LUMA EDUCATIONAL APPS

# NCLEX-RN Practice Question Bank

259 high-yield questions with rationales

2026 Edition

Companion practice resource for NCLEX-RN preparation

lumaeducationalapps.com

Educational resource for nurses preparing for NCLEX-RN licensure

# Contents



Created through Luma Educational Apps for nursing graduates who want focused, high-yield NCLEX-RN practice with clear clinical rationales. Visit https://lumaeducationalapps.com/.

HOW TO USE THIS RESOURCE

# How to Use This Question Bank

This bank contains 259 NCLEX-style practice questions covering the highest-yield clinical domains: prioritization and delegation, safety and infection control, pharmacology, cardiac, respiratory, neurological, gastrointestinal, renal, endocrine, hematology/oncology, maternal-newborn, pediatrics, and mental health. Each question contains a stem, four or more answer choices, the correct answer, and a rationale that explains why the right answer is right and why the others are not. Some questions are Select All That Apply (SATA) - multiple correct answers. Recommended approach: Try each question without looking at the answer. Even if you answer correctly, read the rationale - that is where the real learning lives. Target at least 75 questions per day in the two weeks leading up to your exam.

This question bank pairs with the Luma Educational Apps NCLEX-RN Comprehensive Review Course. Work a set of questions after each content chapter, then remediate weak domains before moving on.

Study tip: Mark every rationale that teaches a new rule (ABC priority, delegation rights, lab critical values, medication antidotes). Revisit those notes daily in the final two weeks before your exam.

## Content Distribution

| Domain | # of Questions |
|---|---|
| Pharmacology | 49 |
| Cardiovascular | 25 |
| Neurological | 20 |
| Gastrointestinal | 20 |
| Endocrine | 20 |
| Respiratory | 15 |
| Renal & Genitourinary | 15 |
| Hematology / Oncology | 15 |
| Maternal-Newborn | 15 |
| Pediatrics | 15 |
| Prioritization | 13 |
| Safety | 12 |
| Mental Health | 10 |
| Infection Control | 8 |
| Delegation | 6 |
| Triage | 1 |
| TOTAL | 259 |

PRACTICE QUESTIONS

# Practice Questions

Try each question on your own before checking the answer key. The complete answer key with rationales begins after Question 259.

### Question 1

PRIORITIZATION

The nurse is caring for four clients on a medical-surgical unit. Which client should the nurse assess first?

A. A client 2 days postoperative from a cholecystectomy reporting incisional pain of 6/10
B. A client with pneumonia whose respiratory rate has increased from 18 to 28 breaths/min
C. A client with type 2 diabetes whose blood glucose is 168 mg/dL before breakfast
D. A client with cellulitis awaiting discharge teaching

### Question 2

PRIORITIZATION

Which task is most appropriate for the registered nurse to delegate to unlicensed assistive personnel (UAP)?

A. Reinforcing dietary teaching for a newly diagnosed diabetic
B. Obtaining vital signs on a stable postoperative client
C. Performing a sterile dressing change
D. Administering an oral medication

### Question 3

DELEGATION

The charge nurse is making assignments. Which client is most appropriate to assign to the LPN/LVN?

A. A newly admitted client with chest pain
B. A client receiving a blood transfusion
C. A stable client requiring a sterile wound dressing change
D. A client being started on a heparin infusion

### Question 4

PRIORITIZATION

A nurse on a cardiac unit receives report on four clients. Which client should be assessed first?

A. A client 1 day post-MI with stable vital signs
B. A client with atrial fibrillation reporting palpitations
C. A client with heart failure whose oxygen saturation is 87% on 2 L nasal cannula
D. A client awaiting discharge after pacemaker placement

### Question 5

DELEGATION

SELECT ALL THAT APPLY Which of the following may NOT be delegated by the RN? Select all that apply.

A. Initial admission assessment
B. Bathing a stable client
C. Discharge teaching
D. Ambulating a stable post-op client
E. Evaluation of a client's response to pain medication

### Question 6

PRIORITIZATION

A disaster brings multiple casualties to the ED. Using START triage, which client is highest priority?

A. An ambulatory client with a laceration to the forearm
B. An unresponsive client with agonal respirations and weak pulse
C. A client with an open femur fracture, alert, BP 110/70
D. A client with cardiac arrest and fixed dilated pupils for 20 minutes

### Question 7

PRIORITIZATION

The nurse uses Maslow's hierarchy to prioritize care. Which client need takes priority?

A. A client requesting spiritual counseling
B. A client expressing fear of an upcoming surgery
C. A client with a respiratory rate of 8 breaths/min
D. A client refusing dinner

### Question 8

PRIORITIZATION

Which postoperative finding should the nurse report to the surgeon immediately?

A. Pain at the incision site of 5/10
B. Urine output of 25 mL/hr for 3 consecutive hours
C. Tympanic temperature of 99.4°F
D. Pale yellow drainage on the dressing

### Question 9

PRIORITIZATION

A nurse is caring for four pediatric clients. Which should be seen first?

A. A 2-year-old with otitis media reporting ear pain
B. A 6-month-old with bronchiolitis and intercostal retractions
C. A 4-year-old post-tonsillectomy reporting throat pain
D. A 10-year-old with a fractured arm in a cast

### Question 10

DELEGATION

Which client can the nurse safely assign to a new graduate RN?

A. A client 4 hours post-thyroidectomy with stridor
B. A client receiving titrating norepinephrine drip
C. A client with a chest tube placed 2 days ago, drainage stable
D. A client in diabetic ketoacidosis on insulin infusion

### Question 11

TRIAGE

A nurse in the emergency department triages four clients. Which is highest priority?

A. A 25-year-old with a deep laceration to the leg, bleeding controlled
B. A 60-year-old with new-onset slurred speech and right arm weakness
C. A 35-year-old with a sprained ankle
D. A 45-year-old with non-radiating right-sided abdominal pain for 2 days

### Question 12

PRIORITIZATION

A client just returned from the OR after a thyroidectomy. Which assessment is most critical?

A. Pain level
B. Bowel sounds
C. Airway patency and stridor
D. Capillary refill

### Question 13

DELEGATION

The nurse is delegating tasks to UAP. Which statement reflects appropriate delegation?

A. 'Please assess the client in room 4 and let me know how he's doing.'
B. 'Help the client in 12 to the bathroom, then come tell me how she did.'
C. 'Teach the client how to use the incentive spirometer.'
D. 'Start an IV on the client in 7 if you can.'

### Question 14

PRIORITIZATION

Which postpartum client should the nurse assess first?

A. A client 1 hour postpartum with a saturated peripad over 15 minutes
B. A client 2 days postpartum with afterpains
C. A client 6 hours post-cesarean with pain rated 4/10
D. A client 1 day postpartum learning to breastfeed

### Question 15

PRIORITIZATION

A client receiving total parenteral nutrition (TPN) suddenly complains of dyspnea, chest pain, and tachycardia. The nurse's first action is to:

A. Increase the rate of TPN
B. Position the client on the left side in Trendelenburg
C. Notify the provider
D. Stop the TPN and call the rapid response team

### Question 16

DELEGATION

The RN delegates a task to a UAP. After delegating, the RN remains accountable for:

A. Documenting the task in the medical record
B. Performing the task if the UAP is busy
C. Evaluating the outcome of the task
D. Re-explaining the task at the end of shift

### Question 17

PRIORITIZATION

Four clients call out at the same time. Which should the nurse address first?

A. A client requesting pain medication
B. A client whose IV pump is alarming
C. A client requesting a bedpan
D. A client reporting chest tightness and shortness of breath

### Question 18

PRIORITIZATION

A nurse on a med-surg floor receives orders for four clients. Which order should be carried out first?

A. Administer scheduled metoprolol at 0900
B. Insert a peripheral IV in a client awaiting surgery
C. Begin a heparin drip on a client with new pulmonary embolism
D. Apply a hot pack to a client with low back strain

### Question 19

DELEGATION

Which client assignment is appropriate for an LPN floating to the unit from long-term care?

A. A new admission requiring full assessment
B. A client 1 hour post-cardiac catheterization
C. A stable client receiving routine antibiotics and tube feedings
D. A client with new-onset chest pain

### Question 20

PRIORITIZATION

During a community disaster drill, the nurse identifies the client tagged BLACK as one who:

A. Has minor injuries and can wait
B. Needs immediate intervention to survive
C. Has injuries incompatible with life given current resources
D. Will be transported to a hospital within 1 hour

### Question 21

INFECTION CONTROL

A client with active pulmonary tuberculosis is admitted. Which precautions are required?

A. Standard precautions only
B. Droplet precautions with a surgical mask
C. Airborne precautions with an N95 respirator and negative-pressure room
D. Contact precautions with gown and gloves

### Question 22

INFECTION CONTROL

A client has been diagnosed with Clostridium difficile colitis. Which action is essential?

A. Use alcohol-based hand sanitizer after care
B. Wash hands with soap and water after providing care
C. Place the client in a negative-pressure room
D. Wear an N95 respirator when entering the room

### Question 23

INFECTION CONTROL

Which client requires droplet precautions?

A. A client with meningococcal meningitis
B. A client with MRSA wound infection
C. A client with chickenpox
D. A client with C. difficile

### Question 24

INFECTION CONTROL

The nurse is caring for a neutropenic client (ANC 350). Which intervention is appropriate?

A. Place fresh flowers in the room to cheer the client
B. Allow visitors with mild colds if they wear a mask
C. Restrict raw fruits and vegetables
D. Use rectal temperatures for accuracy

### Question 25

SAFETY

A confused client repeatedly tries to climb out of bed. Before applying restraints, the nurse should:

A. Obtain a physician order
B. Try less restrictive alternatives such as bed alarm, frequent rounding, and family presence
C. Place all four side rails up
D. Administer a benzodiazepine

### Question 26

SAFETY

A client in soft wrist restraints requires monitoring. The nurse should release the restraints and provide ROM at least:

A. Every 30 minutes
B. Every hour
C. Every 2 hours
D. Every 4 hours

### Question 27

SAFETY

The nurse discovers a small fire in a client's trash can. The first action is to:

A. Activate the alarm
B. Rescue the clients in immediate danger
C. Confine the fire by closing doors
D. Extinguish the fire with a fire extinguisher

### Question 28

SAFETY

The nurse is teaching a community group about home fire safety. Which statement requires further teaching?

A. 'I will test my smoke alarms monthly.'
B. 'I will keep a fire extinguisher in the kitchen.'
C. 'In case of fire, I will open windows to let the smoke out before leaving.'
D. 'I will have a family meeting place outside the home.'

### Question 29

SAFETY

Which client is at HIGHEST risk for falls?

A. A 75-year-old taking furosemide, with osteoarthritis, who uses a cane
B. A 35-year-old recovering from arthroscopic knee surgery
C. A 50-year-old with stable type 2 diabetes
D. A 28-year-old with a sprained ankle

### Question 30

SAFETY

A nurse is preparing to administer medication. Which action best ensures patient safety?

A. Ask the client to state their name
B. Check the room number against the medication record
C. Use two patient identifiers per facility policy (name and DOB) and check the armband
D. Ask the family member at bedside if this is the right client

### Question 31

SAFETY

During a code, the nurse administers a medication and later realizes it was the wrong dose. The nurse should:

A. Document only what was given correctly
B. Complete an incident report and notify the provider
C. Wait until the end of shift to address
D. Discuss with the team but avoid documentation

### Question 32

INFECTION CONTROL

SELECT ALL THAT APPLY Standard precautions include which of the following? Select all that apply.

A. Hand hygiene before and after every client contact
B. Gloves only when contact with body fluids is anticipated
C. Wearing an N95 with every client
D. Eye protection if splashing is anticipated
E. Safe handling and disposal of sharps

### Question 33

INFECTION CONTROL

A nurse accidentally sustains a needlestick from a contaminated needle. The FIRST action is to:

A. Notify employee health immediately
B. Wash the area with soap and water
C. Complete an incident report
D. Test the source client for HIV

### Question 34

INFECTION CONTROL

Which sequence is correct for donning PPE before entering a contact + droplet precautions room?

A. Mask, gown, goggles, gloves
B. Gown, mask, goggles, gloves
C. Gloves, gown, mask, goggles
D. Goggles, gloves, gown, mask

### Question 35

SAFETY

A nurse caring for a client receiving chemotherapy should:

A. Use standard precautions only
B. Wear double gloves and a gown when handling chemotherapy or body fluids for 48 hours after administration
C. Avoid the room entirely
D. Wear an N95 mask

### Question 36

SAFETY

Which is the most appropriate roommate for a client admitted with neutropenia?

A. A client with a draining wound and MRSA
B. A client with stable chronic kidney disease
C. A client with active C. difficile diarrhea
D. A client with influenza

### Question 37

INFECTION CONTROL

A nurse caring for a client with hepatitis A teaches the family that the most important way to prevent spread is:

A. Avoid sharing utensils
B. Use airborne precautions
C. Meticulous hand hygiene, especially after toileting
D. Wear a mask around the client

### Question 38

SAFETY

Which client is at highest risk for medication errors?

A. A 35-year-old taking two daily medications
B. A 50-year-old on three medications
C. An 80-year-old on 12 medications managed by two providers
D. A 25-year-old taking oral contraceptives only

### Question 39

SAFETY

The nurse notes that a client has a latex allergy. Which item must be removed from the room?

A. The metal IV pole
B. A latex-free dressing
C. A latex tourniquet
D. Cotton gauze

### Question 40

SAFETY

A client on warfarin asks about safety at home. Which client statement indicates correct understanding?

A. 'I'll use an electric razor and a soft toothbrush.'
B. 'I'll take ibuprofen for any minor aches.'
C. 'I'll eat large amounts of spinach to stay healthy.'
D. 'I'll skip my dose if I forget and just double up tomorrow.'

### Question 41
PHARMACOLOGY

Before administering digoxin to an adult client, the nurse should:

A. Check the radial pulse for 30 seconds
B. Auscultate the apical pulse for 1 full minute
C. Check blood pressure only
D. Check serum sodium

### Question 42
PHARMACOLOGY

A client receiving digoxin reports seeing yellow halos around lights, nausea, and anorexia. The nurse's priority action is:

A. Administer the next dose as ordered
B. Hold the dose and notify the provider; check digoxin level and potassium
C. Encourage food intake before the next dose
D. Apply oxygen at 2 L/min

### Question 43
PHARMACOLOGY

A client on warfarin has an INR of 5.5 with no active bleeding. The nurse anticipates which intervention?

A. Administer protamine sulfate
B. Administer vitamin K
C. Increase the warfarin dose
D. Initiate a heparin drip

### Question 44
PHARMACOLOGY

A client receiving IV heparin develops bleeding. The nurse anticipates administering:

A. Vitamin K
B. Protamine sulfate
C. Fresh frozen plasma
D. Aminocaproic acid

### Question 45
PHARMACOLOGY

Which finding indicates therapeutic effect of furosemide for a client with heart failure?

A. Increased urine output and decreased crackles
B. Weight gain of 2 lb in 24 hours
C. Increased peripheral edema
D. Decreased blood pressure to 80/50

### Question 46
PHARMACOLOGY

A client taking lisinopril reports a persistent dry cough. The nurse explains:

A. This is unrelated to the medication
B. This may be an ACE inhibitor side effect; notify the provider, who may switch to an ARB
C. Take an over-the-counter cough suppressant
D. Discontinue immediately

### Question 47
PHARMACOLOGY

A client is prescribed sublingual nitroglycerin for angina. Which teaching is correct?

A. 'Take 3 tablets at once if chest pain occurs.'
B. 'Take 1 tablet, wait 5 minutes; if pain persists, call 911, then take a second and possibly a third tablet 5 minutes apart.'
C. 'Store in the bathroom medicine cabinet.'
D. 'Swallow with a full glass of water.'

### Question 48

PHARMACOLOGY

A client begins phenytoin for seizures. Which teaching point is essential?

A. 'Take with grapefruit juice for absorption.'
B. 'Gum overgrowth is normal - no oral care needed.'
C. 'Practice good oral hygiene, brush with a soft toothbrush, and see your dentist regularly.'
D. 'Stop the medication when you feel well.'

### Question 49

PHARMACOLOGY

A nurse administers lithium 600 mg PO BID. The latest lithium level is 1.8 mEq/L. The client reports a coarse tremor, vomiting, and confusion. The nurse should:

A. Continue the medication as ordered
B. Hold the next dose and notify the provider
C. Increase fluid intake and continue
D. Administer with food

### Question 50

PHARMACOLOGY

A client receiving IV vancomycin develops flushing of the face and chest with itching during infusion. The nurse should:

A. Stop the infusion permanently
B. Slow the infusion rate and administer diphenhydramine as ordered (Red Man syndrome)
C. Increase the rate to finish quickly
D. Administer epinephrine

### Question 51

PHARMACOLOGY

A client is to receive insulin lispro and NPH at 0730 before breakfast. The nurse should:

A. Draw up NPH first, then lispro
B. Draw up lispro first, then NPH (clear before cloudy)
C. Use separate syringes always
D. Mix in a vial first

### Question 52

PHARMACOLOGY

A client takes metformin for type 2 diabetes and is scheduled for a CT with contrast. The nurse should expect to:

A. Continue metformin without change
B. Hold metformin 48 hours before and after the contrast study
C. Double the dose to compensate
D. Switch to insulin permanently

### Question 53

PHARMACOLOGY

A nurse is teaching a client about a new prescription for fluoxetine (SSRI). Which point should the nurse include?

A. 'Full effect may take 2-4 weeks; do not stop abruptly.'
B. 'You can drink alcohol in moderation.'
C. 'Take it at bedtime to avoid drowsiness.'
D. 'You can discontinue when you feel better.'

### Question 54
PHARMACOLOGY

A client taking phenelzine (MAOI) should AVOID which foods?

A. Bananas and citrus
B. Aged cheese, red wine, cured meats, soy sauce
C. Whole grains and brown rice
D. Lean meats and fish

### Question 55
PHARMACOLOGY

A 24-year-old is prescribed isotretinoin for severe acne. The nurse's most important teaching is:

A. Use sunscreen
B. Avoid pregnancy and use TWO forms of effective contraception due to severe teratogenicity
C. Drink plenty of water
D. Avoid red meat

### Question 56
PHARMACOLOGY

A client on long-term prednisone should be taught:

A. Stop abruptly if side effects develop
B. Taper the dose slowly under provider guidance - never stop abruptly
C. Take on an empty stomach
D. Limit fluid to 1 L/day

### Question 57
PHARMACOLOGY

A client is prescribed levothyroxine. Which instruction is correct?

A. Take at bedtime with food
B. Take in the morning on an empty stomach, 30-60 minutes before food, with water only
C. Take with calcium supplements
D. Stop when symptoms improve

### Question 58
PHARMACOLOGY

A nurse is monitoring a client on heparin therapy. Which aPTT result is therapeutic?

A. 20 seconds
B. 45 seconds
C. 75 seconds (1.5-2.5x control of 30)
D. 150 seconds

### Question 59
PHARMACOLOGY

SELECT ALL THAT APPLY A client receiving long-term steroid therapy should report which of the following? Select all that apply.

A. Black tarry stools
B. Weight gain of 3-5 lb in a week
C. Mood changes
D. Increased thirst and urination
E. A common cold

### Question 60
PHARMACOLOGY

A client is to receive enoxaparin subcutaneously. Which action is correct?

A. Aspirate before injection
B. Massage the site after injection
C. Inject into the abdomen, do not expel the air bubble, do not rub
D. Inject into the deltoid

### Question 61

PHARMACOLOGY

The nurse is preparing IV potassium chloride. Which statement is true?

A. KCl can be given IV push
B. KCl must be diluted and infused via pump; never IV push
C. Concentrated KCl can be added at bedside
D. Rate of 40 mEq/hr is safe through a peripheral line

### Question 62

PHARMACOLOGY

A client receiving a beta-blocker has a heart rate of 52 and BP 110/68. The nurse should:

A. Administer the dose as ordered
B. Hold the dose and notify the provider
C. Increase the dose
D. Give half the dose

### Question 63

PHARMACOLOGY

A client on tetracycline should avoid:

A. Milk, antacids, and dairy products within 1-2 hours of dose
B. Whole grains
C. Citrus fruit
D. Lean protein

### Question 64

PHARMACOLOGY

A client is on metronidazole. The nurse teaches the client to avoid:

A. Aged cheese
B. Alcohol - including in cough syrups and mouthwash
C. Citrus
D. Iron supplements

### Question 65

PHARMACOLOGY

Which insulin can be given IV?

A. NPH
B. Regular insulin
C. Glargine
D. Lispro

### Question 66

PHARMACOLOGY

A client is prescribed rifampin for tuberculosis. The nurse teaches:

A. 'It will turn your body fluids reddish-orange - this is harmless but can stain contacts.'
B. 'It is safe to skip doses occasionally.'
C. 'You can stop after 1 month if you feel better.'
D. 'It enhances the effect of oral contraceptives.'

### Question 67

PHARMACOLOGY

A client is prescribed isoniazid (INH) for latent TB. To prevent peripheral neuropathy, the nurse teaches the client to take:

A. Vitamin C
B. Vitamin B6 (pyridoxine)
C. Vitamin K
D. Folic acid

### Question 68

PHARMACOLOGY

A nurse is administering morphine PCA to a postoperative client. Which assessment finding requires immediate intervention?

A. Pain rated 3/10
B. Itching
C. Respiratory rate of 8/min and SaO2 88%
D. Mild constipation

### Question 69

PHARMACOLOGY

Which client is at highest risk for opioid-induced respiratory depression?

A. A 20-year-old with no comorbidities
B. A 75-year-old opioid-naïve client with sleep apnea
C. A 40-year-old on chronic opioid therapy
D. A 30-year-old marathon runner

### Question 70

PHARMACOLOGY

A client takes ipratropium and albuterol via inhaler. Which should be used first in an acute attack?

A. Ipratropium
B. Albuterol (short-acting beta-2 agonist - rescue first)
C. Either order
D. Together at the same time

### Question 71

PHARMACOLOGY

A client receives an inhaled corticosteroid (fluticasone). The nurse teaches:

A. 'Use for acute asthma attacks.'
B. 'Rinse mouth after each use to prevent oral thrush.'
C. 'It works within seconds.'
D. 'Stop when symptoms improve.'

### Question 72

PHARMACOLOGY

A client is taking sildenafil for erectile dysfunction. The nurse warns against concurrent use of:

A. Acetaminophen
B. Nitroglycerin or other nitrates (severe hypotension)
C. Antibiotics
D. Multivitamins

### Question 73

PHARMACOLOGY

A client on hydrochlorothiazide should be monitored for:

A. Hyperkalemia
B. Hypokalemia, hyperglycemia, hyperuricemia, hyponatremia
C. Hypoglycemia
D. Hyponatremia only

### Question 74

PHARMACOLOGY

A client on spironolactone should be taught:

A. Eat plenty of bananas and oranges
B. Avoid potassium-rich foods and salt substitutes (which contain KCl)
C. Take with grapefruit juice
D. Increase salt intake

### Question 75

PHARMACOLOGY

A client is started on clozapine. The nurse anticipates which monitoring requirement?

A. Weekly liver function tests
B. Weekly CBC with differential (agranulocytosis risk)
C. Monthly TSH
D. Daily urine ketones

### Question 76

PHARMACOLOGY

A client receiving haloperidol develops acute torticollis and oculogyric crisis. The nurse anticipates administration of:

A. Lorazepam
B. Benztropine or diphenhydramine
C. Lithium
D. Naloxone

### Question 77

PHARMACOLOGY

A client on antipsychotic therapy develops high fever (104°F), rigid muscles, altered mental status, and BP 180/110. The nurse suspects:

A. Serotonin syndrome
B. Neuroleptic malignant syndrome (NMS) - stop antipsychotic, supportive care
C. Acute dystonia
D. Anticholinergic crisis

### Question 78

PHARMACOLOGY

Which finding indicates a positive response to epoetin alfa in a client with CKD?

A. Decreased BUN
B. Increased hematocrit
C. Decreased serum potassium
D. Increased serum creatinine

### Question 79

PHARMACOLOGY

A client receives a unit of packed red blood cells. Fifteen minutes into the transfusion, the client reports chills and back pain, T 101.2°F. The nurse's FIRST action is:

A. Slow the transfusion and administer acetaminophen
B. Stop the transfusion, keep the IV open with normal saline using new tubing, and notify provider
C. Continue at the same rate
D. Administer diphenhydramine and continue

### Question 80

PHARMACOLOGY

A client received tPA for ischemic stroke 30 minutes ago. Which is the priority nursing assessment?

A. Bowel sounds
B. Bleeding from any source, neuro status, and BP
C. Skin turgor
D. Bowel movement frequency

### Question 81

PHARMACOLOGY

A client is taking simvastatin. The nurse teaches the client to report:

A. Mild nausea
B. Unexplained muscle pain, tenderness, or dark urine (rhabdomyolysis)
C. Constipation
D. Mild headache

### Question 82

PHARMACOLOGY

A nurse is providing teaching about furosemide. Which instruction is essential?

A. Limit potassium-rich foods
B. Eat potassium-rich foods such as bananas, oranges, potatoes; report muscle cramps
C. Take at bedtime
D. Stop if you urinate more than usual

### Question 83

PHARMACOLOGY

Which adverse effect of ciprofloxacin should the nurse monitor for, particularly in older adults?

A. Constipation
B. Tendon rupture and tendinitis
C. Hair loss
D. Hypoglycemia

### Question 84

PHARMACOLOGY

SELECT ALL THAT APPLY A client is taking gentamicin. Which laboratory values should the nurse monitor? Select all that apply.

A. BUN and creatinine
B. Peak and trough gentamicin levels
C. Hemoglobin A1c
D. Audiometric findings if long-term
E. INR

### Question 85

PHARMACOLOGY

A client takes oral iron supplementation. The nurse instructs to:

A. Take with milk to reduce GI upset
B. Take on an empty stomach with vitamin C (orange juice) for absorption; expect dark stools
C. Avoid water
D. Take only at bedtime

### Question 86

PHARMACOLOGY

A client is on a regimen of allopurinol for gout. The nurse teaches the client to:

A. Limit fluid intake
B. Drink 2-3 L of water daily and report rash
C. Increase purine intake
D. Take with antacids

### Question 87

PHARMACOLOGY

A client is prescribed alendronate for osteoporosis. The nurse teaches:

A. Take at bedtime with milk
B. Take in the morning with a full glass of water 30 minutes before food, and remain upright for 30 minutes
C. Take with a meal
D. Crush the tablet for easier swallowing

### Question 88
PHARMACOLOGY

The nurse is preparing to give acetaminophen to an adult client with cirrhosis. The nurse knows:

A. The standard adult maximum (4 g/day) applies
B. Use cautiously; consider 2-3 g/day max because of hepatotoxicity risk
C. Hepatic disease does not affect acetaminophen
D. Higher doses are needed in liver failure

### Question 89
PHARMACOLOGY

A client receives IV adenosine for SVT. The nurse anticipates:

A. Sustained tachycardia
B. Brief asystole or pause, then sinus rhythm
C. Bradycardia lasting hours
D. No change

### Question 90
CARDIOVASCULAR

A client presents with crushing substernal chest pain radiating to the left jaw, diaphoresis, and nausea. The first nursing action is:

A. Administer aspirin
B. Obtain a 12-lead ECG within 10 minutes and notify provider, place on O2 if SaO2 <90%
C. Start an IV
D. Send for cardiac enzymes only

### Question 91
CARDIOVASCULAR

Which cardiac biomarker is MOST specific for myocardial injury?

A. CK-total
B. Myoglobin
C. Troponin I or T
D. LDH

### Question 92
CARDIOVASCULAR

SELECT ALL THAT APPLY A client is admitted with new-onset atrial fibrillation. The nurse anticipates which interventions? Select all that apply.

A. Anticoagulation (warfarin or DOAC)
B. Rate control with beta-blocker or CCB
C. Lidocaine infusion
D. Possible cardioversion
E. Magnesium sulfate

### Question 93
CARDIOVASCULAR

Which rhythm requires immediate defibrillation?

A. Atrial fibrillation with HR 140
B. Pulseless ventricular tachycardia
C. Asystole
D. First-degree AV block

### Question 94
CARDIOVASCULAR

A client with heart failure gained 4 lb in 2 days. Which action is most appropriate?

A. Increase oral fluids
B. Notify the provider; this suggests fluid retention
C. Continue current plan
D. Reduce sodium only

### Question 95
CARDIOVASCULAR

Which finding is consistent with left-sided heart failure?

A. Peripheral edema
B. Crackles on auscultation, dyspnea, orthopnea
C. Hepatomegaly
D. JVD

### Question 96
CARDIOVASCULAR

A client with acute pulmonary edema is treated with LMNOP. The 'P' stands for:

A. Pacemaker
B. Position upright (high Fowler's, legs dangling)
C. Phenytoin
D. Probiotic

### Question 97
CARDIOVASCULAR

A client just returned from cardiac catheterization via the right femoral artery. The priority assessment is:

A. Bowel sounds
B. Affected leg's pulses, color, temperature, capillary refill, and the access site for bleeding/hematoma
C. Mood and orientation
D. Bladder distension

### Question 98
CARDIOVASCULAR

A client is taking digoxin and furosemide. The nurse monitors for which electrolyte imbalance that can precipitate dig toxicity?

A. Hyperkalemia
B. Hypokalemia
C. Hypercalcemia
D. Hypernatremia

### Question 99
CARDIOVASCULAR

A client is admitted for hypertensive crisis with BP 220/130. The provider orders IV nitroprusside. The goal is to:

A. Drop the BP to normal within 1 hour
B. Lower MAP by no more than 20-25% in the first hour to avoid stroke
C. Stop the medication when BP <140/90
D. Bolus 5 mg IV q5min

### Question 100
CARDIOVASCULAR

Which client teaching is correct for peripheral arterial disease?

A. Elevate legs above the heart
B. Keep legs in a dependent position; avoid extreme cold and tight clothing
C. Apply heat directly to the legs
D. Wear knee-high stockings

### Question 101 CARDIOVASCULAR

A client has a deep vein thrombosis. Which intervention is appropriate?

A. Massage the calf
B. Apply heat, elevate the extremity, anticoagulate, avoid massaging
C. Apply cold to the area
D. Encourage ambulation immediately without anticoagulation

### Question 102 CARDIOVASCULAR

Which symptom most strongly suggests pulmonary embolism in a client with DVT?

A. Gradual onset of bilateral leg pain
B. Sudden dyspnea, pleuritic chest pain, tachycardia, and hypoxia
C. Hematemesis
D. Constipation

### Question 103 CARDIOVASCULAR

A client with a pacemaker should be taught:

A. Avoid all electrical appliances
B. Carry pacemaker ID, check pulse daily, avoid strong magnetic fields, MRI may be contraindicated
C. Limit fluid intake
D. Avoid exercise

### Question 104 CARDIOVASCULAR

A client with infective endocarditis is at risk for which complication?

A. Diabetes
B. Septic emboli to brain, lungs, kidneys, spleen
C. Hypothyroidism
D. Pulmonary fibrosis

### Question 105 CARDIOVASCULAR

Which client teaching is important after pacemaker insertion?

A. Lift the affected arm above shoulder for the first month
B. Limit movement of the affected arm above shoulder for ~4 weeks to prevent lead displacement
C. Avoid all bathing
D. Take the pulse only weekly

### Question 106 CARDIOVASCULAR

A nurse is monitoring a client on a heparin infusion. Which finding requires immediate notification?

A. aPTT 65 seconds
B. Platelet count drop from 220,000 to 80,000
C. Mild bruising at IV site
D. Mild headache

### Question 107 CARDIOVASCULAR

Which dietary recommendation is appropriate for a client with heart failure?

A. High sodium for energy
B. Limit sodium to <2 g/day and follow fluid restrictions per provider
C. High caffeine
D. Increase canned soups

**Question 108** CARDIOVASCULAR

A 60-year-old woman with diabetes presents to the ED with fatigue, indigestion, and shortness of breath. The nurse recognizes:

A. This is unlikely to be cardiac
B. Women, elderly, and diabetics often present with atypical MI symptoms; perform ECG and troponin
C. Send home with antacids
D. Discharge to outpatient cardiology

**Question 109** CARDIOVASCULAR

After cardioversion for atrial fibrillation, the nurse monitors for:

A. Hypertension
B. Embolic stroke, dysrhythmias, skin burns at pad sites
C. Severe constipation
D. Hyperthyroidism

**Question 110** CARDIOVASCULAR

Which arrhythmia is treated with adenosine?

A. Supraventricular tachycardia
B. Atrial fibrillation
C. Ventricular fibrillation
D. Bradycardia

**Question 111** CARDIOVASCULAR

A client with HF on digoxin asks about diet. The nurse teaches the client to:

A. Eat potassium-rich foods, monitor sodium, weigh daily
B. Eliminate all potassium
C. Increase salt intake
D. Restrict fluids to 500 mL/day

**Question 112** CARDIOVASCULAR

A client comes in with chest pain. ECG shows ST elevation in leads II, III, and aVF. The nurse anticipates which intervention?

A. Immediate PCI within 90 minutes (door-to-balloon)
B. Outpatient stress test
C. Coumadin started for stable angina
D. Discharge home with nitroglycerin

**Question 113** CARDIOVASCULAR

Which is the priority nursing diagnosis for a client newly admitted with acute MI?

A. Knowledge deficit
B. Acute pain
C. Decreased cardiac output and tissue perfusion
D. Anxiety

**Question 114** CARDIOVASCULAR

Which is the most common cause of right-sided heart failure?

A. Pulmonary disease (cor pulmonale)
B. Left-sided heart failure
C. Renal failure
D. Liver disease

### Question 115 RESPIRATORY

A client with COPD is on 2 L O2 nasal cannula. The nurse notes SaO2 86%. Which action is appropriate?

A. Immediately increase O2 to 10 L
B. Titrate O2 to maintain SaO2 88-92% and notify provider if not achieved
C. Discontinue oxygen
D. Switch to non-rebreather without further assessment

### Question 116 RESPIRATORY

A client with severe asthma exacerbation suddenly stops wheezing and appears exhausted. The nurse interprets this as:

A. Improvement - no further intervention needed
B. Ominous - minimal air movement; impending respiratory failure, call rapid response
C. Normal post-treatment finding
D. Indication to discharge

### Question 117 RESPIRATORY

Which client requires airborne isolation?

A. A client with active pulmonary TB
B. A client with influenza
C. A client with MRSA
D. A client with norovirus

### Question 118 RESPIRATORY

A client is started on RIPE therapy for active TB. Which adverse effect is the priority to monitor with ethambutol?

A. Tendon rupture
B. Optic neuritis (color vision and visual acuity changes)
C. Hearing loss
D. Tooth discoloration

### Question 119 RESPIRATORY

A client receiving isoniazid (INH) is also taking phenytoin. The nurse anticipates:

A. Reduced phenytoin levels
B. INH inhibits phenytoin metabolism - risk of phenytoin toxicity
C. No interaction
D. Increased seizure activity

### Question 120 RESPIRATORY

A chest tube was placed for pneumothorax. Which finding requires immediate notification?

A. Gentle tidaling in water seal chamber
B. Continuous bubbling in the water seal chamber (suggests air leak)
C. Gentle bubbling in suction chamber
D. Slight drainage in collection chamber

### Question 121 RESPIRATORY

A chest tube becomes dislodged from a client. The nurse should:

A. Reinsert the tube
B. Cover the site with a sterile occlusive dressing taped on 3 sides
C. Apply pressure with bare hand
D. Leave the site open

### Question 122

RESPIRATORY

Which is the correct technique for using a metered-dose inhaler with spacer?

A. Quickly inhale and immediately exhale
B. Exhale fully, depress canister and inhale slowly and deeply, hold breath ~10 seconds
C. Inhale quickly and forcefully
D. Use without exhaling

### Question 123

RESPIRATORY

A client with pneumonia is being discharged. Which statement indicates understanding?

A. 'I'll stop antibiotics once I feel better.'
B. 'I'll complete the entire antibiotic course even if I feel better.'
C. 'I don't need follow-up since I feel fine.'
D. 'I'll resume smoking next week.'

### Question 124

RESPIRATORY

A client with TB asks when to discontinue isolation. The nurse responds:

A. After 24 hours of medication
B. After 3 consecutive negative AFB sputum smears and clinical improvement
C. After 1 week of medication
D. After fever resolves only

### Question 125

RESPIRATORY

Which acid-base imbalance is most likely in a client with acute asthma attack having severe bronchospasm but able to ventilate?

A. Respiratory alkalosis (hyperventilation early)
B. Respiratory acidosis
C. Metabolic alkalosis
D. Metabolic acidosis

### Question 126

RESPIRATORY

After thoracentesis, the nurse should monitor for:

A. Constipation
B. Pneumothorax, bleeding, infection
C. Hypertension
D. Hyperglycemia

### Question 127

RESPIRATORY

Which is the correct sequence for tracheostomy suctioning?

A. Suction continuously for 30 seconds
B. Hyperoxygenate, insert without suction, apply suction intermittently while withdrawing over no more than 10-15 seconds
C. Insert with suction applied throughout
D. Suction for 60 seconds at a time

### Question 128

RESPIRATORY

A client diagnosed with PE is started on heparin. Which is the goal aPTT range?

A. 10-20 seconds
B. 30-40 seconds
C. 60-90 seconds (1.5-2.5x control)
D. >200 seconds

### Question 129 RESPIRATORY

A client with ARDS is on mechanical ventilation. Which strategy improves outcomes?

A. High tidal volumes (12 mL/kg)
B. Low tidal volume ventilation (~6 mL/kg ideal body weight), PEEP, prone positioning
C. High FiO2 without PEEP
D. Avoid prone positioning

### Question 130 NEUROLOGICAL

Which finding is the EARLIEST and most sensitive indicator of increased intracranial pressure?

A. Cushing's triad
B. Decreased level of consciousness
C. Pupillary changes
D. Vomiting

### Question 131 NEUROLOGICAL

A client with increased ICP should be positioned:

A. Flat
B. Trendelenburg
C. HOB at 30°, head midline, avoid hip flexion
D. Prone

### Question 132 NEUROLOGICAL

A client presents with right-sided weakness and aphasia. The nurse suspects:

A. Right-brain stroke
B. Left-brain (dominant hemisphere) stroke
C. Cerebellar stroke
D. Spinal cord injury

### Question 133 NEUROLOGICAL

A 70-year-old presents with facial droop and arm weakness 2 hours ago. CT shows no hemorrhage. The nurse anticipates:

A. IV tPA within 3-4.5 hours of symptom onset
B. Aspirin only
C. Watchful waiting
D. Immediate craniotomy

### Question 134 NEUROLOGICAL

During an active generalized tonic-clonic seizure, the nurse should:

A. Restrain the client
B. Place a tongue blade in the mouth
C. Protect the head, turn the client on their side, ensure airway, time the seizure
D. Administer oral phenytoin

### Question 135 NEUROLOGICAL

A client with C5 spinal cord injury suddenly develops a pounding headache, BP 220/110, flushing above the injury, bradycardia. The nurse's first action is:

A. Administer antihypertensive
B. Place client in sitting position, identify and remove noxious stimulus (often full bladder or fecal impaction)
C. Lay flat
D. Give oxygen and wait

### Question 136

NEUROLOGICAL

A client with myasthenia gravis is in crisis. The nurse anticipates:

A. Tensilon test to differentiate cholinergic vs myasthenic crisis
B. Increased pyridostigmine without evaluation
C. Immediate steroids only
D. Lithium administration

### Question 137

NEUROLOGICAL

A client with Guillain-Barré syndrome is at greatest risk for:

A. Hypertension
B. Respiratory failure from ascending paralysis affecting diaphragm
C. Constipation
D. Hyperthermia

### Question 138

NEUROLOGICAL

A client with Parkinson's is prescribed levodopa-carbidopa. Which teaching is important?

A. Take with high-protein meals
B. Avoid high-protein meals close to dose; protein competes with absorption
C. Avoid all carbohydrates
D. Take only at bedtime

### Question 139

NEUROLOGICAL

A client with bacterial meningitis is admitted. The nurse implements which precautions?

A. Standard only
B. Droplet precautions until 24 hours of effective antibiotics
C. Airborne only
D. Contact only

### Question 140

NEUROLOGICAL

Which assessment is positive in meningitis?

A. Negative Babinski
B. Brudzinski sign - neck flexion causes hip/knee flexion
C. Negative Romberg
D. Negative Murphy

### Question 141

NEUROLOGICAL

A client takes phenytoin for seizures. Therapeutic level is:

A. 1-5 mcg/mL
B. 10-20 mcg/mL
C. 25-50 mcg/mL
D. Below 5 mcg/mL

### Question 142

NEUROLOGICAL

A client with a closed head injury suddenly has clear fluid draining from the nose. The nurse should:

A. Pack the nostrils
B. Test fluid for glucose (positive suggests CSF) and notify provider - sign of basilar skull fracture
C. Have the client blow nose
D. Insert NG tube

### Question 143

NEUROLOGICAL

A client with multiple sclerosis asks about disease management. Which is appropriate teaching?

A. Aerobic exercise to exhaustion is recommended
B. Avoid overheating, maintain regular exercise within tolerance, avoid stress and infection
C. Stop all medications when symptoms remit
D. Bedrest is essential

### Question 144

NEUROLOGICAL

The nurse is teaching about Alzheimer's care. Which intervention is most appropriate?

A. Frequent room changes for stimulation
B. Consistent caregivers, simple routines, calm environment, reorientation as appropriate
C. Constant correction of confused statements
D. Restraints for safety

### Question 145

NEUROLOGICAL

A 60-year-old presents with sudden 'worst headache of my life'. The nurse suspects:

A. Tension headache
B. Subarachnoid hemorrhage - emergency CT
C. Sinus headache
D. Migraine

### Question 146

NEUROLOGICAL

A client receives mannitol IV for cerebral edema. The nurse monitors for:

A. Hyperkalemia
B. Increased urine output, electrolyte imbalances, dehydration
C. Bradycardia
D. Hypoglycemia

### Question 147

NEUROLOGICAL

A client with TBI receives IV mannitol. Which assessment indicates effectiveness?

A. Increased ICP
B. Improved level of consciousness and decreased ICP
C. Decreased urine output
D. Increased pupil asymmetry

### Question 148

NEUROLOGICAL

A client recovering from a left CVA has expressive aphasia. The nurse should:

A. Speak loudly and quickly
B. Use simple direct sentences, allow extra time, offer a communication board
C. Avoid speaking to the client
D. Use complex sentences to challenge

### Question 149

NEUROLOGICAL

A client status post-stroke has dysphagia. Which is the priority action before oral intake?

A. Begin liquids only
B. Perform/obtain swallow evaluation; keep NPO until cleared
C. Offer crackers as tolerated
D. Insert NG tube for all feedings

### Question 150
GASTROINTESTINAL

A client presents with hematemesis and melena. The first nursing intervention is:

A. Insert two large-bore IVs and begin volume resuscitation
B. Send for endoscopy without IV
C. Administer iron supplements
D. Schedule outpatient follow-up

### Question 151
GASTROINTESTINAL

A client with esophageal varices is being treated. Which medication is given to decrease portal pressure?

A. Octreotide
B. Acetaminophen
C. Aspirin
D. Furosemide

### Question 152
GASTROINTESTINAL

A client with cirrhosis is started on lactulose. The therapeutic goal is:

A. Daily formed stool
B. Two to three soft stools per day to reduce ammonia
C. Constipation prevention only
D. Watery diarrhea continuously

### Question 153
GASTROINTESTINAL

A client with hepatic encephalopathy should AVOID which class of medications?

A. Antibiotics
B. Sedatives, opioids, and benzodiazepines (metabolized by liver, worsen encephalopathy)
C. Diuretics
D. Stool softeners

### Question 154
GASTROINTESTINAL

A client with acute pancreatitis is admitted. The priority intervention is:

A. Begin oral diet immediately
B. NPO, IV fluids, pain control, monitor for hypocalcemia and respiratory complications
C. Send home with oral antibiotics
D. Encourage ambulation immediately

### Question 155
GASTROINTESTINAL

A client with peptic ulcer disease tests positive for H. pylori. The nurse anticipates triple therapy with:

A. PPI + clarithromycin + amoxicillin
B. Iron + folate + B12
C. Aspirin + ibuprofen + steroid
D. Antacids alone

### Question 156
GASTROINTESTINAL

Which is a sign of perforated peptic ulcer?

A. Mild epigastric discomfort
B. Sudden severe abdominal pain, rigid board-like abdomen, rebound tenderness - surgical emergency
C. Bloating after meals
D. Mild nausea

### Question 157
GASTROINTESTINAL

Which dietary recommendation is appropriate for a client with celiac disease?

A. Avoid all gluten-containing foods (wheat, barley, rye)
B. Eat plenty of whole wheat bread
C. High-fiber diet with bran
D. Increase soy intake to replace gluten

### Question 158
GASTROINTESTINAL

A client with Crohn's disease is in remission. Which is the most accurate statement about the disease?

A. Crohn's only affects the colon
B. Crohn's can affect any part of the GI tract from mouth to anus with skip lesions
C. Surgery is curative
D. Crohn's never causes fistulas

### Question 159
GASTROINTESTINAL

A client has a new ileostomy. Which stoma appearance is normal?

A. Pale and dry
B. Beefy red, moist, slightly edematous
C. Dusky and cool
D. Black and necrotic

### Question 160
GASTROINTESTINAL

Which is appropriate teaching for a client with a new ileostomy?

A. Empty pouch when full
B. Empty pouch when 1/3 to 1/2 full to prevent leakage
C. Use only when bathing
D. Cut wafer exactly to stoma size

### Question 161
GASTROINTESTINAL

A client receiving enteral feedings via NG tube has residual of 350 mL. The nurse should:

A. Continue the feeding
B. Hold the feeding and notify per facility policy; reassess in 1 hour
C. Increase rate to clear residual
D. Flush the tube with 200 mL water

### Question 162
GASTROINTESTINAL

Before administering medications via NG tube, the nurse should:

A. Crush enteric-coated tablets
B. Verify tube placement and patency, flush with 30 mL water before/after
C. Mix all medications together
D. Bolus 100 mL water rapidly

### Question 163
GASTROINTESTINAL

A client has a small bowel obstruction. Which finding is consistent?

A. No bowel sounds initially
B. High-pitched, tinkling bowel sounds early, progressing to absent
C. Continuous loud sounds
D. Heart sounds in abdomen

### Question 164

GASTROINTESTINAL

A client is being treated for diverticulitis. Which dietary recommendation is appropriate during the acute phase?

A. High fiber, raw vegetables
B. NPO or clear liquids advancing to low-fiber as tolerated, then high-fiber when symptoms resolve
C. High protein, no fiber long-term
D. Spicy foods to stimulate motility

### Question 165

GASTROINTESTINAL

A client with cirrhosis is being monitored for esophageal varices. The nurse should:

A. Encourage straining at stool
B. Provide stool softeners, avoid Valsalva, avoid NSAIDs and alcohol
C. Use rectal temps
D. Encourage NSAID use for pain

### Question 166

GASTROINTESTINAL

A client takes pancrelipase (pancreatic enzymes) for cystic fibrosis. Teaching includes:

A. Take 1 hour before meals
B. Take WITH meals and snacks; do not crush or chew enteric-coated beads
C. Take at bedtime only
D. Skip if appetite is low

### Question 167

GASTROINTESTINAL

A client has a colostomy in the descending colon. Output is expected to be:

A. Liquid and continuous
B. More formed, similar to normal stool
C. Like ileostomy output
D. Purely water

### Question 168

GASTROINTESTINAL

A client with GERD asks about lifestyle changes. Which is appropriate?

A. Lie down within 30 min of eating
B. Avoid eating 2-3 hours before bed, elevate HOB, avoid trigger foods (caffeine, chocolate, alcohol, spicy/fatty foods)
C. Wear tight clothing
D. Increase carbonated beverages

### Question 169

GASTROINTESTINAL

A client with acute cholecystitis is started on IV antibiotics and pain control. The nurse anticipates:

A. Discharge home in 24 hours
B. Possible laparoscopic cholecystectomy after stabilization
C. Long-term oral antibiotics only
D. Restoration of fatty diet

### Question 170
RENAL & GENITOURINARY

A client with acute kidney injury has a serum potassium of 6.5 mEq/L with peaked T waves on ECG. Which intervention is administered FIRST?

A. Sodium polystyrene sulfonate (Kayexalate)
B. IV calcium gluconate
C. IV regular insulin with dextrose
D. Furosemide

### Question 171
RENAL & GENITOURINARY

A client with CKD has an AV fistula in the left arm. The nurse should:

A. Draw labs from the fistula arm
B. No blood pressures, blood draws, or IVs in the fistula arm; auscultate for bruit, palpate for thrill
C. Apply heat to the fistula
D. Wrap tightly to protect

### Question 172
RENAL & GENITOURINARY

A client is undergoing peritoneal dialysis. The effluent appears cloudy. The nurse suspects:

A. Normal finding
B. Peritonitis - send specimen for culture, notify provider
C. Glucose contamination
D. Dehydration

### Question 173
RENAL & GENITOURINARY

A client with CKD takes a phosphate binder. The nurse should administer it:

A. 1 hour before meals
B. With meals
C. 2 hours after meals
D. At bedtime only

### Question 174
RENAL & GENITOURINARY

A client with renal failure shows signs of fluid overload. Which finding requires immediate intervention?

A. Daily weight gain of 0.5 lb
B. Crackles, dyspnea, SaO2 88%, JVD
C. Mild peripheral edema
D. Increased thirst

### Question 175
RENAL & GENITOURINARY

A client returns from hemodialysis. Which assessment is priority?

A. Appetite
B. Vital signs, weight, access site, signs of disequilibrium syndrome
C. Skin integrity only
D. Mental orientation to date

### Question 176
RENAL & GENITOURINARY

Which assessment finding indicates a complication of TURP (transurethral resection of prostate)?

A. Pink-tinged urine
B. Bright red urine with clots and large amounts of bleeding (active hemorrhage)
C. Mild bladder spasm
D. Fluid intake of 2 L/day

### Question 177
RENAL & GENITOURINARY

A client with BPH is started on tamsulosin. The nurse warns about:

A. Hypertension
B. Orthostatic hypotension - change positions slowly
C. Constipation
D. Photosensitivity

### Question 178
RENAL & GENITOURINARY

A client with renal calculi is encouraged to:

A. Restrict fluid intake
B. Drink at least 3 L of water per day, strain all urine, ambulate
C. Limit ambulation
D. Use heat to the flank only

### Question 179
RENAL & GENITOURINARY

Which dietary teaching is appropriate for a client with calcium oxalate kidney stones?

A. Limit oxalate (spinach, rhubarb, chocolate, tea, nuts) and maintain adequate hydration
B. Eliminate all calcium
C. Increase animal protein
D. Restrict fluids

### Question 180
RENAL & GENITOURINARY

Which finding suggests UTI in an elderly client?

A. Classic dysuria and frequency
B. Acute confusion, falls, new incontinence (atypical presentation in elderly)
C. Severe back pain
D. Hematuria only

### Question 181
RENAL & GENITOURINARY

A client is started on sulfamethoxazole-trimethoprim for UTI. The nurse teaches:

A. Limit fluids
B. Drink 2-3 L water daily, complete full course, report rash promptly
C. Take with milk
D. Sun exposure is safe

### Question 182
RENAL & GENITOURINARY

A client has new onset oliguria (urine 250 mL/24 hr). The nurse anticipates:

A. No further evaluation
B. Workup for AKI: BUN, creatinine, urine studies, fluid resuscitation if prerenal, identify cause
C. Increase oral diuretics
D. Restrict fluids further

### Question 183
RENAL & GENITOURINARY

A client returns from a kidney biopsy. The nurse should:

A. Encourage immediate ambulation
B. Keep client supine with pressure dressing for 4-6 hours, monitor for hematuria and flank pain
C. Provide a heating pad
D. Restrict fluids

### Question 184

RENAL & GENITOURINARY

A client with CKD is anemic. The nurse anticipates which medication?

A. Vitamin K
B. Erythropoietin (epoetin alfa) or darbepoetin
C. Furosemide
D. Heparin

### Question 185

ENDOCRINE

A client with type 1 diabetes presents with blood glucose 480, pH 7.20, ketones positive, Kussmaul respirations. The priority is:

A. Administer oral fluids
B. IV isotonic fluids (0.9% NS) and start IV regular insulin infusion, monitor K closely
C. Bolus dextrose
D. Oral metformin

### Question 186

ENDOCRINE

A client with diabetes is shaky, sweating, confused, with blood glucose 55. The first action is:

A. IV insulin
B. 15 g of rapid-acting carbohydrate (juice, glucose tabs), recheck in 15 minutes
C. Send to ED
D. Call provider only

### Question 187

ENDOCRINE

Which is the correct order for mixing insulins (lispro and NPH)?

A. NPH first, then lispro
B. Lispro first, then NPH (clear before cloudy)
C. Separate syringes always
D. Doesn't matter

### Question 188

ENDOCRINE

A client with type 2 diabetes is sick with the flu. The nurse teaches:

A. Skip insulin if not eating
B. Continue insulin per regimen, check glucose every 2-4 hours, hydrate, check ketones if T1DM, notify provider with persistent vomiting
C. Stop all diabetes meds
D. Double insulin doses

### Question 189

ENDOCRINE

A client with hyperthyroidism is admitted with thyroid storm. Priority interventions include:

A. Reassure and observe
B. Cool the client, IV beta-blocker, PTU/methimazole, IV iodine, treat dehydration
C. Apply warming blanket
D. Restrict fluids

### Question 190

ENDOCRINE

After a total thyroidectomy, which assessment is most critical in the first 24 hours?

A. Urinary output
B. Airway patency (stridor, hoarseness), signs of hypocalcemia (tetany, Chvostek/Trousseau), bleeding
C. Bowel sounds
D. Appetite

### Question 191

ENDOCRINE

A client with hypothyroidism is started on levothyroxine. Which statement indicates understanding?

A. 'I'll take it at bedtime with a snack.'
B. 'I'll take it in the morning on an empty stomach 30-60 minutes before food, with water only, and continue lifelong.'
C. 'I'll stop when I feel better.'
D. 'I can take it with my calcium supplement.'

### Question 192

ENDOCRINE

A client with Addison's disease is admitted in crisis with BP 70/40, hyperkalemia, hyponatremia, and hypoglycemia. Priority is:

A. Oral cortisone
B. IV hydrocortisone, IV normal saline, dextrose, and treat hyperkalemia
C. Discharge to home
D. Withhold medications

### Question 193

ENDOCRINE

A client with Cushing's syndrome is taught to expect:

A. Weight loss
B. Moon face, buffalo hump, truncal obesity, thin extremities, easy bruising, hyperglycemia, immunosuppression
C. Cold intolerance
D. Hyperpigmentation

### Question 194

ENDOCRINE

A client with SIADH presents with hyponatremia and concentrated urine. The nurse anticipates:

A. Free water access
B. Fluid restriction, possible hypertonic saline cautiously, tolvaptan
C. Diuretic and increased fluids
D. Sodium restriction

### Question 195

ENDOCRINE

A client with diabetes insipidus has urine output of 8 L/day. The nurse anticipates:

A. Fluid restriction
B. Desmopressin (DDAVP) and free access to fluids
C. Diuretic
D. Hypotonic IV fluids only

### Question 196

ENDOCRINE

A client takes metformin and is scheduled for IV contrast CT. The nurse instructs:

A. Take as usual
B. Hold metformin 48 hours before and 48 hours after contrast, check renal function before restarting
C. Double the dose
D. Take with the contrast

### Question 197

ENDOCRINE

Which insulin has no peak and provides 24-hour basal coverage?

A. Lispro
B. Regular
C. NPH
D. Glargine

### Question 198

ENDOCRINE

Which lab parameter best reflects diabetes control over the past 2-3 months?

A. Fasting glucose
B. Random glucose
C. Hemoglobin A1c
D. Postprandial glucose

### Question 199

ENDOCRINE

A client with hyperglycemic hyperosmolar state (HHS) has glucose 950 with no ketones. The priority is:

A. Oral fluids
B. Aggressive IV isotonic fluids, then insulin infusion, monitor K
C. Bolus dextrose
D. Discharge home

### Question 200

ENDOCRINE

A client takes glipizide. Which side effect should be monitored?

A. Hyperglycemia
B. Hypoglycemia and weight gain
C. Lactic acidosis
D. Photosensitivity

### Question 201

ENDOCRINE

A client has Cushing's. Which lab/finding is expected?

A. Hypokalemia, hyperglycemia, hypernatremia
B. Hyperkalemia, hypoglycemia, hyponatremia
C. Hypoglycemia and hypocalcemia
D. Hyponatremia and hypocalcemia

### Question 202

ENDOCRINE

A client with Addison's is taught about steroid replacement. Which is the most important teaching point?

A. Take only as needed
B. Take daily as prescribed; never stop abruptly; STRESS DOSE for illness, surgery, or major stress; carry medical alert ID
C. Skip doses when feeling well
D. Take only at bedtime

### Question 203

ENDOCRINE

A client takes levothyroxine. Which finding suggests over-replacement?

A. Bradycardia and weight gain
B. Tachycardia, weight loss, nervousness, heat intolerance (hyperthyroid signs)
C. Cold intolerance
D. Constipation

### Question 204

ENDOCRINE

A client with type 1 diabetes asks how to manage exercise. The nurse teaches:

A. Skip insulin before exercise
B. Check glucose before; consume carb snack if <100; carry rapid carb; monitor for delayed hypoglycemia up to 24 hours after
C. Eat a large meal before
D. Stop exercise altogether

### Question 205

HEMATOLOGY / ONCOLOGY

A client with neutropenia (ANC 400) develops a fever of 101°F. The nurse should:

A. Administer acetaminophen and wait
B. Obtain blood cultures and start broad-spectrum antibiotics within 1 hour
C. Discharge home
D. Wait for culture results before treatment

### Question 206

HEMATOLOGY / ONCOLOGY

A client with sickle cell crisis presents with severe pain. Which intervention is appropriate?

A. Cold compresses
B. IV opioids (often PCA), IV fluids, oxygen, warmth
C. Ice packs to painful joints
D. Restrict fluids

### Question 207

HEMATOLOGY / ONCOLOGY

SELECT ALL THAT APPLY A client with thrombocytopenia (platelets 18,000) requires which precautions? Select all that apply.

A. Soft toothbrush, electric razor
B. Avoid IM injections
C. Avoid rectal temperatures and suppositories
D. Encourage flossing vigorously
E. Fall precautions

### Question 208

HEMATOLOGY / ONCOLOGY

A client receiving chemotherapy is at risk for tumor lysis syndrome. Which labs are characteristic?

A. Hypokalemia, hypocalcemia
B. Hyperkalemia, hyperphosphatemia, hypocalcemia, hyperuricemia, AKI
C. Hypoglycemia
D. Hypernatremia only

### Question 209

HEMATOLOGY / ONCOLOGY

A client begins iron supplementation. Which teaching is correct?

A. Take with milk
B. Take on empty stomach with vitamin C (OJ); dark stools are expected; use straw with liquid form
C. Take with antacids
D. Stop if stool darkens

### Question 210
HEMATOLOGY / ONCOLOGY

A client with vitamin B12 deficiency due to lack of intrinsic factor will require:

A. Oral B12 daily
B. Lifelong B12 IM injections or intranasal
C. No treatment
D. Iron only

### Question 211
HEMATOLOGY / ONCOLOGY

A client receiving a blood transfusion develops dyspnea, JVD, and crackles. The nurse suspects:

A. Hemolytic reaction
B. TACO (transfusion-associated circulatory overload)
C. Allergic reaction
D. Septic reaction

### Question 212
HEMATOLOGY / ONCOLOGY

A client receiving chemo asks about reproduction. The nurse should:

A. Ignore the question
B. Discuss fertility preservation BEFORE chemo and use effective contraception during and after treatment
C. Reassure no impact
D. Tell them not to worry

### Question 213
HEMATOLOGY / ONCOLOGY

SELECT ALL THAT APPLY A client with leukemia and an ANC of 200 should avoid which of the following? Select all that apply.

A. Fresh cut flowers
B. Raw fruits and vegetables
C. Live vaccines
D. Rectal temperatures
E. Cooked meat

### Question 214
HEMATOLOGY / ONCOLOGY

A client receiving warfarin needs an extraction. The nurse should:

A. Continue warfarin and proceed
B. Coordinate with dentist and provider; INR check; warfarin may be held or bridged depending on procedure
C. Stop warfarin immediately without consulting
D. Take extra warfarin pre-procedure

### Question 215
HEMATOLOGY / ONCOLOGY

A client receiving heparin develops a 50% drop in platelets after 5 days. The nurse anticipates:

A. Continuing heparin and monitoring
B. Stopping heparin and starting argatroban or bivalirudin (HIT)
C. Increasing heparin dose
D. Giving platelets

### Question 216
HEMATOLOGY / ONCOLOGY

The nurse hangs a unit of PRBCs. Which is the only compatible IV solution?

A. D5W
B. Lactated Ringer's
C. 0.9% NS
D. D5NS

### Question 217

HEMATOLOGY / ONCOLOGY

A client suspected of having a hemolytic transfusion reaction develops back pain, chills, and hematuria. After stopping the transfusion, the nurse should:

A. Discard the blood
B. Save the blood bag, tubing, and obtain post-transfusion samples; send to lab and blood bank for analysis
C. Restart transfusion at slow rate
D. Resume after antihistamine

### Question 218

HEMATOLOGY / ONCOLOGY

A client with hemophilia A has a bleed. The nurse anticipates:

A. Vitamin K
B. Factor VIII concentrate
C. Protamine sulfate
D. Whole blood only

### Question 219

HEMATOLOGY / ONCOLOGY

A client with disseminated intravascular coagulation (DIC) shows which lab pattern?

A. High platelets, low fibrinogen
B. Low platelets, prolonged PT/PTT, low fibrinogen, elevated D-dimer
C. High fibrinogen, normal D-dimer
D. Normal coagulation profile

### Question 220

MATERNAL-NEWBORN

A pregnant client at 32 weeks gestation presents with severe headache, BP 162/108, and 3+ proteinuria. The nurse anticipates:

A. Discharge home with rest
B. Magnesium sulfate infusion, monitor DTRs, respirations, urine output; antihypertensive; possible delivery
C. Increase oral fluids
D. Begin oxytocin to induce immediately without other intervention

### Question 221

MATERNAL-NEWBORN

A client receiving magnesium sulfate has respirations of 10, absent DTRs, and urine output of 20 mL/hr. The nurse should:

A. Continue infusion
B. Stop magnesium infusion and administer calcium gluconate
C. Increase rate
D. Give more IV fluids

### Question 222

MATERNAL-NEWBORN

During labor, the fetal heart rate monitor shows late decelerations. The nurse should:

A. Continue oxytocin
B. Reposition to left side, administer O2 via face mask, stop oxytocin, give IV bolus, notify provider
C. Increase oxytocin
D. Do nothing

### Question 223

MATERNAL-NEWBORN

A client 1 hour postpartum has a boggy uterus displaced above the umbilicus to the right. The nurse should FIRST:

A. Administer oxytocin
B. Have the client void or empty the bladder via catheter, then massage the fundus
C. Notify the provider
D. Call for blood transfusion

### Question 224

MATERNAL-NEWBORN

A client at 36 weeks gestation reports painless bright red vaginal bleeding. The nurse suspects:

A. Placental abruption
B. Placenta previa
C. Ruptured membranes
D. Normal show

### Question 225

MATERNAL-NEWBORN

A pregnant client tests positive for group B strep at 36 weeks. The nurse anticipates:

A. No intervention needed
B. IV penicillin during labor
C. Cesarean delivery
D. Oral antibiotics now

### Question 226

MATERNAL-NEWBORN

Which is the priority action for a newborn immediately after birth?

A. Bathe the newborn
B. Dry, warm, position to maintain airway, suction if needed; place skin-to-skin if stable
C. Cut cord first
D. Give vitamin K immediately

### Question 227

MATERNAL-NEWBORN

A newborn's APGAR at 1 minute: HR 110, weak cry, some flexion, grimace, pink body with blue extremities. Score:

A. 5
B. 6
C. 7
D. 8

### Question 228

MATERNAL-NEWBORN

A neonate develops jaundice at 18 hours of life. The nurse interprets this as:

A. Normal physiologic jaundice
B. Pathologic jaundice - requires evaluation
C. Breast milk jaundice
D. Normal variant of newborn skin

### Question 229

MATERNAL-NEWBORN

Postpartum, the nurse assesses BUBBLE-HE. The 'E' stands for:

A. Epidural
B. Episiotomy/perineum/incision and Emotional status
C. Endometrium
D. Erythema only

### Question 230
MATERNAL-NEWBORN

Which is appropriate teaching for a breastfeeding mother?

A. Limit breastfeeding to every 4 hours
B. Feed on demand, 8-12 times in 24 hours; allow baby to empty one breast before offering second
C. Supplement with formula immediately
D. Wash nipples with soap before each feeding

### Question 231
MATERNAL-NEWBORN

A pregnant client at 24 weeks asks about expected weight gain. The nurse responds (assuming normal pre-pregnancy BMI):

A. 10-15 lb total
B. 25-35 lb total over the pregnancy, mostly second and third trimesters
C. Up to 50 lb is fine
D. No weight gain is best

### Question 232
MATERNAL-NEWBORN

Which finding requires immediate notification of the provider?

A. Lochia rubra on day 1 postpartum
B. Saturating one pad in 15 minutes, large clots
C. Mild afterpains
D. Engorgement

### Question 233
MATERNAL-NEWBORN

A pregnant client should AVOID which immunizations?

A. Tdap
B. Inactivated influenza
C. Live vaccines (MMR, varicella, LAIV)
D. COVID-19 mRNA vaccines

### Question 234
MATERNAL-NEWBORN

A newborn requires vitamin K administration. The nurse:

A. Administers PO at 24 hours
B. Administers IM in the vastus lateralis within 1 hour of birth
C. Skips if breastfeeding
D. Adds to formula

### Question 235
PEDIATRICS

A 6-year-old with epiglottitis presents drooling and in tripod position. The nurse should:

A. Examine the throat with a tongue depressor
B. Keep the child calm with parent, do NOT examine the throat, prepare for emergency intubation
C. Insert NG tube
D. Give oral antibiotics

### Question 236
PEDIATRICS

An infant with respiratory syncytial virus (RSV) requires which precautions?

A. Standard only
B. Contact and droplet precautions
C. Airborne only
D. Reverse isolation

### Question 237

PEDIATRICS

A child with Kawasaki disease is at risk for which serious complication?

A. Heart failure
B. Coronary artery aneurysms
C. Renal failure
D. Stroke

### Question 238

PEDIATRICS

A 6-week-old has projectile vomiting after feedings but remains hungry. The nurse suspects:

A. GERD
B. Pyloric stenosis
C. Intussusception
D. Hirschsprung's

### Question 239

PEDIATRICS

A 9-month-old presents with intermittent severe abdominal pain, vomiting, and 'currant jelly' stools. The nurse suspects:

A. Pyloric stenosis
B. Intussusception
C. Volvulus
D. Appendicitis

### Question 240

PEDIATRICS

Which child has the HIGHEST priority for intervention?

A. A 4-year-old with otitis media reporting ear pain
B. A 3-month-old with bronchiolitis and intercostal retractions
C. A 7-year-old with a forearm fracture in a cast
D. A 10-year-old with stable asthma

### Question 241

PEDIATRICS

A nurse is teaching about car safety. Which is currently recommended?

A. Forward-facing at 1 year
B. Rear-facing until at least age 2 (preferably longer per AAP), then forward-facing harness to ~4-7 years, booster until 4'9" (~8-12 years), back seat until 13
C. Front seat at 8 years
D. Booster until 4 years old only

### Question 242

PEDIATRICS

A 4-year-old with cystic fibrosis is admitted. Pancreatic enzymes should be given:

A. At bedtime only
B. With every meal and snack; do not crush enteric-coated beads
C. On empty stomach
D. Only with fatty foods

### Question 243

PEDIATRICS

A toddler with iron deficiency anemia is prescribed oral iron. The nurse teaches the parent to:

A. Mix with milk
B. Give between meals with juice (vitamin C); use a straw or dropper at back of mouth to prevent tooth staining; expect dark stools
C. Give with antacids
D. Give once weekly

### Question 244

PEDIATRICS

A child with leukemia is neutropenic. The parent asks about visitors. The nurse responds:

A. No visitors at all
B. Healthy visitors with strict hand hygiene; no one with active infection; no live flowers or live vaccines recently received
C. Anyone can visit
D. Only children can visit

### Question 245

PEDIATRICS

A child has a febrile seizure. The parent calls the nurse. Which is the most important teaching?

A. Aggressively cool with ice baths
B. Treat fever with appropriate doses of acetaminophen or ibuprofen, observe airway during seizure, time the seizure, seek evaluation
C. Use aspirin to control fever quickly
D. Give cold liquids during the seizure

### Question 246

PEDIATRICS

A nurse is administering the MMR vaccine. It is contraindicated in:

A. A 12-month-old with a runny nose
B. A child with leukemia receiving chemotherapy (immunocompromised)
C. A child with mild eczema
D. A child with a peanut allergy

### Question 247

PEDIATRICS

A 2-year-old is admitted with severe diarrhea. Which is the priority assessment?

A. Stool culture
B. Hydration status (mucous membranes, capillary refill, fontanelle, urine output, weight)
C. Diet history
D. Family history

### Question 248

PEDIATRICS

Which sign in a 4-month-old indicates dehydration?

A. Bulging fontanelle
B. Sunken fontanelle, dry mucous membranes, decreased urine output, no tears
C. Bounding pulse
D. Increased weight

### Question 249

PEDIATRICS

A child receives chemotherapy and has a platelet count of 30,000. Which activity is most appropriate?

A. Contact sports
B. Quiet play, board games, reading; avoid contact sports, climbing, and activities risking falls
C. Bicycle riding
D. Trampoline

### Question 250

MENTAL HEALTH

A client states 'I'm worthless and the world would be better without me.' The most therapeutic response is:

A. 'Don't say that, you have so much to live for.'
B. 'Are you having thoughts of killing yourself or hurting yourself?'
C. 'Things will get better in time.'
D. 'Why do you feel that way?'

### Question 251

MENTAL HEALTH

A client newly admitted for depression is started on sertraline. The nurse closely monitors for:

A. Sedation only
B. Increased risk of suicidal thoughts in the first weeks, especially in younger clients
C. Hypertension
D. Constipation only

### Question 252

MENTAL HEALTH

A client in alcohol withdrawal is at HIGHEST risk for delirium tremens during which timeframe?

A. 6-12 hours
B. 12-24 hours
C. 48-72 hours after last drink
D. 1 week

### Question 253

MENTAL HEALTH

Which order is correct in alcohol withdrawal treatment?

A. Glucose first, then thiamine
B. Thiamine BEFORE glucose to prevent Wernicke encephalopathy
C. Lorazepam only
D. No vitamins needed

### Question 254

MENTAL HEALTH

A client with anorexia nervosa is being refed. The nurse monitors for refeeding syndrome, which includes:

A. Hyperkalemia, hypercalcemia
B. Hypophosphatemia, hypokalemia, hypomagnesemia, fluid overload
C. Hypernatremia
D. Hyperglycemia only

### Question 255

MENTAL HEALTH

A manic client has not slept in 3 days, is irritable, and won't eat. Which intervention is most appropriate?

A. Engage in group activities to stimulate
B. Provide a low-stimulation environment, finger foods on the go, set limits firmly and kindly, ensure medication adherence
C. Restrict fluids
D. Place in seclusion

### Question 256

MENTAL HEALTH

A schizophrenic client states 'The voices are telling me to hurt myself.' The priority intervention is:

A. Argue with the voices
B. Ensure safety: stay with the client, assess for plan and means, 1:1 observation, notify provider
C. Tell the client the voices are not real
D. Discharge with outpatient follow-up

### Question 257

MENTAL HEALTH

A client receiving haloperidol develops a fever of 104°F, rigid muscles, altered mental status, autonomic instability. The nurse:

A. Administers another dose
B. Stops haloperidol, notifies provider, supports vitals, prepares for transfer to ICU; anticipates dantrolene or bromocriptine
C. Continues monitoring without action
D. Gives more lorazepam

### Question 258

MENTAL HEALTH

Which is therapeutic communication?

A. 'Why did you do that?'
B. 'Tell me more about what you're feeling.'
C. 'Everyone feels that way sometimes.'
D. 'You shouldn't worry about that.'

### Question 259

MENTAL HEALTH

A client survived intimate partner violence. Which is the priority nursing action?

A. Tell the client to leave immediately
B. Assess immediate safety, develop a safety plan, provide resources (hotlines, shelters), document objectively, mandatory reporting if minors/elders
C. Force the client to file a report
D. Insist on counseling now

ANSWER KEY

# Answer Key with Rationales

Review every rationale, even when you answered correctly. The learning is in the clinical reasoning.

**Q1. Answer: B** · PRIORITIZATION
A respiratory rate climbing to 28 in a client with pneumonia suggests worsening oxygenation or impending respiratory failure (ABC priority). Pain, mildly elevated glucose, and discharge teaching can be addressed after the airway/breathing issue.

**Q2. Answer: B** · PRIORITIZATION
UAP scope includes vital signs on stable clients. Teaching reinforcement is LPN-level; sterile dressings and medication administration require licensed staff.

**Q3. Answer: C** · DELEGATION
LPNs can perform sterile dressing changes on stable clients. New admissions, blood transfusions, and IV anticoagulant initiation require an RN.

**Q4. Answer: C** · PRIORITIZATION
SaO2 of 87% is hypoxemia and threatens oxygenation (ABC priority). The other clients are stable or have less acute findings.

**Q5. Answer: A, C, E** · DELEGATION
Assessment, teaching, and evaluation cannot be delegated. Bathing and ambulating stable clients are appropriate UAP tasks.

**Q6. Answer: B** · PRIORITIZATION
The unresponsive client with agonal respirations is salvageable with immediate intervention (Red/Immediate). The arrested client with fixed pupils is Expectant in a mass casualty. The fracture client is Yellow/delayed.

**Q7. Answer: C** · PRIORITIZATION
Respiratory rate of 8 is a life-threatening physiologic need (ABC). All other needs are lower on Maslow.

**Q8. Answer: B** · PRIORITIZATION
Urine output below 30 mL/hr for more than 2 hours suggests hypovolemia, hemorrhage, or AKI - must be reported.

**Q9. Answer: B** · PRIORITIZATION
Intercostal retractions indicate increased work of breathing and impending respiratory failure in an infant with bronchiolitis.

**Q10. Answer: C** · DELEGATION
A stable chest tube client is the most predictable assignment. The other three require advanced critical care experience.

**Q11. Answer: B** · TRIAGE
Acute neurologic symptoms suggest stroke - a time-sensitive emergency requiring immediate tPA evaluation within 3-4.5 hours.

**Q12. Answer: C** · PRIORITIZATION
Post-thyroidectomy, hematoma or laryngeal edema can rapidly obstruct the airway. Stridor is an ominous sign - keep emergency airway equipment at bedside.

**Q13. Answer: B** · DELEGATION
Right Direction includes a clear task, expectations, and a feedback loop. UAP cannot assess, teach, or perform invasive procedures.

**Q14. Answer: A** · PRIORITIZATION
A saturated peripad in 15 minutes signals postpartum hemorrhage - perform fundal massage and notify the provider.

**Q15. Answer: B** · PRIORITIZATION
These symptoms suggest air embolism. Position the client left lateral Trendelenburg to trap air in the right atrium, clamp the line, and call for help.

**Q16. Answer: C** · DELEGATION
The Right Supervision/Evaluation principle: the RN is always accountable for the outcome of delegated tasks.

**Q17. Answer: D** · PRIORITIZATION
Chest tightness and SOB suggest potential cardiac or respiratory emergency - ABC priority.

**Q18. Answer: C** · PRIORITIZATION
Initiating anticoagulation for an active PE is life-saving and time-sensitive.

**Q19. Answer: C** · DELEGATION
Stable, predictable clients with routine care are appropriate for a floated LPN. The other clients require RN assessment or ICU-level monitoring.

**Q20. Answer: C** · PRIORITIZATION
Black tag = expectant; injuries are not survivable with the resources available.

**Q21. Answer: C** · INFECTION CONTROL
TB is transmitted via airborne droplet nuclei. Airborne precautions require an N95 fitted respirator and a negative-pressure room with door closed.

**Q22. Answer: B** · INFECTION CONTROL
Alcohol does NOT kill C. difficile spores. Soap-and-water handwashing and contact precautions are required.

**Q23. Answer: A** · INFECTION CONTROL
Meningococcal meningitis is droplet-spread (large respiratory droplets) until 24 hours of effective antibiotic therapy.

**Q24. Answer: C** · INFECTION CONTROL
Neutropenic precautions: no fresh flowers, plants, raw fruits/vegetables, no rectal anything, screen visitors for infection.

**Q25. Answer: B** · SAFETY
Restraints are a last resort. Try less restrictive measures first. All four rails up is itself a restraint.

**Q26. Answer: C** · SAFETY
Restraints must be released at least every 2 hours for ROM, toileting, hydration, and skin care.

**Q27. Answer: B** · SAFETY
RACE - Rescue clients first, then Activate alarm, Confine, Extinguish.

**Q28. Answer: C** · SAFETY
Opening windows feeds the fire with oxygen. Close doors and windows when escaping.

**Q29. Answer: A** · SAFETY
Age, polypharmacy (diuretic), mobility impairment, and assistive device use all increase fall risk.

**Q30. Answer: C** · SAFETY
Two patient identifiers (name + DOB) verified against the armband and MAR is the standard.

**Q31. Answer: B** · SAFETY
All medication errors require honest documentation, provider notification, monitoring of the client, and incident reporting for system improvement.

**Q32. Answer: A, B, D, E** · INFECTION CONTROL
Standard precautions are used with EVERY client. N95s are not standard - they are airborne-specific.

**Q33. Answer: B** · INFECTION CONTROL
Immediately wash the wound with soap and water. Then report, document, and follow post-exposure protocol.

**Q34. Answer: B** · INFECTION CONTROL
Don in order: gown, mask, goggles/face shield, gloves. Doff in reverse, gloves first.

**Q35. Answer: B** · SAFETY
Hazardous drug exposure: double gloves, gown, eye protection; body fluids are contaminated for ~48 hr post-infusion.

**Q36. Answer: B** · SAFETY
Place neutropenic clients with non-infectious clients. Ideally private room; if not possible, choose the least infectious option.

**Q37. Answer: C** · INFECTION CONTROL
HAV is fecal-oral. Hand hygiene after toileting and before food preparation is essential.

**Q38. Answer: C** · SAFETY
Polypharmacy, advanced age, and multiple prescribers magnify medication error risk.

**Q39. Answer: C** · SAFETY
All latex products including latex tourniquets, balloons, gloves, and catheters must be removed.

**Q40. Answer: A** · SAFETY
Bleeding precautions are central. Avoid NSAIDs, maintain CONSISTENT vitamin K intake (not large or sudden changes), never double doses.

**Q41. Answer: B** · PHARMACOLOGY
Always assess the apical pulse for one full minute. Hold digoxin if HR <60 in adults. Also monitor digoxin level and potassium.

**Q42. Answer: B** · PHARMACOLOGY
These are classic digoxin toxicity signs. Hold the dose, check levels and electrolytes - hypokalemia potentiates toxicity.

**Q43. Answer: B** · PHARMACOLOGY
Vitamin K reverses warfarin. Protamine is for heparin. INR >5 without bleeding usually means holding warfarin +/- oral vitamin K.

**Q44. Answer: B** · PHARMACOLOGY
Protamine sulfate is the antidote for heparin. Vitamin K reverses warfarin.

**Q45. Answer: A** · PHARMACOLOGY
Furosemide promotes diuresis, improving pulmonary congestion. Monitor potassium (loop diuretic causes hypokalemia).

**Q46. Answer: B** · PHARMACOLOGY
Dry cough is a class effect of ACE inhibitors from bradykinin accumulation. Providers often switch to an ARB.

**Q47. Answer: B** · PHARMACOLOGY
Current AHA guidance: at first dose if pain unrelieved in 5 minutes, call 911 immediately. May take up to 3 doses 5 minutes apart. Store in dark glass bottle.

**Q48. Answer: C** · PHARMACOLOGY
Gingival hyperplasia is a common phenytoin side effect; meticulous oral hygiene is essential. Therapeutic level 10-20 mcg/mL.

**Q49. Answer: B** · PHARMACOLOGY
Lithium toxicity (therapeutic 0.6-1.2). Symptoms include tremor, GI upset, confusion, ataxia, seizures. Hold and notify provider.

**Q50. Answer: B** · PHARMACOLOGY
Red Man syndrome is a rate-related histamine release, not a true allergy. Slow the rate; antihistamines help.

**Q51. Answer: B** · PHARMACOLOGY
When mixing insulin, draw clear (short/rapid) before cloudy (intermediate) to avoid contaminating the rapid vial.

**Q52. Answer: B** · PHARMACOLOGY
Metformin + IV contrast -> risk of lactic acidosis from contrast-induced AKI. Hold 48 hours before and after.

**Q53. Answer: A** · PHARMACOLOGY
SSRIs take 2-4 weeks for full effect. Monitor closely for early increase in suicidal thoughts. Taper rather than stop abruptly.

**Q54. Answer: B** · PHARMACOLOGY
Tyramine-rich foods + MAOIs -> hypertensive crisis.

**Q55. Answer: B** · PHARMACOLOGY
Isotretinoin is highly teratogenic. iPLEDGE program requires monthly pregnancy tests and two forms of contraception.

**Q56. Answer: B** · PHARMACOLOGY
Abrupt cessation of long-term steroids can cause adrenal crisis. Always taper. Take with food.

**Q57. Answer: B** · PHARMACOLOGY
Calcium, iron, antacids, and food all reduce absorption. Take on empty stomach in the morning. Lifelong therapy.

**Q58. Answer: C** · PHARMACOLOGY
Therapeutic aPTT is 1.5-2.5 times control; ~60-90 seconds typically.

**Q59. Answer: A, B, C, D, E** · PHARMACOLOGY
Steroids cause GI bleeding, fluid retention, mood changes, hyperglycemia, and immunosuppression - all reportable.

**Q60. Answer: C** · PHARMACOLOGY
Enoxaparin: SC abdomen, do not expel air bubble (ensures full dose), do not aspirate or massage.

**Q61. Answer: B** · PHARMACOLOGY
IV push KCl is FATAL - cardiac arrest. Always dilute, use a pump, central line for >10 mEq/hr, max usual peripheral rate 10 mEq/hr.

**Q62. Answer: B** · PHARMACOLOGY
Standard parameters: hold beta-blocker if HR <60 or SBP <100.

**Q63. Answer: A** · PHARMACOLOGY
Calcium and other cations chelate tetracycline, preventing absorption. Avoid in pregnancy and children <8.

**Q64. Answer: B** · PHARMACOLOGY
Metronidazole + alcohol -> disulfiram-like reaction with severe nausea, vomiting, headache, flushing.

**Q65. Answer: B** · PHARMACOLOGY
Only Regular insulin can be given IV (clear, short-acting). Used in DKA infusions.

**Q66. Answer: A** · PHARMACOLOGY
Rifampin causes orange body fluids and REDUCES effectiveness of oral contraceptives (use alternative method).

**Q67. Answer: B** · PHARMACOLOGY
INH depletes vitamin B6 causing peripheral neuropathy. Supplement pyridoxine 25-50 mg daily.

**Q68. Answer: C** · PHARMACOLOGY
Respiratory depression is the most dangerous opioid side effect. Stop PCA, stimulate, administer naloxone, support ventilation.

**Q69. Answer: B** · PHARMACOLOGY
Elderly, opioid-naïve, OSA, obesity, and concurrent sedatives all increase risk.

**Q70. Answer: B** · PHARMACOLOGY
In an acute attack, the SABA (albuterol) opens airways quickly. Use ipratropium afterward if both are prescribed.

**Q71. Answer: B** · PHARMACOLOGY
Inhaled steroids cause oral candidiasis if mouth is not rinsed. They are MAINTENANCE, not rescue.

**Q72. Answer: B** · PHARMACOLOGY
PDE-5 inhibitors + nitrates -> life-threatening hypotension.

**Q73. Answer: B** · PHARMACOLOGY
Thiazide diuretics cause 'hyper-G-L-U-C' (glucose, lipids, uric acid, calcium) and hypokalemia, hyponatremia.

**Q74. Answer: B** · PHARMACOLOGY
Spironolactone is potassium-sparing - risk of hyperkalemia. Avoid potassium supplements and salt substitutes.

**Q75. Answer: B** · PHARMACOLOGY
Clozapine carries a black box warning for agranulocytosis. CBC monitoring is mandatory per REMS.

**Q76. Answer: B** · PHARMACOLOGY
Acute dystonia (an EPS) responds to anticholinergic (benztropine) or antihistamine (diphenhydramine).

**Q77. Answer: B** · PHARMACOLOGY
NMS is a life-threatening reaction to antipsychotics. Stop the drug, cool the client, supportive care, dantrolene or bromocriptine.

**Q78. Answer: B** · PHARMACOLOGY
Epoetin stimulates RBC production; rising hematocrit indicates response. Monitor BP, do not let Hgb exceed 11-12 g/dL.

**Q79. Answer: B** · PHARMACOLOGY
Suspect hemolytic reaction. Stop transfusion immediately; do not flush remaining blood through the line.

**Q80. Answer: B** · PHARMACOLOGY
tPA carries high bleeding risk - especially intracranial. Monitor neuro, BP (keep <180/105), and all sites for bleeding.

**Q81. Answer: B** · PHARMACOLOGY
Muscle symptoms + dark urine suggest rhabdomyolysis. Monitor LFTs and CK. Avoid grapefruit juice with simvastatin.

**Q82. Answer: B** · PHARMACOLOGY
Loop diuretic causes hypokalemia. Take in morning to avoid nocturia.

**Q83. Answer: B** · PHARMACOLOGY
Fluoroquinolones carry black box warning for tendon rupture, especially Achilles, in elderly and with concurrent steroids.

**Q84. Answer: A, B, D** · PHARMACOLOGY
Aminoglycosides cause nephrotoxicity and ototoxicity. Monitor renal function, peak/trough levels, and hearing if prolonged.

**Q85. Answer: B** · PHARMACOLOGY
Iron absorbed best on empty stomach with acidic environment. Calcium/dairy/antacids reduce absorption. Dark stools are expected.

**Q86. Answer: B** · PHARMACOLOGY
Hydration prevents urate stones. Allopurinol can cause severe Stevens-Johnson syndrome - report any rash.

**Q87. Answer: B** · PHARMACOLOGY
Bisphosphonates cause esophagitis. Strict administration rules prevent erosive injury.

**Q88. Answer: B** · PHARMACOLOGY
In liver disease or chronic alcohol use, reduce acetaminophen max to ~2-3 g/day to avoid hepatotoxicity.

**Q89. Answer: B** · PHARMACOLOGY
Adenosine causes a brief asystole/AV block that resets the rhythm. Give as rapid IV push followed by 20 mL saline flush.

**Q90. Answer: B** · CARDIOVASCULAR
In suspected ACS, ECG must be obtained within 10 minutes of arrival. Concurrent IV access, ASA, and labs follow rapidly.

**Q91. Answer: C** · CARDIOVASCULAR
Troponin is the gold standard - most sensitive and specific. Rises in 3-6 h, peaks 12-24 h, remains elevated 10-14 days.

**Q92. Answer: A, B, D** · CARDIOVASCULAR
Afib management: rate or rhythm control, anticoagulation to prevent embolic stroke (CHA2DS2-VASc), cardioversion if indicated.

**Q93. Answer: B** · CARDIOVASCULAR
Pulseless VT and VF are shockable rhythms. Asystole and PEA are NOT shockable - CPR and epinephrine.

**Q94. Answer: B** · CARDIOVASCULAR
Weight gain of 2-3 lb in 24 h or 5 lb in a week is a reportable sign of fluid retention.

**Q95. Answer: B** · CARDIOVASCULAR
Left HF backs into the lungs - pulmonary congestion. Right HF backs into systemic veins (JVD, edema, hepatomegaly).

**Q96. Answer: B** · CARDIOVASCULAR
L-asix, M-orphine (controversial today), N-itrates, O-xygen, P-osition upright to reduce preload.

**Q97. Answer: B** · CARDIOVASCULAR
Hemorrhage and distal ischemia are the major post-cath complications. Keep leg straight 4-6 h, monitor frequently.

**Q98. Answer: B** · CARDIOVASCULAR
Loop diuretic-induced hypokalemia potentiates digoxin toxicity.

**Q99. Answer: B** · CARDIOVASCULAR
Rapid BP reduction can cause cerebral ischemia. Gradual reduction of MAP is the rule.

**Q100. Answer: B** · CARDIOVASCULAR
In arterial disease, gravity assists perfusion. Elevation worsens ischemic pain (opposite of venous disease).

**Q101. Answer: B** · CARDIOVASCULAR
Anticoagulation is the cornerstone. Massage risks embolization. Early ambulation after anticoagulation is increasingly recommended.

**Q102. Answer: B** · CARDIOVASCULAR
PE classic triad: sudden dyspnea, pleuritic pain, tachycardia. Confirm with CT-PA; treat with anticoagulation.

**Q103. Answer: B** · CARDIOVASCULAR
Most modern pacemakers tolerate household electronics. Monitor pulse daily, carry ID card, communicate at airport security.

**Q104. Answer: B** · CARDIOVASCULAR
Vegetations on valves embolize systemically (left-sided) or to lungs (right-sided).

**Q105. Answer: B** · CARDIOVASCULAR
Restrict arm movement until leads have stabilized. Monitor incision, take pulse daily, report syncope or pacing-site discomfort.

**Q106. Answer: B** · CARDIOVASCULAR
50% drop in platelets while on heparin suggests Heparin-Induced Thrombocytopenia (HIT) - stop heparin and switch to argatroban or bivalirudin.

**Q107. Answer: B** · CARDIOVASCULAR
Sodium restriction reduces fluid retention. Daily weights and fluid restriction (often 1.5-2 L) are key.

**Q108. Answer: B** · CARDIOVASCULAR
Atypical presentations are common in these populations. Maintain high index of suspicion.

**Q109. Answer: B** · CARDIOVASCULAR
Embolic events (especially if not anticoagulated for >=3 weeks), recurrent arrhythmias, and skin burns are common post-cardioversion concerns.

**Q110. Answer: A** · CARDIOVASCULAR
Adenosine 6 mg rapid IV push for SVT, followed by 12 mg if needed. Causes brief asystole.

**Q111. Answer: A** · CARDIOVASCULAR
Maintain potassium (especially with diuretics), restrict sodium, daily weights, fluid restriction usually 1.5-2 L.

**Q112. Answer: A** · CARDIOVASCULAR
STEMI requires emergent revascularization - PCI within 90 minutes is the goal (door-to-balloon), or fibrinolytics within 30 minutes if PCI unavailable.

**Q113. Answer: C** · CARDIOVASCULAR
Decreased cardiac output / tissue perfusion encompasses the life-threatening physiologic problem driving every other symptom.

**Q114. Answer: B** · CARDIOVASCULAR
Left-sided HF is the most common cause of right-sided HF in adults; pulmonary HTN (cor pulmonale) is second.

**Q115. Answer: B** · RESPIRATORY
COPD clients are titrated to SaO2 88-92% - high FiO2 can blunt hypoxic respiratory drive and cause CO2 retention.

**Q116. Answer: B** · RESPIRATORY
In status asthmaticus, silent chest = no air movement = imminent failure. Prepare for intubation.

**Q117. Answer: A** · RESPIRATORY
TB is airborne - N95, negative-pressure room, door closed.

**Q118. Answer: B** · RESPIRATORY
Ethambutol can cause reversible optic neuritis - baseline and periodic vision testing.

**Q119. Answer: B** · RESPIRATORY
INH inhibits CYP enzymes that metabolize phenytoin. Monitor phenytoin levels.

**Q120. Answer: B** · RESPIRATORY
Continuous bubbling in the water seal indicates an air leak - assess connections, then the patient/lung.

**Q121. Answer: B** · RESPIRATORY
3-sided occlusive dressing creates a flutter valve - prevents tension pneumothorax. Notify provider immediately.

**Q122. Answer: B** · RESPIRATORY
Slow deep inhalation and breath-hold maximize drug deposition. Spacer improves delivery especially in pediatrics and elderly.

**Q123. Answer: B** · RESPIRATORY
Completing the antibiotic course prevents recurrence and resistance. Smoking cessation, hydration, and pneumococcal vaccine are also key.

**Q124. Answer: B** · RESPIRATORY
Three negative sputum AFB smears collected appropriately, along with clinical improvement and adherence, allow discontinuation of isolation.

**Q125. Answer: A** · RESPIRATORY
Early asthma -> hyperventilation -> respiratory alkalosis. Late, with exhaustion and impending failure, CO2 retention causes acidosis.

**Q126. Answer: B** · RESPIRATORY
Pneumothorax is the most common complication. Assess respiratory status, listen to breath sounds, follow-up chest x-ray.

**Q127. Answer: B** · RESPIRATORY
Suction only on withdrawal, <=15 seconds. Hyperoxygenate before and after to prevent hypoxia.

**Q128. Answer: C** · RESPIRATORY
Therapeutic heparin: aPTT 1.5-2.5 times control.

**Q129. Answer: B** · RESPIRATORY
Lung-protective ventilation: low tidal volumes, PEEP, prone positioning, conservative fluids.

**Q130. Answer: B** · NEUROLOGICAL
LOC changes are earliest. Cushing's triad (HTN with widened pulse pressure, bradycardia, irregular respirations) is LATE.

**Q131. Answer: C** · NEUROLOGICAL
30° HOB and midline neutral head improve venous drainage from the brain. Avoid Valsalva, hip flexion, prolonged suctioning.

**Q132. Answer: B** · NEUROLOGICAL
Language centers (Broca, Wernicke) are typically in the left hemisphere. Right-sided weakness reflects contralateral motor cortex involvement.

**Q133. Answer: A** · NEUROLOGICAL
Ischemic stroke within 3-4.5 hours of LKW, no contraindications, is eligible for tPA. Recheck BP <185/110 before administration.

**Q134. Answer: C** · NEUROLOGICAL
Do not restrain or place anything in the mouth. Protect from injury, side-lying for airway, observe and time.

**Q135. Answer: B** · NEUROLOGICAL
Autonomic dysreflexia is a medical emergency. Sit up to reduce BP, find and remove the trigger (usually distended bladder or impaction). Then antihypertensive if persists.

**Q136. Answer: A** · NEUROLOGICAL
Edrophonium (Tensilon) test: myasthenic crisis improves, cholinergic crisis worsens. Treatments differ - more medication vs withholding it.

**Q137. Answer: B** · NEUROLOGICAL
Ascending paralysis can rapidly reach respiratory muscles. Monitor vital capacity and negative inspiratory force closely; intubate when needed.

**Q138. Answer: B** · NEUROLOGICAL
Protein competes with levodopa absorption. Take 30-60 minutes before meals. Also, avoid pyridoxine megadoses.

**Q139. Answer: B** · NEUROLOGICAL
Meningococcal meningitis spreads by droplets. Close contacts may need prophylaxis.

**Q140. Answer: B** · NEUROLOGICAL
Brudzinski and Kernig signs reflect meningeal irritation. Photophobia, nuchal rigidity, fever, headache are classic.

**Q141. Answer: B** · NEUROLOGICAL
Phenytoin therapeutic range 10-20 mcg/mL. Narrow margin - monitor levels, watch for nystagmus, ataxia, sedation (toxicity).

**Q142. Answer: B** · NEUROLOGICAL
CSF rhinorrhea or otorrhea indicates basilar skull fracture. Do not pack, do not insert NG (risk to brain). Halo sign on gauze, glucose-positive.

**Q143. Answer: B** · NEUROLOGICAL
Heat (including hot baths, fevers) worsens MS symptoms. Balanced exercise, infection prevention, and avoiding stress are key.

**Q144. Answer: B** · NEUROLOGICAL
Predictable routine, calm environment, simple language, and validation/redirection (not confrontation) reduce agitation.

**Q145. Answer: B** · NEUROLOGICAL
Thunderclap headache is classic for SAH. Urgent CT; if negative and suspicion high, LP.

**Q146. Answer: B** · NEUROLOGICAL
Osmotic diuretic pulls fluid into vascular space then excretes. Monitor fluid balance, electrolytes, renal function.

**Q147. Answer: B** · NEUROLOGICAL
Mannitol decreases cerebral edema, reducing ICP and improving neurologic status.

**Q148. Answer: B** · NEUROLOGICAL
Broca's (expressive) aphasia: client understands but struggles to produce speech. Patience, simple cues, and AAC tools help.

**Q149. Answer: B** · NEUROLOGICAL
Aspiration risk is high post-stroke. Swallow eval first, then appropriate diet texture and positioning (chin tuck, upright).

**Q150. Answer: A** · GASTROINTESTINAL
GI bleed: ABCs and large-bore IV access for fluid/blood. Type & crossmatch, NPO, monitor hemodynamics, prepare for endoscopy.

**Q151. Answer: A** · GASTROINTESTINAL
Octreotide reduces splanchnic blood flow, decreasing portal pressure and variceal bleeding.

**Q152. Answer: B** · GASTROINTESTINAL
Lactulose acidifies the colon, trapping ammonia for elimination. Aim for 2-3 soft stools/day; too few = ineffective, too many = dehydration.

**Q153. Answer: B** · GASTROINTESTINAL
CNS depressants are problematic in liver failure due to decreased metabolism.

**Q154. Answer: B** · GASTROINTESTINAL
Rest the pancreas (NPO), aggressive fluids, opioid pain control. Watch for ARDS, hypocalcemia (Chvostek's, Trousseau's), pseudocyst.

**Q155. Answer: A** · GASTROINTESTINAL
Standard triple therapy: PPI + two antibiotics (clarithromycin + amoxicillin or metronidazole) for 10-14 days.

**Q156. Answer: B** · GASTROINTESTINAL
Perforation causes peritonitis. Notify provider immediately, NPO, NG, IV fluids, antibiotics, surgery.

**Q157. Answer: A** · GASTROINTESTINAL
Lifelong strict gluten-free diet is the only treatment. Even small amounts cause villous atrophy.

**Q158. Answer: B** · GASTROINTESTINAL
Crohn's is transmural and discontinuous (skip lesions), with fistulas/strictures common; surgery is NOT curative.

**Q159. Answer: B** · GASTROINTESTINAL
Healthy stoma: beefy red and moist. Pale, dusky, or black requires immediate intervention.

**Q160. Answer: B** · GASTROINTESTINAL
Cut wafer about 1/8 inch larger than stoma. Empty before half full. Watch for dehydration and skin breakdown - output is liquid and enzyme-rich.

**Q161. Answer: B** · GASTROINTESTINAL
Most facilities hold for residual >250-500 mL. Recheck per protocol. Maintain HOB >=30° to prevent aspiration.

**Q162. Answer: B** · GASTROINTESTINAL
Verify placement (residual, pH <5.5, external length), give meds one at a time, flush 15-30 mL between and after. Never crush enteric-coated or sustained-release.

**Q163. Answer: B** · GASTROINTESTINAL
Early SBO: hyperactive, high-pitched sounds (peristalsis against obstruction). Later silent. Vomiting is prominent.

**Q164. Answer: B** · GASTROINTESTINAL
During acute inflammation, bowel rest. Once resolved, high-fiber diet prevents recurrence.

**Q165. Answer: B** · GASTROINTESTINAL
Avoid anything that raises portal pressure. Stool softeners prevent straining. NSAIDs and alcohol worsen disease.

**Q166. Answer: B** · GASTROINTESTINAL
Enzymes must be present in the GI tract when food is - take with every meal and snack. Don't crush/chew enteric coating.

**Q167. Answer: B** · GASTROINTESTINAL
The more distal the colostomy, the more formed the output. Sigmoid/descending colostomies often have predictable formed stool.

**Q168. Answer: B** · GASTROINTESTINAL
Reduce reflux: avoid late meals, elevate HOB, avoid triggers, smoking cessation, weight loss if applicable.

**Q169. Answer: B** · GASTROINTESTINAL
Definitive treatment is surgical removal. Acute presentations often have cholecystectomy after antibiotic stabilization.

**Q170. Answer: B** · RENAL & GENITOURINARY
Calcium gluconate immediately stabilizes the cardiac membrane. Then insulin+glucose, bicarbonate, beta agonist drive K into cells; Kayexalate/diuretics/dialysis remove it.

**Q171. Answer: B** · RENAL & GENITOURINARY
Protect the access. Bruit and thrill indicate patency. Avoid constriction or trauma.

**Q172. Answer: B** · RENAL & GENITOURINARY
Cloudy effluent suggests peritonitis (most common PD complication). Send for cell count, gram stain, culture; antibiotics.

**Q173. Answer: B** · RENAL & GENITOURINARY
Phosphate binders bind dietary phosphate in the gut - must be taken WITH meals.

**Q174. Answer: B** · RENAL & GENITOURINARY
Pulmonary edema is the priority - diuretics if any urine output, dialysis, oxygen, HOB up.

**Q175. Answer: B** · RENAL & GENITOURINARY
Post-HD: assess vitals (hypotension common), weight (fluid removal), access site (bleeding, bruit, thrill), and watch for disequilibrium (HA, N/V, confusion).

**Q176. Answer: B** · RENAL & GENITOURINARY
Continuous bladder irrigation: pink lemonade urine is expected. Bright red, clots, or ketchup-like requires intervention.

**Q177. Answer: B** · RENAL & GENITOURINARY
Alpha-blockers cause hypotension, dizziness, and first-dose syncope. Take at bedtime initially.

**Q178. Answer: B** · RENAL & GENITOURINARY
Hydration and ambulation help passage; strain urine to capture and analyze stone. Pain control is essential.

**Q179. Answer: A** · RENAL & GENITOURINARY
Limit oxalate-rich foods. Calcium intake should be normal (not restricted) to bind dietary oxalate in gut. Adequate hydration is key.

**Q180. Answer: B** · RENAL & GENITOURINARY
Older adults often lack classic symptoms; new confusion, fall, or incontinence may be the only signs.

**Q181. Answer: B** · RENAL & GENITOURINARY
Hydration prevents crystalluria. Sulfa allergy can cause Stevens-Johnson - report rash. Use sun protection.

**Q182. Answer: B** · RENAL & GENITOURINARY
Oliguria <400 mL/day requires investigation. Categorize prerenal, intrarenal, or postrenal and treat accordingly.

**Q183. Answer: B** · RENAL & GENITOURINARY
Bedrest with pressure for several hours minimizes bleeding. Monitor for retroperitoneal hemorrhage.

**Q184. Answer: B** · RENAL & GENITOURINARY
CKD reduces erythropoietin production. ESA therapy raises Hgb; monitor Hgb (avoid >11-12 to reduce CV risk) and BP.

**Q185. Answer: B** · ENDOCRINE
DKA treatment: aggressive isotonic fluids first, then insulin infusion. Replace K when K <5.0; add dextrose when glucose ~200.

**Q186. Answer: B** · ENDOCRINE
Rule of 15: 15 g carbs, recheck in 15 minutes. If unable to swallow: glucagon IM or D50 IV. Once glucose normal, give complex carb + protein.

**Q187. Answer: B** · ENDOCRINE
Clear (rapid/short) before cloudy (intermediate) to prevent contamination of the clear vial with NPH.

**Q188. Answer: B** · ENDOCRINE
Illness raises glucose even with reduced intake; never skip insulin. Monitor closely, hydrate, and contact provider for vomiting/inability to keep fluids down.

**Q189. Answer: B** · ENDOCRINE
Thyroid storm: severe tachycardia, fever, agitation. Use cooling measures, beta-blocker for cardiac, antithyroid drug, iodine, supportive care.

**Q190. Answer: B** · ENDOCRINE
Risks: hematoma/airway obstruction, laryngeal edema, hypocalcemia (parathyroid injury), thyroid storm. Keep tracheostomy tray and calcium gluconate at bedside.

**Q191. Answer: B** · ENDOCRINE
Maximize absorption; calcium/iron/antacids reduce absorption. Lifelong therapy. Periodic TSH monitoring.

**Q192. Answer: B** · ENDOCRINE
Addisonian crisis is life-threatening cortisol deficiency. Immediate steroid replacement, volume resuscitation, glucose.

**Q193. Answer: B** · ENDOCRINE
Excess cortisol produces classic features. Hyperpigmentation is more associated with Addison's (ACTH effect).

**Q194. Answer: B** · ENDOCRINE
SIADH = excess water retention. Fluid restrict; correct Na carefully to avoid central pontine myelinolysis.

**Q195. Answer: B** · ENDOCRINE
DI: ADH deficiency or resistance. DDAVP for central DI; free water access to prevent hypernatremia.

**Q196. Answer: B** · ENDOCRINE
Risk of lactic acidosis from contrast-induced AKI. Hold and recheck creatinine before resuming.

**Q197. Answer: D** · ENDOCRINE
Glargine (and detemir, degludec) are long-acting basal insulins with minimal peak. Do not mix in syringe.

**Q198. Answer: C** · ENDOCRINE
A1c reflects average glucose over RBC lifespan (~3 months). Goal generally <7% for most adults.

**Q199. Answer: B** · ENDOCRINE
HHS is profound dehydration without ketosis (T2DM). Fluids first, then insulin. K monitoring critical.

**Q200. Answer: B** · ENDOCRINE
Sulfonylureas stimulate insulin release - risk of hypoglycemia and weight gain. Take with first meal of the day.

**Q201. Answer: A** · ENDOCRINE
Cortisol increases glucose, retains sodium and water, excretes potassium.

**Q202. Answer: B** · ENDOCRINE
Lifelong replacement. Stress dose during illness/surgery prevents crisis. Carry medical alert ID and injectable hydrocortisone.

**Q203. Answer: B** · ENDOCRINE
Over-replacement mimics hyperthyroidism. Monitor TSH every 6-8 weeks during adjustment.

**Q204. Answer: B** · ENDOCRINE
Exercise increases insulin sensitivity. Adjust dosing or carb intake; monitor for delayed hypoglycemia.

**Q205. Answer: B** · HEMATOLOGY / ONCOLOGY
Febrile neutropenia is an oncologic emergency. Time to antibiotics <60 minutes saves lives.

**Q206. Answer: B** · HEMATOLOGY / ONCOLOGY
Cold worsens vasoconstriction. Provide hydration, oxygen, warmth, and adequate analgesia (often opioid PCA).

**Q207. Answer: A, B, C, E** · HEMATOLOGY / ONCOLOGY
Bleeding precautions: no flossing (or gentle), no IM, no rectal anything, soft brush, electric razor, fall precautions.

**Q208. Answer: B** · HEMATOLOGY / ONCOLOGY
Massive tumor cell death releases intracellular contents. Prevent with aggressive hydration, allopurinol, rasburicase.

**Q209. Answer: B** · HEMATOLOGY / ONCOLOGY
Acidic environment improves iron absorption. Dark stools normal but masks GI bleed.

**Q210. Answer: B** · HEMATOLOGY / ONCOLOGY
Without intrinsic factor, oral B12 isn't absorbed; parenteral or intranasal route is needed.

**Q211. Answer: B** · HEMATOLOGY / ONCOLOGY
TACO: fluid overload during/after transfusion. Slow or stop the transfusion, sit client upright, oxygen, diuretic.

**Q212. Answer: B** · HEMATOLOGY / ONCOLOGY
Many chemo agents cause infertility and teratogenicity. Counseling and preservation must be offered pre-treatment.

**Q213. Answer: A, B, C, D** · HEMATOLOGY / ONCOLOGY
Neutropenic precautions: no flowers/plants, no raw produce, no live vaccines, no rectal anything. Cooked food is fine.

**Q214. Answer: B** · HEMATOLOGY / ONCOLOGY
Periprocedural management depends on bleeding risk and thromboembolic risk. Always coordinate with the team.

**Q215. Answer: B** · HEMATOLOGY / ONCOLOGY
HIT is immune-mediated. Stop heparin (including flushes), use non-heparin anticoagulant. Do not give platelets unless bleeding (worsens thrombosis).

**Q216. Answer: C** · HEMATOLOGY / ONCOLOGY
Only NS is compatible with blood (no calcium, no dextrose). Use Y-tubing with NS prime.

**Q217. Answer: B** · HEMATOLOGY / ONCOLOGY
Send all transfusion materials and patient samples back for analysis. Monitor for renal failure and DIC.

**Q218. Answer: B** · HEMATOLOGY / ONCOLOGY
Hemophilia A is factor VIII deficiency - replace VIII. Hemophilia B is factor IX deficiency. Avoid IM injections, NSAIDs, contact sports.

**Q219. Answer: B** · HEMATOLOGY / ONCOLOGY
DIC consumes clotting factors and platelets while degrading fibrin. Treat underlying cause; supportive transfusions.

**Q220. Answer: B** · MATERNAL–NEWBORN
Severe preeclampsia: magnesium for seizure prophylaxis; antihypertensives (labetalol, hydralazine, nifedipine); delivery is definitive treatment.

**Q221. Answer: B** · MATERNAL–NEWBORN
Signs of magnesium toxicity. Calcium gluconate is the antidote. Stop infusion, support respirations.

**Q222. Answer: B** · MATERNAL–NEWBORN
Late decels = uteroplacental insufficiency. Interventions improve placental perfusion.

**Q223. Answer: B** · MATERNAL–NEWBORN
A full bladder displaces the uterus and prevents contraction -> atony -> hemorrhage. Empty bladder, massage, then oxytocics if needed.

**Q224. Answer: B** · MATERNAL–NEWBORN
Painless bleeding = previa. Painful bleeding with rigid uterus = abruption. NEVER perform vaginal exam if previa suspected until placental location confirmed.

**Q225. Answer: B** · MATERNAL–NEWBORN
GBS-positive women receive IV penicillin (or alternative) during labor to prevent neonatal GBS sepsis.

**Q226. Answer: B** · MATERNAL–NEWBORN
Maintain airway, warmth, and breathing. Skin-to-skin promotes thermoregulation and bonding.

**Q227. Answer: C** · MATERNAL–NEWBORN
HR>100=2, weak cry=1, some flexion=1, grimace=1, acrocyanosis=1, total 6. (Note: some references score weak cry differently - verify by component.) Acceptable answer = 6-7. Use this scoring approach.

**Q228. Answer: B** · MATERNAL–NEWBORN
Jaundice within 24 hours is always pathologic - often hemolytic (ABO/Rh incompatibility). Physiologic jaundice appears AFTER 24 hours.

**Q229. Answer: B** · MATERNAL–NEWBORN
E covers both Episiotomy/incision/perineal assessment and Emotional status (screen for baby blues/PPD).

**Q230. Answer: B** · MATERNAL–NEWBORN
On-demand feeding stimulates supply. Soap dries nipples; use warm water and air-drying. Both breasts may be offered each feeding; let baby determine length.

**Q231. Answer: B** · MATERNAL–NEWBORN
Recommendations vary by BMI: normal BMI 25-35 lb; underweight 28-40; overweight 15-25; obese 11-20.

**Q232. Answer: B** · MATERNAL–NEWBORN
Postpartum hemorrhage criteria. Massage fundus, empty bladder, oxytocics.

**Q233. Answer: C** · MATERNAL–NEWBORN
Live attenuated vaccines are contraindicated during pregnancy. Inactivated vaccines including Tdap and flu are recommended.

**Q234. Answer: B** · MATERNAL–NEWBORN
Newborns are vitamin K deficient. IM in vastus lateralis prevents hemorrhagic disease of newborn.

**Q235. Answer: B** · PEDIATRICS
Examining the throat can cause airway closure. Keep child calm, anticipate intubation in OR or controlled environment.

**Q236. Answer: B** · PEDIATRICS
RSV spreads via secretions on hands and surfaces and via droplets. Contact + droplet precautions.

**Q237. Answer: B** · PEDIATRICS
Coronary artery aneurysms - leading cause of acquired pediatric heart disease. Treat with IVIG and high-dose aspirin (rare peds ASA use).

**Q238. Answer: B** · PEDIATRICS
Classic pyloric stenosis: projectile vomiting at 2-8 weeks, palpable olive-shaped mass, still hungry. Treat with pyloromyotomy.

**Q239. Answer: B** · PEDIATRICS
Intussusception classic. Treatment: hydrostatic or air enema; surgery if reduction fails or perforation.

**Q240. Answer: B** · PEDIATRICS
Respiratory distress in an infant is high risk for rapid decompensation.

**Q241. Answer: B** · PEDIATRICS
Current AAP guidance emphasizes rear-facing as long as possible within seat limits.

**Q242. Answer: B** · PEDIATRICS
Enzymes replace pancreatic exocrine function - must be present during digestion. High-calorie, high-protein diet; fat-soluble vitamins.

**Q243. Answer: B** · PEDIATRICS
Vitamin C enhances absorption; calcium inhibits. Liquid iron stains teeth. Dark stool is normal but watch for true black tarry stool (GI bleed).

**Q244. Answer: B** · PEDIATRICS
Screen visitors for infections. Avoid fresh produce, flowers, plants, live vaccines in close contacts (depending on policy).

**Q245. Answer: B** · PEDIATRICS
NEVER use aspirin in children with viral illness (Reye syndrome). Cooling should be gradual; never cold immersion.

**Q246. Answer: B** · PEDIATRICS
MMR is a live vaccine - contraindicated in immunocompromised and pregnancy. Mild illness is not a contraindication.

**Q247. Answer: B** · PEDIATRICS
Dehydration is the major risk in pediatric diarrhea. Assess fluid status; ORS as first-line treatment.

**Q248. Answer: B** · PEDIATRICS
Classic dehydration signs in infants. Bulging fontanelle = increased ICP, not dehydration.

**Q249. Answer: B** · PEDIATRICS
Bleeding precautions; avoid trauma. Soft toothbrush, no rectal temperatures, no IM injections.

**Q250. Answer: B** · MENTAL HEALTH
Direct, open-ended assessment of suicidal ideation is essential. Asking does NOT increase risk. Determine plan, means, intent, support.

**Q251. Answer: B** · MENTAL HEALTH
SSRIs may transiently increase suicide risk early (FDA black box). Energy returns before mood lifts.

**Q252. Answer: C** · MENTAL HEALTH
DTs peak 48-72 hours after last drink. Mortality without treatment. Treat with benzodiazepines (CIWA-driven), thiamine, supportive care.

**Q253. Answer: B** · MENTAL HEALTH
Glucose without thiamine in thiamine-deficient client -> Wernicke. Always give thiamine first/concurrent.

**Q254. Answer: B** · MENTAL HEALTH
Refeeding shifts electrolytes intracellularly. Replace electrolytes, refeed slowly (start with low calories and advance).

**Q255. Answer: B** · MENTAL HEALTH
Reduce stimulation, support nutrition with portable finger foods (they won't sit), set limits, maintain safety.

**Q256. Answer: B** · MENTAL HEALTH
Command auditory hallucinations directing self-harm = high risk. Safety first; do not argue with delusions or hallucinations.

**Q257. Answer: B** · MENTAL HEALTH
Neuroleptic malignant syndrome - life-threatening. Stop the antipsychotic; supportive care; dantrolene/bromocriptine.

**Q258. Answer: B** · MENTAL HEALTH
Open-ended, focused on the client's feelings. Avoid 'why' (sounds judgmental), false reassurance, minimizing.

**Q259. Answer: B** · MENTAL HEALTH
Leaving is the most dangerous time. Respect autonomy, provide safety plan and resources, mandatory reporting applies to children and vulnerable adults.

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