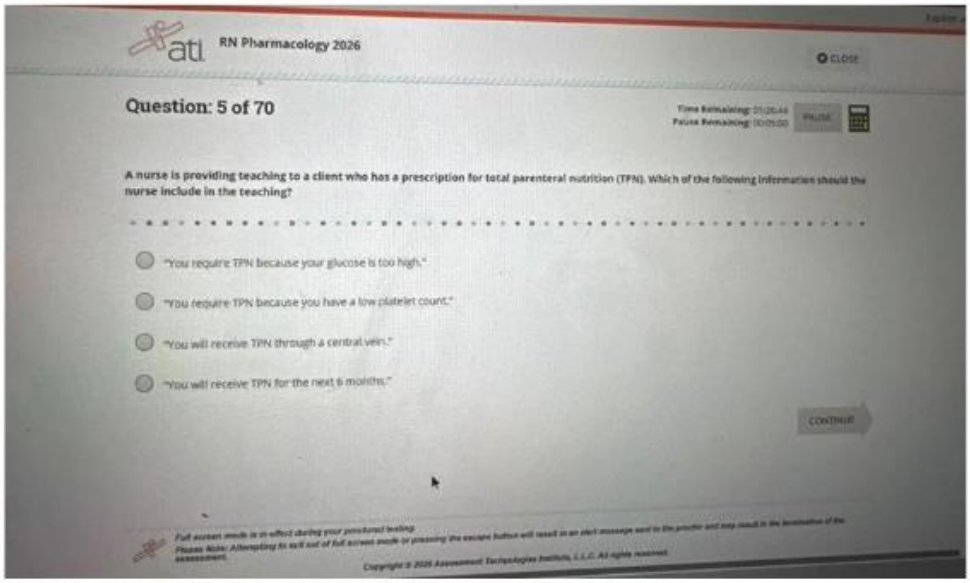

Correct Answer: "You will receive TPN through a central vein."

Rationale: Total parenteral nutrition (TPN) is a hypertonic solution containing high concentrations of dextrose and amino acids, requiring administration through a central venous catheter (such as a PICC or central line) to prevent vein irritation and thrombosis.

- **Why other options are incorrect:** TPN is indicated for non-functional GI tracts or severe malnutrition, not high glucose or low platelets. TPN duration depends on nutritional status and GI recovery, so stating a fixed 6-month timeframe is inaccurate.

Answer: C
Rationale: Insulin injection sites should be rotated to prevent lipodystrophy (fatty tissue changes) and ensure consistent absorption. Injecting into the same site every day can lead to poor absorption and unpredictable blood glucose levels.

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65. A client is prescribed glipizide. Which instruction should the nurse include?

A. "Take the medication 30 minutes before breakfast."
B. "Take the medication at bedtime."
C. "Take the medication with a high-fat meal."
D. "Take the medication only when you feel symptomatic."

Answer: A
Rationale: Glipizide is a sulfonylurea that stimulates insulin release from pancreatic beta cells. It should be taken 30 minutes before breakfast for optimal effect. Taking it at bedtime or with a high-fat meal may not provide adequate glycemic control.

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66. A client with diabetes is prescribed glargine insulin at bedtime. The client asks why this insulin is given at bedtime. Which response by the nurse is correct?

A. "It provides basal insulin coverage throughout the night and into the next day."
B. "It prevents nighttime hypoglycemia."
C. "It covers your evening meal."
D. "It works faster when given at bedtime."

Answer: A
Rationale: Insulin glargine is a long-acting insulin that provides basal coverage for approximately 24 hours. Administering it at bedtime helps maintain stable blood glucose levels overnight and into the next day. It does not prevent nighttime hypoglycemia; it can cause it if the dose is too high.

Answer: A
Rationale: Octreotide is a somatostatin analog that can cause gallbladder sludge and gallstones, as well as GI upset, bradycardia, and hypoglycemia (or hyperglycemia). Clients should be monitored with periodic gallbladder ultrasounds.

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85. A nurse is teaching a client about the administration of insulin. Which statement by the client indicates a need for further teaching?

A. "I will store my insulin pen at room temperature for up to 28 days."
B. "I will inject insulin into the same site every day."
C. "I will rotate injection sites to prevent lipodystrophy."
D. "I will check my blood glucose before meals."

Answer: B
Rationale: Insulin injection sites should be rotated to prevent lipodystrophy and ensure consistent absorption. Injecting into the same site every day can lead to poor absorption and unpredictable blood glucose levels.

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86. A client is prescribed methimazole. Which laboratory value should the nurse monitor?

A. Thyroid-stimulating hormone (TSH) and free T4
B. Serum potassium
C. Serum calcium
D. Liver function tests

Answer: A
Rationale: Methimazole is an antithyroid medication used to treat hyperthyroidism. The nurse should monitor TSH and free T4 levels to evaluate therapeutic response and adjust dosage. Liver function tests may also be monitored, but thyroid function tests are the primary monitoring parameters.

Answer: A
Rationale: Warfarin therapy is monitored using the prothrombin time (PT) and international normalized ratio (INR). The therapeutic INR range is typically 2.0–3.0 for most indications. The aPTT is used to monitor heparin therapy.

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142. A client is prescribed alteplase. Which condition is this medication used to treat?

A. Acute ischemic stroke
B. Hemorrhagic stroke
C. Hypertension
D. Hyperkalemia

Answer: A
Rationale: Alteplase is a thrombolytic (clot-dissolving) medication used to treat acute ischemic stroke, myocardial infarction, and pulmonary embolism. It is contraindicated in hemorrhagic stroke due to the risk of worsening bleeding.

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143. A client is prescribed aminocaproic acid. Which condition is this medication used to treat?

A. Excessive bleeding
B. Blood clots
C. Hypertension
D. Hyperkalemia

Answer: A
Rationale: Aminocaproic acid is an antifibrinolytic that is used to treat excessive bleeding by preventing clot breakdown. It is used for hemophilia, menorrhagia, and bleeding after surgery. It is not used to dissolve clots.

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144. A client is prescribed filgrastim. Which laboratory value should the nurse monitor?

A. Absolute neutrophil count (ANC)
B. Platelet count
C. Hemoglobin
D. Hematocrit

Answer: A
Rationale: Filgrastim is a colony-stimulating factor that stimulates the production of neutrophils. The nurse should monitor the absolute neutrophil count (ANC) to evaluate therapeutic response. It is used to prevent infection in clients receiving chemotherapy.

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145. A client is prescribed epoetin alfa. Which laboratory value should the nurse monitor?

A. Hemoglobin and hematocrit
B. Platelet count
C. White blood cell count
D. Serum potassium

Answer: A
Rationale: Epoetin alfa stimulates red blood cell production. The nurse should monitor hemoglobin and hematocrit levels to evaluate therapeutic response. It is used to treat anemia in clients with chronic kidney disease or those receiving chemotherapy.

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146. A client is prescribed oprelvekin. Which adverse effect should the nurse monitor for?

A. Fluid retention
B. Hypertension
C. Bradycardia
D. Hypoglycemia

Answer: A
Rationale: Oprelvekin is a thrombopoietin that stimulates platelet production. It can cause fluid retention, which may lead to peripheral edema, dyspnea, and pulmonary edema. Clients should be monitored for weight gain and respiratory distress.

152. A nurse is preparing to administer a scheduled dose of warfarin to a client. Which laboratory test should the nurse review prior to administration?

A. Activated partial thromboplastin time (aPTT)
B. Platelet count
C. Prothrombin time (PT)/INR
D. D-dimer

Answer: C
Rationale: Warfarin is an oral anticoagulant that works by inhibiting vitamin K-dependent clotting factors (II, VII, IX, X). The PT/INR is the standardized laboratory test used to monitor warfarin therapy and guide dosing adjustments. Therapeutic INR ranges typically fall between 2.0–3.0 for most indications.

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153. A nurse is caring for a group of clients. Which of the following situations requires completion of an incident report?

A. A client refuses to take a prescribed medication.
B. A client develops a new-onset fever of 38.5°C.
C. A client receives insulin 1 hour earlier than scheduled.
D. A client requests a different meal.

Answer: C
Rationale: Administering insulin 1 hour earlier than scheduled is a medication error and requires completion of an incident report. Client refusal of medication, fever, and meal requests are not medication errors.

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154. A client is prescribed 1,500 mL of 0.9% sodium chloride IV over 8 hours. The nurse plans to use IV tubing with a drop factor of 10 gtt/mL. What is the correct flow rate in gtt/min?

A. 31 gtt/min
B. 25 gtt/min

Answer: A
Rationale: 1 g = 1000 mg. 1000 mg ÷ 350 mg/mL = 2.86 mL, rounded to 2.9 mL.

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166. A client is prescribed 1,000 mL of D5NS IV over 12 hours. The drop factor is 15 gtt/mL. What is the flow rate in gtt/min?

A. 21 gtt/min
B. 15 gtt/min
C. 25 gtt/min
D. 30 gtt/min

Answer: A
Rationale: Flow rate = (1000 mL × 15 gtt/mL) / (12 × 60 minutes) = 15,000 / 720 = 20.8 gtt/min, rounded to 21 gtt/min.

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167. A nurse is preparing to administer levothyroxine 75 mcg PO to a client. The medication is available as 0.05 mg tablets. How many tablets should the nurse administer?

A. 1.5 tablets
B. 2 tablets
C. 1 tablet
D. 0.5 tablet

Answer: A
Rationale: 75 mcg = 0.075 mg. 0.075 mg ÷ 0.05 mg/tablet = 1.5 tablets.

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168. A client is prescribed 100 mL of medication to infuse over 45 minutes. The drop factor is 20 gtt/mL. What is the flow rate in gtt/min?

A. 44 gtt/min
B. 33 gtt/min

C. 22 gtt/min
D. 55 gtt/min

Answer: A
Rationale: Flow rate = (100 mL × 20 gtt/mL) / 45 minutes = 2,000 / 45 = 44.4 gtt/min, rounded to 44 gtt/min.

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169. A nurse is preparing to administer furosemide 40 mg IV. The medication is available as 10 mg/mL. How many mL should the nurse administer?

A. 4 mL
B. 2 mL
C. 3 mL
D. 5 mL

Answer: A
Rationale: 40 mg ÷ 10 mg/mL = 4 mL.

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170. A client is prescribed 1,000 mL of 0.9% sodium chloride IV over 8 hours. The drop factor is 20 gtt/mL. What is the flow rate in gtt/min?

A. 42 gtt/min
B. 28 gtt/min
C. 35 gtt/min
D. 50 gtt/min

Answer: A
Rationale: Flow rate = (1000 mL × 20 gtt/mL) / (8 × 60 minutes) = 20,000 / 480 = 41.7 gtt/min, rounded to 42 gtt/min.

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171. A nurse is preparing to administer methylprednisolone 125 mg IV. The medication is available as 125 mg/2 mL. How many mL should the nurse administer?

A. 1 mL
B. 0.5 mL
C. 2 mL
D. 1.5 mL

Answer: A
Rationale: 40 mg ÷ 40 mg/mL = 1 mL.

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204. A client is prescribed 1,000 mL of D5W IV over 24 hours. The drop factor is 15 gtt/mL. What is the flow rate in gtt/min?

A. 10 gtt/min
B. 15 gtt/min
C. 20 gtt/min
D. 25 gtt/min

Answer: A
Rationale: Flow rate = (1000 mL × 15 gtt/mL) / (24 × 60 minutes) = 15,000 / 1440 = 10.4 gtt/min, rounded to 10 gtt/min.

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205. A nurse is preparing to administer promethazine 25 mg IM. The medication is available as 25 mg/mL. How many mL should the nurse administer?

A. 1 mL
B. 0.5 mL
C. 2 mL
D. 1.5 mL

Answer: A
Rationale: 25 mg ÷ 25 mg/mL = 1 mL.

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206. A client is prescribed 250 mL of D5W IV over 30 minutes. The drop factor is 20 gtt/mL. What is the flow rate in gtt/min?

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230. A client is prescribed 1,000 mL of 0.9% sodium chloride IV over 6 hours. The drop factor is 15 gtt/mL. What is the flow rate in gtt/min?

A. 42 gtt/min
B. 28 gtt/min
C. 35 gtt/min
D. 50 gtt/min

Answer: A
Rationale: Flow rate = (1000 mL × 15 gtt/mL) / (6 × 60 minutes) = 15,000 / 360 = 41.7 gtt/min, rounded to 42 gtt/min.

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231. A nurse is preparing to administer amiodarone 150 mg IV. The medication is available as 50 mg/mL. How many mL should the nurse administer?

A. 3 mL
B. 2 mL
C. 4 mL
D. 5 mL

Answer: A
Rationale: 150 mg ÷ 50 mg/mL = 3 mL.

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232. A client is prescribed 100 mL of medication to infuse over 30 minutes. The drop factor is 20 gtt/mL. What is the flow rate in gtt/min?

A. 67 gtt/min
B. 50 gtt/min
C. 75 gtt/min
D. 42 gtt/min