

## HAAD QUESTIONS (2018)

### Question No : 1 -

An elderly patient is admitted to the hospital with swollen ankles. The best way to limit edema of the feet is for the nurse to:

- A. Restrict fluids
- B. Apply bandages
- C. Elevate the legs
- D. Do passive range of motion exercises (ROM)

**Answer : C**

### Question No : 2 -

Which of the following actions is the most effective measure to reduce hospital acquired infections?

- A. Double bagging of all contaminated laundry
- B. Restricting visitors of infectious patients
- C. Using disposable supplies
- D. Correct hand washing

**Answer : D**

### Question No : 3 -

A patient is diagnosed with diabetic ketoacidosis. The nurse would expect the physician to prescribe:

- A. Regular insulin IV
- B. NPH insulin SC
- C. Glucagon IM
- D. Mixed insulin SC

**Answer : A**

### Question No : 4 -

The rationale for having the patient void before an abdominal paracentesis procedure is to:

- A. Minimize discomfort
- B. Avoid abdominal distention
- C. Prevent bladder puncture
- D. Reduce infection rate

**Answer : C**

### Question No : 5 -

An 85-year-old man is admitted with dementia. He continuously attempts to remove his nasogastric tube. The nurse applies cloth wrist restraints as ordered. Which of the following actions by the nurse is most appropriate?

- A. Evaluate the need to restrain by observing patient's behavior once every 24 hrs
- B. Perform circulation checks to the extremities every two hours
- C. Remove the restraints when the patient is sleeping
- D. Instruct family to limit physical contact with the patient

**Answer : B**

**Question No : 6 -**

During balloon inflation of an indwelling urinary catheter, the patient complains of pain and discomfort. The nurse should:

- A. Continue the procedure and assure the patient
- B. Aspirate the fluid and remove the catheter
- C. Withdraw the fluid and reinsert the catheter
- D. Decrease the amount of injected fluid and secure

**Answer : C**

**Question No : 7 -**

A patient is to receive 25mg/hr of an aminophylline infusion. The solution prepared by the pharmacy contains 500mg of aminophylline in 1000ml of D5W. How many milligrams are available per ml?

- A. 0.25 mg/ml
- B. 0.5 mg/ml
- C. 1 mg/ml
- D. 2 mg/ml

**Answer : B**

**Question No : 8 -**

A patient has had a total hip joint replacement. Which of the following actions should the nurse consider for the patient's daily recommended exercise program?

- A. Administering an analgesic before exercising
- B. Discontinuing the program if the patient dislikes it
- C. Continuing exercises in spite of severe pain
- D. Evaluating effectiveness of exercise based on pain scale

**Answer : A**

**Question No : 9 -**

Whilst recovering from surgery a patient develops deep vein thrombosis. The sign that would indicate this complication to the nurse would be:

- A. Intermittent claudication
- B. Pitting edema of the area
- C. Severe pain when raising the legs
- D. Localized warmth and tenderness of the site

**Answer : D**

**Question No : 10 -**

Which of the following techniques should the nurse implement to prevent the patient's mucous membranes from drying when the oxygen flow rate is higher than 4 liters per minute?

- A. Use a non rebreather mask
- B. Add humidity to the delivery system
- C. Use a high flow oxygen delivery system
- D. Ensure that the prongs are in the nares correctly

**Answer : B**

**Question No : 11 -**

Extrapyramidal adverse effects and symptoms are most often associated with which of the following drug classes?

- A. Antidepressants
- B. Antipsychotics
- C. Antihypertensives
- D. Antidysrhythmics

**Answer : B**

**Question No : 12 -**

A construction worker was brought to the emergency department and admitted with the diagnosis of heat stroke due to strenuous physical activity during hot weather conditions. Which action should the nurse take?

- A. Immediately immerse the patient in cold water to reduce the patient's temperature
- B. Administer an antipyretic such as aspirin or acetaminophen
- C. Place ice packs to the neck, axillae, scalp and groin
- D. Encourage foods and oral fluids that contain carbohydrates and electrolytes

**Answer : C**

**Question No : 13 -**

The nurse should observe for which of the following symptoms in a patient who has just undergone a total thyroidectomy:

- A. Weight gain
- B. Depressed reflexes
- C. Muscle spasm and twitching
- D. Irritable behavior

**Answer : C**

**Question No : 14 -**

Which of the following indicates the nurse is engaging in a therapeutic nurse-patient relationship?

- A. The nurse establishes a relationship that is mutually beneficial
- B. The nurse demonstrates sympathetic feelings toward the patient
- C. The nurse commits to helping the patient find ways to help self
- D. The nurse utilizes therapeutic touch to convey acceptance of the patient

**Answer : C**

**Question No : 15 -**

One factor affecting the pharmacokinetics of older patients' drug absorption is:

- A. Decreased gastrointestinal motility
- B. A difficulty in swallowing
- C. A prevalence of obesity
- D. Numerous medications

**Answer : A**

**Question No : 36 -**

Pain management for terminally ill patients is most effective when analgesics are given:

- A. Around the clock
- B. Only when clearly needed
- C. After non-pharmacological methods fail
- D. As the patient requests them

**Answer : A**

**Question No : 37 -**

The physician orders 20 u of U-100 regular insulin. The only syringe on hand is a 1 ml tuberculin syringe. How many milliliters should be administered?

- A. 0.02 ml
- B. 0.2 ml
- C. 1 ml
- D. 2 ml

**Answer : B**

**Question No : 38 -**

The urinary catheter is kept securely in the bladder by:

- A. Taping the urinary catheter to the leg
- B. Securing catheter and collection bag connections
- C. Inflating the balloon of the catheter
- D. Anchoring the catheter bag to the bed

**Answer : C**

**Question No : 39 -**

Order: Compazine 8 mg IM stat. Drug available. 10 mg/ 2mL in vial.

How many mLs would you give?

- A. 0.6 mL
- B. 1.6 mL
- C. 2.6 mL
- D. 3.6 mL

**Answer : B**

**Question No : 40 -**

A medication was ordered by a physician. The nurse believes the medication dose is incorrect.

What should the nurse do next?

- A. Clarify the order with another physician who is available on the unit
- B. Ask the nurse in charge if the order is correct
- C. Contact the pharmacy department
- D. Call the physician who prescribed the medication

**Answer : D**

**Question No : 41 -**

The immediate treatment for ventricular fibrillation is:

- A. Precordial blow
- B. Defibrillation
- C. Bolus of lidocaine
- D. Ventricular pacing

**Answer : B**

**Question No : 42 -**

A patient requires tracheal suctioning through the nose. Which of the following nursing action would be incorrect?

- A. Lubricating the catheter with sterile water
- B. Applying suction while withdrawing the catheter from the nose
- C. Applying suction for a minimum of 30 seconds
- D. Rotating the catheter while withdrawing it

**Answer : C**

**Question No : 43 -**

Thirty minutes after starting a blood transfusion a patient develops tachycardia and tachypnea and complains of chills and low back pain. The nurse recognizes these symptoms as characteristic of:

- A. Circulatory overload
- B. Mild allergy
- C. Febrile response
- D. Hemolytic reaction

**Answer : D**

**Question No : 44 -**

To remove soft contact lenses from the eyes of an unconscious patient the nurse should:

- A. Uses a small suction cup placed on the lenses
- B. Pinches the lens off the eye then slides it off the cornea
- C. Lifts the lenses with a dry cotton ball that adheres to the lenses
- D. Tenses the lateral canthus while stimulating a blink reflex by the patient

**Answer : B**

**Question No : 45 -**

Order: 1000 ml of D5W to run for 12 hours. Using a micro drip set calculate the drops per minute (gtts/min):

- A. 20 gtts/min
- B. 45 gtts/min
- C. 60 gtts/min
- D. 83 gtts/min

**Answer : D**

**Question No : 46 -**

Which of the following tasks requires specialized education and should be performed by the nurse only after the training has been completed?

- A. Administering a dose of promethazine (Phenergan) via intravenous push (IVP)
- B. Applying a transdermal fentanyl (Duragesic)

- C. Instilling tobramycin (Tobrex) ophthalmic solution
- D. Beginning an intravenous infusion of cyclophosphamide (Cytosan)

**Answer : D**

**Question No : 47 -**

The patient is to receive 100 ml/hr of D5W through a micro drip. How many drops per minute should the patient receive?

- A. 25 gtts/min
- B. 30 gtts/min
- C. 100 gtts/min
- D. 200 gtts/min

**Answer : C**

**Question No : 48 -**

Immediately after a craniotomy for head trauma, the nurse must monitor the drainage on the dressing. Which of the following should be reported?

- A. Blood tinged
- B. Straw colored
- C. Clotted
- D. Foul-smelling

**Answer : B**

**Question No : 49 -**

Which of the following interventions should the nurse implement if a patient complains of cramps while irrigating the colostomy?

- A. Reduce the flow of solution
- B. Have the patient sit up in bed
- C. Remove the irrigation tube
- D. Insert the tube further into the colon

**Answer : A**

**Question No : 50 -**

A nurse is not familiar with a particular solution ordered to irrigate a patient's wound. The appropriate action would be to:

- A. Check if the solution is available on the ward, and if so, use it to clean the wound
- B. Put a neat line through the order and re-write the solution more commonly used
- C. Check with the Pharmacist about the uses of the solution ordered
- D. Ask the patient what solution he would prefer to be used

**Answer : C**

**Question No : 51 -**

A 65-year-old patient is admitted with ischemic stroke. Which of the following would be initially assessed by the nurse to determine the patients level of consciousness?

- A. Visual fields
- B. Deep tendon reflexes
- C. Auditory acuity
- D. Verbal response

**Answer : D**

**Question No : 52 -**

While preparing for a kidney biopsy the nurse should position the patient:

- A. Prone with a sandbag under the abdomen
- B. Lateral opposite to biopsy site
- C. Supine in bed with knee flexion
- D. Lateral flexed knee-chest

**Answer : A**

**Question No : 53 -**

To promote accuracy of self-monitoring blood glucose by patients the nurse should:

- A. Retrain patients periodically
- B. Direct patients to rotate testing sites
- C. Advise patients to buy new strips routinely
- D. Compare results from patient's meter against lab results

**Answer : A**

**Question No : 54 -**

After administration of penicillin, a patient develops respiratory distress and severe bronchospasm. The nurse should:

- A. Contact the physician
- B. Apply ice packs to the axilla
- C. Assess the patient for orthostatic hypotension
- D. Encourage the patient to take slow deep breaths

**Answer : A**

**Question No : 55 -**

The administration of which of the following types of parenteral fluids would result in a lowering of the osmotic pressure and cause the fluid to move into the cells?

- A. Hypotonic
- B. Isotonic
- C. Hypertonic
- D. Colloid

**Answer : A**

**Question No : 56 -**

A newborn infant is assessed using the Apgar assessment tool and scores 6. The infant has a heart rate of 95, slow and irregular respiratory effort, and some flexion of extremities. The infant is pink, but has a weak cry. The nurse should know that this Apgar score along with the additional symptoms indicates the neonate is:

- A. Functioning normally
- B. Needing immediate life-sustaining measures
- C. Needing special assistance
- D. Needing to be warmed

**Answer : C**

**Question No : 57 -**

Nursing management of the patient with external otitis includes:

- A. Irrigating the ear canal with warm saline several hours after instilling lubricating ear drops
- B. Inserting an ear wick into the external canal before instilling the ear drops to disperse the

medication

- C. Teaching the patient how to instill antibiotic drops into the ear canal before swimming
- D. Instilling ear drops without the dropper touching the auricle and positioning the ear upward for 2 minutes afterwards

**Answer : D**

**Question No : 58 -**

The best example of documentation of patient teaching regarding wound care is:

- A. "The patient was instructed about care of wound and dressing changes"
- B. "The patient demonstrated correct technique of wound care following instruction"
- C. "The patient and family verbalize that they understand the purposes of wound care"
- D. "Written instructions regarding wound care and dressing changes were given to the patient"

**Answer : B**

**Question No : 59 -**

A patient is ordered 75mg of pethidine which comes in an ampoule of 100mg/2ml. What would the nurse do with the remaining pethidine after drawing up the required dose?

- A. Lock up the remaining dose in the medication cupboard to use later
- B. Ask a fellow staff nurse to witness the disposal of the remaining drug
- C. Use the remaining dose within 2 hours for another patient
- D. Pour the remaining dose down the nearest sink

**Answer : B**

**Question No : 60 -**

A nurse can ensure she maintains her competency to practice through:

- A. Being involved in continuing education programs
- B. Making sure that what was learnt at nursing school is strictly followed
- C. Closely carrying out instructions given by the Charge Nurse
- D. Working on the same ward for at least 2 years

**Answer : A**

**Question No : 61 -**

The patient with liver cirrhosis receives 100 ml of 25% serum albumin intravenously. Which of the following findings would best indicate that the albumin is having its desired effect?

- A. Decreased blood pressure
- B. Increased serum albumin level
- C. Increased urine output
- D. Improved breathing pattern

**Answer : C**

**Question No : 62 -**

The nurse should suspect that a patient has bleeding in the upper gastrointestinal tract when the color of the patient's stool is:

- A. Yellow
- B. Black
- C. Clay
- D. Red

**Answer : B**



**Question No : 63 -**

A registered nurse delegates care to a practical nurse. The person most responsible for the safe performance of the care is the:

- A. Head nurse who is in-charge of the unit
- B. The practical nurse assigned to provide the care
- C. The registered nurse who delegated the care to the practical nurse
- D. The nursing care coordinator who is the supervisor of the unit

**Answer : C**

**Question No : 64 -**

A deficiency of which of the following vitamins can affect the absorption of calcium?

- A. Vitamin C
- B. Vitamin B6
- C. Vitamin D
- D. Vitamin B12

**Answer : C**

**Question No : 65 -**

A patient with a central venous line develops sudden clinical manifestations that include a decrease in blood pressure, an elevated heart rate, cyanosis, tachypnea, and changes in mental status. Which of the following is the most likely cause of these symptoms?

- A. An air embolism
- B. Circulatory overload
- C. Venous thrombosis
- D. Developing bacteremia

**Answer : A**

**Question No : 66 -**

When taking routine post-operative observations on a patient who underwent an exploratory laparotomy, the nurse plans to monitor which important finding over the next hour?

- A. Serosanguinous drainage on the surgical dressing
- B. Blood pressure of 105/65 mmHg
- C. Urinary output of 20 mls in the last hour
- D. Temperature of 37.6 °C

**Answer : C**

**Question No : 67 -**

When the nurse is caring for a patient placed on droplet precautions, the nurse should:

- A. Have the patient wear a high-efficiency particulate air (HEPA) mask
- B. Wear a surgical mask when standing within 3 feet (1 meter) of the patient
- C. Assign the patient to a room with monitored negative air pressure
- D. Apply a disposable gown when entering the patient's room

**Answer : B**

**Question No : 68 -**

A patient who has just had a miscarriage at 8 weeks of gestation is admitted to hospital. In caring for this patient, the nurse should be alert for signs of:

- A. Dehydration

- B. Subinvolution
- C. Hemorrhage
- D. Hypertension

**Answer : C**

**Question No : 69 -**

Collection urine bag should be emptied as necessary and at least every 8 - 9 hours to prevent:

- A. Pooling of urine in the tube
- B. Reflux of urine into the bladder
- C. Pulling on catheter
- D. Bacterial contamination

**Answer : D**

**Question No : 70 -**

Which of the following statements accurately describes the occurrence of dyspnea in patients who are receiving end of life care?

- A. Dyspnea is only experienced by patients who have primary diagnoses that involve the lungs
- B. Dyspnea occurs in less than 50% of the patients who are receiving end of life care
- C. Dyspnea that is caused by increased fluid volume may be improved by diuretics
- D. Dyspnea may be caused by antibiotic therapy used over a long period of time

**Answer : C**

**Question No : 71 -**

The patient has a nursing diagnosis of altered cerebral tissue perfusion related to cerebral edema. An appropriate nursing intervention for this problem is to:

- A. Elevate the head of the bed 30 degrees
- B. Provide a position of comfort with knee flexion
- C. Provide uninterrupted periods of rest
- D. Ensure adequate hydration with mannitol

**Answer : A**

**Question No : 72 -**

While assessing a patient, the nurse learns that he has a history of allergic rhinitis, asthma, and multiple food allergies. The nurse must:

- A. Be alert to hypersensitivity response to the prescribed medications
- B. Encourages the patient to carry an epinephrine kit in case of an allergic reaction
- C. Advise the patient to use aspirin in case of febrile illnesses
- D. Admit the patient to a single room with limited exposure to health care personnel

**Answer : A**

**Question No : 73 -**

The nurse should administer nasogastric tube (NGT) feeding slowly to reduce the hazard of:

- A. Distention
- B. Abdominal cramps
- C. Diarrhea
- D. Regurgitation

**Answer : A**

**Question No : 74 -**

A patient arrived to the Post Anesthesia Care Unit (PACU) complaining of pain after undergoing a right total hip arthroplasty. Which of the following should the nurse do to assess the patient's level of pain?

- A. Determine the patient's position during surgery and how long the patient was in this position
- B. Inspect the dressing, note type and amount of drainage, and insure bandage adhesive is not pulling on skin
- C. Ask anesthesiologist what type of anesthesia patient received and last dose of pain medication
- D. Note location, intensity and duration of pain and last dose and time of pain medication

**Answer : D**

**Question No : 75 -**

When caring for a patient with impaired mobility that occurred as a result of a stroke (right sided arm and leg weakness). The nurse would suggest that the patient use which of the following assistive devices that would provide the best stability for ambulating?

- A. Crutches
- B. Single straight-legged cane
- C. Quad cane
- D. Walker

**Answer : C**

**Question No : 76 -**

The nurse teaches a patient recovering from a total hip replacement that it is important to avoid:

- A. Putting a pillow between the legs while sleeping
- B. Sitting with the legs crossed
- C. Abduction exercises of the affected leg
- D. Bearing weight exercises on the affected leg for 6 weeks

**Answer : B**

**Question No : 77 -**

A patient with duodenal peptic ulcer would describe his pain as:

- A. Generalized burning sensation
- B. Intermittent colicky pain
- C. Gnawing sensation relieved by food
- D. Colicky pain intensified by food

**Answer : C**

**Question No : 78 -**

You have started work on a new ward. One of the patient's allocated to you has been on the ward for the last 7 months since she had a cerebrovascular accident (CVA). You notice that her nursing care plan says strict bed rest, but on assessment you can not see any reason why this patient can not sit out of bed for short periods. Your nursing action would be:

- A. Check with the other nursing staff as to reasons behind the nursing care plan then update the plan based on your assessment
- B. Follow the nursing care plan strictly as this would have been developed after a detailed and

collaborative assessment

- C. Seek physician's orders so that you have permission to move the patient
- D. Try and move the patient without consulting with anyone to see how she manages

**Answer : A**

**Question No : 79 -**

A nurse prepares a narcotic analgesic for administration, but the patient refuses to take it. Which of the following actions by the nurse is most appropriate?

- A. Encourage the patient to reconsider taking the medication
- B. Label the medication and replace it for use at a later time
- C. Discard the medication in the presence of a witness and chart the action
- D. Call the physician with the patient's refusal to take the prescribed medication

**Answer : C**

**Question No : 80 -**

A patient who sustained a chest injury has a chest tube inserted which is connected to an under water seal drainage system. When caring for this patient the nurse will:

- A. Instruct the patient to limit movement of the affected shoulder
- B. Observe for fluctuation of the water level
- C. Clamp the tube when needed
- D. Administer hourly analgesia

**Answer : B**

**Question No : 81 -**

Which of the following laboratory blood values is expected to be decreased in hepatic dysfunction?

- A. Albumin
- B. Bilirubin
- C. Ammonia
- D. ALT and AST

**Answer : A**

**Question No : 82 -**

A patient with allergic rhinitis reports severe nasal congestion, sneezing, and watery eyes at various times of the year. To teach the patient to control these symptoms the nurse advises the patient to:

- A. Avoid all over the counter intranasal sprays
- B. Limit the use of nasal decongestant sprays to 10 days
- C. Use oral decongestants at bedtime to prevent symptoms during the night
- D. Keep a diary of when an allergic reaction occurs and what precipitates it

**Answer : D**

**Question No : 83 -**

The apical pulse can be best auscultated at the:

- A. Left 2nd intercostal space lateral to the mid clavicular line
- B. Left 2nd intercostal space at the left sternal border
- C. Left 5th intercostal space at the mid clavicular line
- D. Left 5th intercostal space at the mid axillary line

**Answer : C**

**Question No : 84 -**

The nurse notes that there are no physician's orders regarding Fatima's post operative daily insulin dose. The most appropriate action by the nurse is to:

- A. Withhold any insulin dose since none is ordered and the patient is NPO
- B. Call the physician to clarify whether insulin should be given and at what dose
- C. Give half the usual daily insulin dose since she will not be eating in the morning
- D. Give the patient her usual daily insulin dose since the stress of surgery will increase her blood glucose

**Answer : B**

**Question No : 85 -**

An 8-month-old infant is diagnosed with communicating hydrocephalus. The nurse notices that his intracranial pressure is increasing from the following changes in his vital signs:

- A. Bradycardia, hypotension and hypothermia
- B. Bradycardia, hypertension and hyperthermia
- C. Tachycardia, hypotension and hyperthermia
- D. Tachycardia, hypertension and hypothermia

**Answer : B**

**Question No : 86 -**

Whenever a child with thalassemia comes for blood transfusion, he is administered Desferoxamine (Desferal). The action of this drug is to:

- A. Inhibit the inflammatory process
- B. Enhance iron excretion
- C. Antagonize the effect of vitamin C
- D. Increase red blood cell production

**Answer : B**

**Question No : 87 -**

A patient becomes angry and threatens to leave the hospital unless the physician reviews the reason for the patient's delay in discharge. The patient has a medication order for agitation available p.m.. but refuses the medication and requests a drink of orange juice instead. What should the nurse do?

- A. Secretly slip the p.r.n. medication into the orange juice and give it to the patient
- B. Give the patient the orange juice and tell the patient that a staff member is attempting to call the physician
- C. Inform the patient that staff is unable to force anyone to stay in the hospital
- D. Inform the patient that nothing can be done until the morning

**Answer : B**

**Question No : 88 -**

A nurse prepares to set up a secondary intravenous (IV) cannula. The primary IV infusing is normal saline. In order for the secondary cannula to infuse correctly, the nurse should set up the primary IV to:

- A. Hang higher than the secondary IV
- B. Hang at the same level as the secondary IV
- C. Hang lower than the secondary IV
- D. Discontinue before the secondary IV starts

**Answer : C**

**Question No : 89 -**

A 21 year old woman is being treated for injuries sustained in a car accident. The patient has a central venous pressure (CVP) line insitu. The nurse recognizes that CVP measurements:

- A. Estimate Cardiac output
- B. Assess myocardial workload
- C. Determine need for fluid replacement
- D. Determine ventilation - perfusion mismatch

**Answer : C**

**Question No : 90 -**

After application of a cast in the upper extremity, the patient complains of severe pain in the affected site. Which of the following would the nurse initiate?

- A. Administer analgesics as ordered
- B. Assess neurovascular status
- C. Notify his physician
- D. Pad the edges of the cast

**Answer : B**

**Question No : 96 -**

The best dietary advice a nurse can give to a woman diagnosed with mild pregnancy-induced hypertension is to:

- A. Follow a strict low salt diet
- B. Restrict fluid intake
- C. Increase protein intake
- D. Maintain a well-balanced diet

**Answer : D**

**Question No : 97 -**

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

- A. 11 year old male – 90 b.p.m, 22 resp/min. , 100/70 mm Hg
- B. 13 year old female – 105 b.p.m., 22 resp/min., 105/60 mm Hg
- C. 5 year old male- 102 b.p.m, 24 resp/min., 90/65 mm Hg
- D. 6 year old female- 100 b.p.m., 26 resp/min., 90/70mm Hg

**Answer : B**

**Question No : 98 -**

Which of the following actions is the most appropriate when the nurse is responding to a patient during a tonic-clonic seizure?

- A. Restrain the patient
- B. Protect the patient from harm
- C. Minimize noise and light stimulus
- D. Apply oxygen by mask or nasal cannula

**Answer : B**

**Question No : 99 -**

The patient's pre-operative blood pressure was 120/68 mmHg. On admission to the Post Anesthesia Care Unit, the blood pressure was 124/70 mmHg. Thirty minutes after admission, the patient's blood pressure falls to 112/60 mmHg, pulse to 72 BPM, and the skin appears warm and dry. The most appropriate action by the nurse at this time is to:

- A. Raise the head of the bed
- B. Notify the anesthetist immediately
- C. Increase the rate of IV fluid replacement
- D. Continue to monitor the patient

**Answer : D**

**Question No : 100 -**

An 84-year-old man has arthritis and is admitted for a severely edematous knee. The physician orders heat packs every 2 hours and you feel this order may worsen the tissue congestion. An appropriate nursing action would be:

- A. Contact the physician and discuss your concerns about the order
- B. To include the order in the nursing care plan and monitor outcome
- C. Complete an incident report form and document concerns in the nursing notes
- D. Involve the patient by asking what his treatment preference is

**Answer : A**

**Question No : 101 -**

The nurse plans the care for a patient with increased intracranial pressure, she knows that the best way to position the patient is to:

- A. Keep patient in a supine position until stable
- B. Elevate the head of the bed to 30 degrees
- C. Maintain patient on right side with head supported on a pillow
- D. Keep patient in a semi-sitting position

**Answer : B**

**Question No : 102 -**

The coronary care nurse draws an Arterial Blood Gas (ABG) sample to assess a patient for acidosis. A normal pH for arterial blood is:

- A. 7.0 - 7.24
- B. 7.25 - 7.34
- C. 7.35 - 7.45
- D. 7.5 - 7.6

**Answer : C**

**Question No : 103 -**

A patient voided a urine specimen at 9:00 AM. The specimen should be sent to the laboratory before:

- A. 9:30 AM
- B. 10:00 AM
- C. 10:30 AM
- D. 11:00 AM

**Answer : A**

**Question No : 104 -**

Which of the following correctly describes wound packing in a wet to dry dressing?

- A. Pack gauze into the wound tightly
- B. Overlap the wound edges with wet packing
- C. Pack the wound with slightly moistened gauze

- D. Use gauze well saturated with saline for packing the wound

**Answer : C**

**Question No : 105 -**

To prevent post-operative thrombophlebitis, which one of the following measures is effective?

- A. Elevation of the leg on two pillows
- B. Using of compression stocking at night
- C. Massage the calf muscle frequently
- D. Performing leg exercises

**Answer : D**

**Question No : 106 -**

The mother of a child with nephrotic syndrome asks why her child must be weighed each morning. The nurse's response should be based on the fact that this is important to determine the:

- A. Nutritional status
- B. Water retention
- C. Medication doses
- D. Blood volume

**Answer : B**

**Question No : 107 -**

When caring for a patient with hepatic encephalopathy the nurse may carry out the following orders: give enemas, provide a low protein diet, and limit physical activities. These measures are performed to:

- A. Minimize edema
- B. Decrease portal pressure
- C. Reduce hyperkalemia
- D. Decrease serum ammonia

**Answer : D**

**Question No : 108 -**

A patient is to receive 2.5mg of morphine sulfate. The ampoule contains 1000mcg/mL. How much morphine should the nurse administer?

- A. 0.25 ml
- B. 1 ml
- C. 1.5 ml
- D. 2.5 ml

**Answer : D**

**Question No : 109 -**

When the post-operative patient returns to the surgical unit, the priority is to:

- A. Assess the patient's pain
- B. Measure the patient's vital signs
- C. Monitor the rate of the IV infusion
- D. Check the physician's post-operative orders

**Answer : B**



**Question No : 110 -**

While preparing the midday medications, the nurse finds difficulty reading the label on a medicine bottle. The best action by the nurse is to:

- A. Document that it could not be given due to difficulty in reading the label
- B. Make out a new label with clear handwriting using adhesive tape to attach it
- C. Ask the pharmacist to replace it with a clearly labeled bottle
- D. Give the medication if it is similar to a bottle present on the trolley

**Answer : C**

**Question No : 111 -**

To ensure safe practice during defibrillation, the nurse must:

- A. Cover paddles with electrode gel
- B. Avoid touching the patient's bed
- C. Remove paddles after the shock
- D. Synchronize prior to shock delivery

**Answer : B**

**Question No : 112 -**

The physician orders heparin 40 000 U in 1 liter of D5W IV to infuse at 1000 U/hr. What is the flow rate in milliliters per hour?

- A. 250 mls/hr
- B. 25 mls/hr
- C. 2.5 mls/hr
- D. 0.25 mls/hr

**Answer : B**

**Question No : 113 -**

What two behaviors are important when documenting the depth of the patients depression?

- A. Orientation and appearance
- B. Helplessness and hopelessness
- C. Affect and thought processes
- D. Mood and impulse control

**Answer : B**

**Question No : 114 -**

The nurse knows that the greatest risk for a patient with a ruptured ectopic pregnancy is:

- A. Hemorrhage leading to hypovolemic shock
- B. Strictures and scarring of the fallopian tube
- C. Adhesions and scarring from blood in the abdomen
- D. Infertility resulting from treatment with a salpingectomy

**Answer : A**

**Question No : 115 -**

The nurse manager has just prepared a medication for a patient and she asked you to give the medication. Which of the following is the best response to the nurse manager's request?

- A. Give the patient his medication and record it on the chart
- B. Ask another nursing colleague to give and record the medication

- C. Explain that you cannot give a medication that you did not prepare
- D. Give the medication and ask the nurse manager to record it on the chart

**Answer : C**

**Question No : 116 -**

A patient presents to the emergency department with diminished and thready pulses, hypotension and an increased pulse rate. The patient reports weight loss, lethargy, and decreased urine output. The lab work reveals increased urine specific gravity. The nurse should suspect:

- A. Renal failure
- B. Sepsis
- C. Pneumonia
- D. Dehydration

**Answer : D**

**Question No : 117 -**

A patient is to receive 50mL of fluid in 1/2 hour (30 min). The infusion pump should be set to deliver how many milliliters per hour?

- A. 25 ml/hr
- B. 50 ml/hr
- C. 75 ml/hr
- D. 100 ml/hr

**Answer : D**

**Question No : 118 -**

A patient with a history of angina pectoris arrives in emergency complaining of headache, visual disturbances and feeling dizzy. Your nursing assessment also notes he looks flushed, is perspiring profusely and is experiencing palpitations. You should suspect:

- A. An overdose of sublingual nitroglycerin
- B. The onset of a myocardial infarction
- C. The patient has been over exercising
- D. The beginning of a severe chest infection

**Answer : A**

**Question No : 119 -**

The purpose of a cardiac pacemaker is to:

- A. Initiate and maintain the heart rate when SA node is unable to do so
- B. Stabilize the heart rate when it is above 100 beats per minute
- C. Stabilize the heart when the patient has had a heart attack
- D. Regulate the heart when the patient is going for open heart surgery

**Answer : A**

**Question No : 120 -**

A nurse has been working in a general hospital on the same medical unit for 6 years. The Behavioral Unit is desperately short staffed and the nurse is asked to work her shift in this other unit. What would be the expected response of the nurse to this request?

- A. "I will go to the unit and hopefully the behavioral health staff members will assist me with my assignment."
- B. "I cannot go. I have no previous behavioral health experience. I do not want to reduce the

quality of patient care."

- C. "I have no previous behavioral health experience. I am willing to go and help with any duties that are similar to those I perform on my unit."
- D. "I should not be expected to float to another unit without a proper orientation. I will fill out an incident report if I am sent there."

**Answer : C**

**Question No : 121 -**

Order: Allopurinol 450 mg p.o. daily. Drug available. Allopurinol 300 mg scored tablets. Which of the following will you administer?

- A. 0.5 tablet
- B. 1.5 tablets
- C. 2 tablets
- D. 2.5 tablets

**Answer : B**

**Question No : 122 -**

The correct way to trim the toe nails of a patient with diabetes is to:

- A. Cut the nails in a curve and then file
- B. Cut the nails straight across and then file
- C. File the nails straight across and square only
- D. File the nails in a curved arch with low sides only

**Answer : C**

**Question No : 123 -**

A patient complains of pain in his right arm. The physician orders codeine 45 mg and aspirin 650 mgs every 4 hours PRN. Each codeine tablet contains 15mg of codeine and each aspirin tablet contains 325mg of aspirin. What should the nurse administer?

- A. 2 codeine tablets and 4 aspirin tablets
- B. 4 codeine tablets and 3 ½ aspirin tablets
- C. 3 codeine tablets and 2 aspirin tablets
- D. 3 codeine tablets and 3 aspirin tablets

**Answer : C**

**Question No : 124 -**

During the acute phase of a cerebrovascular accident (CVA) the nurse should maintain the patient in which of the following positions?

- A. Semi-prone with the head of the bed elevated 60-90 degrees
- B. Lateral, with the head of the bed flat
- C. Prone, with the head of the bed flat
- D. Supine, with the head of the bed elevated 30-45 degrees

**Answer : D**

**Question No : 125 -**

A patient on diuretics has had vomiting and diarrhea for the past 3 days. Which of the following is this patient most at risk for developing?

- A. Hypokalemia and cardiac arrhythmias
- B. Hypercalcemia and polyuria
- C. Dehydration and hyperglycemia

- D. Hyperalimentation and heart block

**Answer : A**

**Question No : 126 -**

A patient admitted to the hospital in hypertensive crisis is ordered to receive hydralazine (Apresoline) 20mg IV stat for blood pressure greater than 190/100 mmHg. The best response of the nurse to this order is to:

- A. Give the dose immediately and once
- B. Give medication if patient's blood pressure is > 190/100 mmHg
- C. Call the physician because the order is not clear
- D. Administer the dose and repeat as necessary

**Answer : A**

**Question No : 127 -**

Which of the following is the most appropriate first action for the nurse to take for a pre-schooler who has fallen and has a hematoma formed on the temporal bone?

- A. Encourage a nap
- B. Give pain medication
- C. Apply ice and monitor vital signs
- D. Allow the child to continue activities

**Answer : C**

**Question No : 128 -**

The minimal amount of urine that a post-operative patient weighing 60 kgs should pass is?

- A. 120 ml/hr
- B. 90 ml/hr
- C. 60 ml/hr
- D. 30 ml/hr

**Answer : D**

**Question No : 129 -**

You are the nurse providing post-operative care for a 9 year old boy who is 6 hours post-tonsillectomy. He is sleeping, but on routine observation you notice that his pulse has increased, he seems to be restless and trying to swallow frequently. Your immediate action would be:

- A. Apply an ice collar to reduce discomfort
- B. Allow child to keep sleeping and record observations
- C. Wake him and offer some ice chips to suck
- D. Check inside his mouth for any signs of bleeding and notify the physician

**Answer : D**

**Question No : 130 -**

When inserting a rectal suppository for a patient the nurse should?

- A. Insert the suppository while the patient performs the 'valsava maneuver'
- B. Place the patient in a supine position
- C. Position the suppository beyond the muscle sphincter of the rectum
- D. Insert the suppository 1/2 inch into the rectum

**Answer : C**

**Question No : 131 -**

A patient with pneumonia is coughing up purulent thick sputum. Which one of the following nursing measures is most likely helpful to loosen the secretions?

- A. Postural drainage
- B. Breathing humidified air
- C. Percussion over the affected lung
- D. Coughing and deep breathing exercises

**Answer : B**

**Question No : 132 -**

A patient is admitted to a hospital with acute renal failure. The patient wakes up complaining of abdominal pain. On assessment, the nurse observes edema to the patient's ankles and distended neck veins. The patient is dyspneic with a blood pressure of 200/96 mmHg. The proper nursing diagnosis for this patient is:

- A. Deficient fluid volume related to disease process
- B. Excess fluid volume related to decreased glomerular filtration rate
- C. Knowledge deficit related to proper medication regimen
- D. Acute pain related to renal edema

**Answer : B**

**Question No : 133 -**

A patient arrives at the emergency department with slurred speech and a right facial droop. The patient's relative states the patient "is not himself." Upon assessment, the nurse finds paresthesia to the right side of the body, receptive aphasia, hemianopia and altered cognitive abilities. The nurse should suspect:

- A. A narcotic overdose
- B. Parkinson's disease
- C. Alcohol withdrawal
- D. A cerebrovascular accident (CVA)

**Answer : D**

**Question No : 134 -**

The nurse is preparing teaching plans for several patients. The nurse should recognize which of the following patients is at greatest risk for fluid and electrolyte imbalance?

- A. A 2-year-old patient who is receiving gastrostomy feedings
- B. A 20-year-old patient with a sigmoid colostomy
- C. A 40-year-old patient who is 3 days post-operative with an ileostomy
- D. A 60-year-old patient who is 8 hours post-renal arteriography

**Answer : C**

**Question No : 135 -**

A 3-month-old infant is admitted with a diagnosis of ventricular septal defect. The physical assessment for this infant would reveal:

- A. High pitched cry
- B. Harsh heart murmur
- C. Bradycardia
- D. Hypertension

**Answer : B**

**Question No : 136 -**

A young patient is extremely irritable due to meningitis. It would be most important for the nurse to:

- A. Use low-level lighting in the room
- B. Ventilate the room
- C. Eliminate strong odors
- D. Allow frequent visitors

**Answer : A**

**Question No : 137 -**

A male patient with a right pleural effusion noted on a chest X-ray is being prepared for thoracentesis. The patient experiences severe dizziness when sitting upright. To provide a safe environment, the nurse assists the patient to which position for the procedure?

- A. Prone with head turned toward the side supported by a pillow
- B. Sims' position with the head of the bed flat
- C. Right side-lying with the head of the bed elevated 45 degrees
- D. Left side-lying with the head of the bed elevated 45 degrees

**Answer : D**

**Question No : 138 -**

A newborn is diagnosed with ventricular septal defect. The baby is discharged with a prescription for digoxin syrup 20 micrograms bid. The bottle of digoxin is labeled as 0.05 mg/ml. The nurse should teach the mother to administer on each dose:

- A. 0.1 ml
- B. 0.2 ml
- C. 0.4 ml
- D. 0.8 ml

**Answer : C**

**Question No : 139 -**

As a part of the treatment given to a child with leukemia the child is placed on reverse barrier isolation to:

- A. Protect the child from injury
- B. Protect the child from infectious agents
- C. Provide the child with a quiet environment
- D. Keep the child away from other children

**Answer : B**

**Question No : 140 -**

The nurse should be aware that tetracycline is contraindicated in children under 12 years of age because:

- A. Minimal doses are needed to control infection
- B. Immunosuppression is a common side effect
- C. Staining of the teeth is an adverse effect
- D. They are prone to develop renal failure

**Answer : C**

**Question No : 141-**

When caring for a patient with acute pancreatitis, the patient is most likely to complain of

pain which is:

- A. Severe and located in the left lower quadrant and radiating to the groin
- B. Burning and located in the epigastric area and radiating to the groin
- C. Severe and located in the epigastric area and radiating to the back
- D. Burning and located in the left lower quadrant and radiating to the back

**Answer : C**

**Question No : 142 -**

The best time for the nurse to teach an anxious patient about the patient controlled analgesic (PCA) pump would be during which of the following stages of patient care?

- A. Post-operative
- B. Pre-operative
- C. Intraoperative
- D. Post anesthesia

**Answer : B**

**Question No : 143 -**

Elevated levels of amylase and lipase in the blood are common in:

- A. Diabetes mellitus
- B. Esophagitis
- C. Pancreatitis
- D. Hepatitis

**Answer : C**

**Question No : 144 -**

In preparing the patient for electroencephalogram (EEG), the nurse should:

- A. Withhold breakfast
- B. Give sleeping pills the night before
- C. Shave the hair
- D. Restrict intake of coffee

**Answer : D**

**Question No : 145 -**

An 11 year old girl with a history of asthma arrives at the primary health clinic with signs/symptoms of shortness of breath, audible wheezing, nasal flaring and mild lip cyanosis. Your immediate nursing action is to:

- A. Assess respiratory distress and peak expiratory flow rate
- B. Take a blood sample to assess CO<sub>2</sub> levels
- C. Instruct the parents to take the child immediately to hospital
- D. Sit the child comfortably and offer 2 puffs of ventolin stat

**Answer : A**

**Question No : 146 -**

While assessing an 84-year-old post-operative patient, the nurse observes that the patient suddenly becomes very anxious, appears cyanotic and has severe dyspnea. The nurse recognizes these symptoms to be consistent with:

- A. Congestive heart failure
- B. Pulmonary embolism
- C. COPD exacerbation

- D. Myocardial infarction

**Answer : B**

**Question No : 147 -**

When preparing an eye medication, the nurse reads the order "OS". Medication is given into:

- A. Both eyes
- B. Left eye
- C. Right eye
- D. Infected eye

**Answer : B**

**Question No : 148 -**

A patient has been taking Aluminum Hydroxide daily for 3 weeks. The nurse should be alert for which of the following side effects?

- A. Constipation
- B. Flatulence
- C. Nausea
- D. Vomiting

**Answer : A**

**Question No : 149 -**

An early sign of acute respiratory failure is:

- A. Diaphoresis
- B. Cyanosis
- C. Restlessness
- D. Orthopnea

**Answer : C**

**Question No : 150-**

In caring for a woman and baby day 3 postnatally, she tells you that her baby has not had a bowel action since delivery. Your appropriate response would be:

- A. Reassure the mother that it is quite normal for a baby to not move their bowels until day 5 after a few days of milk feeding
- B. Start a bowel chart, document all findings, and wait another 48 hours before reporting to the physician
- C. Encourage more frequent warm baths for the neonate with gentle abdomen massages
- D. Tell the mother that you will let the physician know, so the baby can be checked for any obstruction

**Answer : D**