

Prometric Exam Created By Sleh Aydi



Exam 1

Questions

1. A nurse is reviewing a patient's medication during shift change. Which of the following medication would be contraindicated if the patient were pregnant? Note: More than one answer may be correct.

- A. Coumadin
- B. Finasteride
- C. Celebrex
- D. Catapres
- E. Habitrol
- F. Clofazimine

2. A nurse is reviewing a patient's PMH. The history indicates photosensitive reactions to medications. Which of the following drugs has not been associated with photosensitive reactions? Note: More than one answer may be correct.

- A. Cipro
- B. Sulfonamide
- C. Noroxin
- D. Bactrim
- E. Accutane
- F. Nitrodur

3. A patient tells you that her urine is starting to look discolored. If you believe this change is due to medication, which of the following patient's medication does not cause urine discoloration?

- A. Sulfasalazine
- B. Levodopa
- C. Phenolphthalein
- D. Aspirin

4. You are responsible for reviewing the nursing unit's refrigerator. If you found the following drug in the refrigerator it should be removed from the refrigerator's contents?

- A. Corgard
- B. Humulin (injection)
- C. Urokinase
- D. Epogen (injection)

5. A 34 year old female has recently been diagnosed with an autoimmune disease. She has also recently discovered that she is pregnant. Which of the following is the only immunoglobulin that will provide protection to the fetus in the womb?

- A. IgA
- B. IgD
- C. IgE
- D. IgG

6. A second year nursing student has just suffered a needlestick while working with a patient that is positive for AIDS. Which of the following is the most important action that nursing student should take?

- A. Immediately see a social worker
- B. Start prophylactic AZT treatment
- C. Start prophylactic Pentamide treatment
- D. Seek counseling

7. A thirty five year old male has been an insulin-dependent diabetic for five years and now is unable to urinate. Which of the following would you most likely suspect?

- A. Atherosclerosis
- B. Diabetic nephropathy
- C. Autonomic neuropathy
- D. Somatic neuropathy

8. You are taking the history of a 14 year old girl who has a (BMI) of 18. The girl reports inability to eat, induced vomiting and severe constipation. Which of the following would you most likely suspect?

- A. Multiple sclerosis
- B. Anorexia nervosa
- C. Bulimia
- D. Systemic sclerosis

9. A 24 year old female is admitted to the ER for confusion. This patient has a history of a myeloma diagnosis, constipation, intense abdominal pain, and polyuria. Which of the following would you most likely suspect?

- A. Diverticulosis
- B. Hypercalcaemia
- C. Hypocalcaemia
- D. Irritable bowel syndrome

10. Rho gam is most often used to treat _____ mothers that have a _____ infant.

- A. RH positive, RH positive
- B. RH positive, RH negative
- C. RH negative, RH positive
- D. RH negative, RH negative

11. A new mother has some questions about (PKU). Which of the following statements made by a nurse is not correct regarding PKU?

- A. A Guthrie test can check the necessary lab values.
- B. The urine has a high concentration of phenylpyruvic acid
- C. Mental deficits are often present with PKU.
- D. The effects of PKU are reversible.

12. A patient has taken an overdose of aspirin. Which of the following should a nurse most closely monitor for during acute management of this patient?

- A. Onset of pulmonary edema
- B. Metabolic alkalosis
- C. Respiratory alkalosis
- D. Parkinson's disease type symptoms

13. A fifty-year-old blind and deaf patient has been admitted to your floor.

As the charge nurse your primary responsibility for this patient is?

- A. Let others know about the patient's deficits.
- B. Communicate with your supervisor your patient safety concerns.
- C. Continuously update the patient on the social environment.
- D. Provide a secure environment for the patient.

14. A patient is getting discharged from a SNF facility. The patient has a history of severe COPD and PVD. The patient is primarily concerned about their ability to breath easily. Which of the following would be the best instruction for this patient?

- A. Deep breathing techniques to increase O2 levels.
- B. Cough regularly and deeply to clear airway passages.
- C. Cough following bronchodilator utilization
- D. Decrease CO2 levels by increase oxygen take output during meals.

15. A nurse is caring for an infant that has recently been diagnosed with a congenital heart defect. Which of the following clinical signs would most likely be present?

- A. Slow pulse rate
- B. Weight gain
- C. Decreased systolic pressure
- D. Irregular WBC lab values

16. A mother has recently been informed that her child has Down's syndrome. You will be assigned to care for the child at shift change. Which of the following characteristics is not associated with Down's syndrome?

- A. Simian crease
- B. Brachycephaly

- C. Oily skin
- D. Hypotonicity

17. A patient has recently experienced a (MI) within the last 4 hours. Which of the following medications would most like be administered?

- A. Streptokinase
- B. Atropine
- C. Acetaminophen
- D. Coumadin

18. A patient asks a nurse, "My doctor recommended I increase my intake of folic acid. What type of foods contain the highest concentration of folic acids?"

- A. Green vegetables and liver
- B. Yellow vegetables and red meat
- C. Carrots
- D. Milk

19. A nurse is putting together a presentation on meningitis. Which of the following microorganisms has NOT been linked to meningitis in humans?

- A. S. pneumonia
- B. H. influenza
- C. N. meningitis
- D. Cl. difficile

20. A nurse is administering blood to a patient who has a low hemoglobin count. The patient asks how long to RBC's last in my body? The correct response is.

- A. The life span of RBC is 45 days.
- B. The life span of RBC is 60 days.
- C. The life span of RBC is 90 days.
- D. The life span of RBC is 120 days.

21. A 65 year old man has been admitted to the hospital for spinal stenosis surgery. When does the discharge training and planning begin for this patient?

- A. Following surgery
- B. Upon admit
- C. Within 48 hours of discharge
- D. Preoperative discussion

22. A child is 5 years old and has been recently admitted into the hospital. According to Erickson which of the following stages is the child in?

- A. Trust vs. mistrust
- B. Initiative vs. guilt
- C. Autonomy vs. shame
- D. Intimacy vs. isolation

23. A toddler is 16 months old and has been recently admitted into the hospital. According to Erickson which of the following stages is the toddler in?

- A. Trust vs. mistrust
- B. Initiative vs. guilt
- C. Autonomy vs. shame
- D. Intimacy vs. isolation

24. A young adult is 20 years old and has been recently admitted into the hospital. According to Erickson which of the following stages is the adult in?

- A. Trust vs. mistrust
- B. Initiative vs. guilt
- C. Autonomy vs. shame
- D. Intimacy vs. isolation

25. A nurse is making rounds taking vital signs. Which of the following vital signs is abnormal?

- A. 11 year old male – 90 b.p.m, 22 resp/min. , 100/70 mm Hg

B. 13 year old female – 105 b.p.m., 22 resp/min., 105/60 mm Hg

C. 5 year old male- 102 b.p.m, 24 resp/min., 90/65 mm Hg

D. 6 year old female- 100 b.p.m., 26 resp/min., 90/70mm Hg

26. When you are taking a patient's history, she tells you she has been depressed and is dealing with an anxiety disorder. Which of the following medications would the patient most likely be taking?

A. Elavil

B. Calcitonin

C. Pergolide

D. Verapamil

27. Which of the following conditions would a nurse not administer erythromycin?

A. Campylobacterial infection

B. Legionnaire's disease

C. Pneumonia

D. Multiple Sclerosis

28. A patient's chart indicates a history of hyperkalemia. Which of the following would you not expect to see with this patient if this condition were acute?

A. Decreased HR

B. Paresthesias

C. Muscle weakness of the extremities

D. Migranes

29. A patient's chart indicates a history of ketoacidosis. Which of the following would you not expect to see with this patient if this condition were acute?

A. Vomiting

B. Extreme Thirst

C. Weight gain

D. Acetone breath smell

30. A patient's chart indicates a history of meningitis. Which of the following would you NOT expect to see with this patient if this condition were acute?

- A. Increased appetite
- B. Vomiting
- C. Fever
- D. Poor tolerance of light

31. A nurse is reviewing a patient's chart and notices that the patient suffers from conjunctivitis. Which of the following microorganisms is related to this condition?

- A. *Yersinia pestis*
- B. *Helicobacter pylori*
- C. *Vibrio cholera*
- D. *Hemophilus aegyptius*

32. A nurse is reviewing a patient's chart and notices that the patient suffers from Lyme disease. Which of the following microorganisms is related to this condition?

- A. *Borrelia burgdorferi*
- B. *Streptococcus pyogenes*
- C. *Bacillus anthracis*
- D. *Enterococcus faecalis*

33. A fragile 87 year-old female has recently been admitted to the hospital with increased confusion and falls over last 2 weeks. She is also noted to have a mild left hemiparesis. Which of the following tests is most likely to be performed?

- A. FBC (full blood count)
- B. ECG (electrocardiogram)
- C. Thyroid function tests
- D. CT scan

34. A 84 year-old male has been loosing mobility and gaining weight over the last 2 months. The patient also has the heater running in his house 24 hours a day, even on warm days. Which of the following tests is most likely to be performed?

- A. FBC (full blood count)
- B. ECG (electrocardiogram)
- C. Thyroid function tests
- D. CT scan

35. A 20 year-old female attending college is found unconscious in her dorm room. She has a fever and a noticeable rash. She has just been admitted to the hospital. Which of the following tests is most likely to be performed first?

- A. Blood sugar check
- B. CT scan
- C. Blood cultures
- D. Arterial blood gases

36. A 28 year old male has been found wandering around in a confused pattern. The male is sweaty and pale. Which of the following tests is most likely to be performed first?

- A. Blood sugar check
- B. CT scan
- C. Blood cultures
- D. Arterial blood gases

37. A mother is inquiring about her child's ability to potty train. Which of the following factors is the most important aspect of toilet training?

- A. The age of the child
- B. The child ability to understand instruction.
- C. The overall mental and physical abilities of the child.
- D. Frequent attempts with positive reinforcement.

38. A parent calls the pediatric clinic and is frantic about the bottle of cleaning fluid her child drank 20 minutes. Which of the following is the most important instruction the nurse can give the parent?

- A. This too shall pass.
- B. Take the child immediately to the ER
- C. Contact the Poison Control Center quickly
- D. Give the child syrup of ipecac

39. A nurse is administering a shot of Vitamin K to a 30 day-old infant. Which of the following target areas is the most appropriate?

- A. Gluteus maximus
- B. Gluteus minimus
- C. Vastus lateralis
- D. Vastus medialis

40. A nurse has just started her rounds delivering medication. A new patient on her rounds is a 4 year-old boy who is non-verbal. This child does not have on any identification. What should the nurse do?

- A. Contact the provider
- B. Ask the child to write their name on paper.
- C. Ask a co-worker about the identification of the child.
- D. Ask the father who is in the room the child's name.

41. A nurse is monitoring a pregnant client with pregnancy induced hypertension who is at risk for Preeclampsia. The nurse checks the client for which specific signs of Preeclampsia (*select all that apply*)?

- A. Elevated blood pressure
- B. Negative urinary protein
- C. Facial edema
- D. Increased respirations

42. A nurse is caring for a pregnant client with severe preeclampsia who is receiving IV magnesium sulfate. *Select all nursing interventions that apply in the care for the client.*

- A. Monitor maternal vital signs every 2 hours
- B. Notify the physician if respirations are less than 18 per minute.
- C. Monitor renal function and cardiac function closely
- D. Keep calcium gluconate on hand in case of a magnesium sulfate overdose
- E. Monitor deep tendon reflexes hourly
- F. Monitor I and O's hourly
- G. Notify the physician if urinary output is less than 30 ml per hour.

43. When interpreting an ECG, the nurse would keep in mind which of the following about the P wave? *Select all that apply.*

- A. Reflects electrical impulse beginning at the SA node
- B. Indicated electrical impulse beginning at the AV node
- C. Reflects atrial muscle depolarization
- D. Identifies ventricular muscle depolarization
- E. Has duration of normally 0.11 seconds or less.

44. When caring for a client with a central venous line, which of the following nursing actions should be implemented in the plan of care for chemotherapy administration? *Select all that apply.*

- A. Verify patency of the line by the presence of a blood return at regular intervals.
- B. Inspect the insertion site for swelling, erythema, or drainage.
- C. Administer a cytotoxic agent to keep the regimen on schedule even if blood return is not present.
- D. If unable to aspirate blood, reposition the client and encourage the client to cough.
- E. Contact the health care provider about verifying placement if the status is questionable.

45. To assist an adult client to sleep better the nurse recommends which of the following?

- A. Drinking a glass of wine just before retiring to bed
- B. Eating a large meal 1 hour before bedtime
- C. Consuming a small glass of warm milk at bedtime

D. Performing mild exercises 30 minutes before going to bed

46. The nurse recognizes that a client is experiencing insomnia when the client reports(*select all that apply*):

- A. Extended time to fall asleep
- B. Falling asleep at inappropriate times
- C. Difficulty staying asleep
- D. Feeling tired after a night's sleep

47. The nurse teaches the mother of a newborn that in order to prevent sudden infant death syndrome (SIDS) the best position to place the baby after nursing is (*select all that apply*):

- A. Prone
- B. Side-lying
- C. Supine
- D. Fowler's

48. A client has a diagnosis of primary insomnia. Before assessing this client, the nurse recalls the numerous causes of this disorder. *Select all that apply*:

- A. Chronic stress
- B. Severe anxiety
- C. Generalized pain
- D. Excessive caffeine
- E. Chronic depression
- F. Environmental noise

49. *Select all that apply* to the use of barbiturates in treating insomnia:

- A. Barbiturates deprive people of NREM sleep
- B. Barbiturates deprive people of REM sleep
- C. When the barbiturates are discontinued, the NREM sleep increases.
- D. When the barbiturates are discontinued, the REM sleep increases.
- E. Nightmares are often an adverse effect when discontinuing barbiturates.

50. *Select all that apply* that is appropriate when there is a benzodiazepine overdose:

- A. Administration of syrup of ipecac

- B. Gastric lavage
- C. Activated charcoal and a saline cathartic
- D. Hemodialysis
- E. Administration of Flumazenil

Answers

1. **A. Coumadin and B. Finasteride.** They are both contraindicated with pregnancy.
2. **F. Nitrofur.** All of the others have can cause photosensitivity reactions.
3. **D. Aspirin .** All of the others can cause urine discoloration.
4. **A. Corgard .** Corgard could be removed from the refrigerator.
5. **D. IgG.** IgG is the only immunoglobulin that can cross the placental barrier.
6. **B. Start prophylactic AZT treatment.** AZT treatment is the most critical intervention.
7. **C. Autonomic neuropathy.** Autonomic neuropathy can cause inability to urinate.
8. **B. Anorexia nervosa.** All of the clinical signs and systems point to a condition of anorexia nervosa.
9. **B. Hypercalcaemia.** Hypercalcaemia can cause polyuria, severe abdominal pain, and confusion.
10. **C. RH negative, RH positive.** Rho gam prevents the production of anti-RH antibodies in the mother that has a Rh positive fetus.
11. **D. The effects of PKU are reversible.** The effects of PKU stay with the infant throughout their life.
12. **D. Parkinson's disease type symptoms.** Aspirin overdose can lead to metabolic acidosis and cause pulmonary edema development.
13. **D. Provide a secure environment for the patient.** This patient's safety is your primary concern.
14. **C. Cough following bronchodilator utilization.** The bronchodilator will allow a more productive cough.
15. **B. Weight gain.** Weight gain is associated with CHF and congenital heart deficits.
16. **C. Oily skin.** The skin would be dry and not oily.
17. **A. Streptokinase .** Streptokinase is a clot busting drug and the best choice in this situation.

18. **A. Green vegetables and liver.** Green vegetables and liver are a great source of folic acid.
19. **D. Cl. difficile .** Cl. difficile has not been linked to meningitis.
20. **D. The life span of RBC is 120 days.** RBC's last for 120 days in the body.
21. **B. Upon admit.** Discharge education begins upon admit.
22. **B. Initiative vs. guilt.** Initiative vs. guilt- 3-6 years old
23. **A. Trust vs. mistrust.** Trust vs. Mistrust- 12-18 months old
24. **D. Intimacy vs. isolation.** Intimacy vs. isolation- 18-35 years old
25. **B. 13 year old female – 105 b.p.m., 22 resp/min., 105/60 mm Hg. HR and Respirations are slightly increased. BP is down.**
26. **A. Elavil.** Elavil is a tricyclic antidepressant.
27. **D. Multiple Sclerosis.** Erythromycin is used to treat conditions A-C.
28. **D. Migraines.** Answer choices A-C were symptoms of acute hyperkalemia.
29. **C. Weight gain.** Weight loss would be expected.
30. **A. Increased appetite .** Loss of appetite would be expected.
31. **D. Hemophilus aegyptius.** Choice A is linked to Plague, Choice B is linked to peptic ulcers, Choice C is linked to Cholera.
32. **A. Borrelia burgdorferi.** Choice B is linked to Rheumatic fever, Choice C is linked to Anthrax, Choice D is linked to Endocarditis.
33. **D. CT scan.** A CT scan would be performed for further investigation of the hemiparesis.
34. **C. Thyroid function tests.** Weight gain and poor temperature tolerance indicate something may be wrong with the thyroid function.
35. **C. Blood cultures.** Blood cultures would be performed to investigate the fever and rash symptoms.
36. **A. Blood sugar check.** With a history of diabetes, the first response should be to check blood sugar levels.
37. **C. The overall mental and physical abilities of the child.** Age is not the greatest factor in potty training. The overall mental and physical abilities of the child is the most important factor.
38. **C. Contact the Poison Control Center quickly.** The poison control center will have an exact plan of action for this child.
39. **C. Vastus lateralis.** Vastus lateralis is the most appropriate location.
40. **D. Ask the father who is in the room the child's name.** In this case you are able to determine the name of the child by the father's statement. You should not withhold the medication from the child following identification.

41. **A and C.** The three classic signs of preeclampsia are hypertension, generalized edema, and proteinuria. Increased respirations are not a sign of preeclampsia.
42. **C, D, E, F, and G.** When caring for a client receiving magnesium sulfate therapy, the nurse would monitor maternal vital signs, especially respirations, every 30-60 minutes and notify the physician if respirations are less than 12, because this would indicate respiratory depression. Calcium gluconate is kept on hand in case of magnesium sulfate overdose, because calcium gluconate is the antidote for magnesium sulfate toxicity. Deep tendon reflexes are assessed hourly. Cardiac and renal function is monitored closely. The urine output should be maintained at 30 ml per hour because the medication is eliminated through the kidneys.
43. **A, C, E.** In a client who has had an ECG, the P wave represents the activation of the electrical impulse in the SA node, which is then transmitted to the AV node. In addition, the P wave represents atrial muscle depolarization, not ventricular depolarization. The normal duration of the P wave is 0.11 seconds or less in duration and 2.5 mm or more in height.
44. **A, B, D, E.** A major concern with intravenous administration of cytotoxic agents is vessel irritation or extravasation. The Oncology Nursing Society and hospital guidelines require frequent evaluation of blood return when administering vesicant or non vesicant chemotherapy due to the risk of extravasation. These guidelines apply to peripheral and central venous lines. In addition, central venous lines may be long-term venous access devices. Thus, difficulty drawing or aspirating blood may indicate the line is against the vessel wall or may indicate the line has occlusion. Having the client cough or move position may change the status of the line if it is temporarily against a vessel wall. Occlusion warrants more thorough evaluation via x-ray study to verify placement if the status is questionable and may require a declotting regimen.
45. **C.** A small glass of milk relaxes the body and promotes sleep.
46. **A, C, and D.** These symptoms are often reported by clients with insomnia. Clients report nonrestorative sleep. Arising once at night to urinate (nocturia) is not in and of itself insomnia.
47. **B and C.** Research demonstrate that the occurrence of SIDS is reduced with these two positions.
48. **A, D, and F.** Acute or primary insomnia is caused by emotional or physical discomfort not caused by the direct physiologic effects of a substance or a medical condition. Excessive caffeine intake is an example of disruptive sleep hygiene; caffeine is a stimulant that inhibits sleep. Environmental noise causes physical and/or emotional and therefore is related to primary insomnia.

49. **B, D, and E.** Barbiturates deprive people of REM sleep. When the barbiturate is stopped and REM sleep once again occurs, a rebound phenomenon occurs. During this phenomenon, the persons dream time constitutes a larger percentage of the total sleep pattern, and the dreams are often nightmares.
50. **B, C, and E.** If ingestion is recent, decontamination of the GI system is indicated. The administration of syrup of ipecac is contraindicated because of aspiration risks related to sedation. Gastric lavage is generally the best and most effective means of gastric decontamination. Activated charcoal and a saline cathartic may be administered to remove any remaining drug. Hemodialysis is not useful in the treatment of benzodiazepine overdose. Flumazenil can be used to acutely reverse the sedative effects of benzodiazepines, though this is normally done only in cases of extreme overdose or sedation.