

APEA Predictor EXAM 2024-2025 QUESTIONS AND ANSWERS 100

% PASS SOLUTION A+ GRADE

Which of these assessments is the priority for a client who sustained second-degree burns of the face and neck?

- a. Respiratory status.
- b. Renal function.
- c. Level of pain.
- d. Signs of infection. - answer>>a. Respiratory status.

At what level of prevention would you classify for lung cancer?

- A. Primary prevention
- B. Secondary prevention
- C. Tertiary prevention
- D. Primordial prevention - answer>>D. primordial prevention. Screening for lung cancer is not currently recommended in the general population, but it is secondary prevention.

A test called the visual fields by confrontation is used to evaluate for:

- A. Peripheral vision
- B. Central vision
- C. Visual acuity
- D. Accommodation - answer>>A. Peripheral vision

The mother of a 12 month old infant reports to the nurse practitioner that her child had a high fever for several days, which spontaneously resolved. After the fever resolved, the child developed a maculopapular rash. Which of the following is the most likely diagnosis?

- A. Fifth Disease (erythema infectiosum)
- B. Roseola infantum (exanthema subitum)

C. Varicella

D. Infantile maculopapular rashes - answer>>B. Roseola Infantum (Exanthema subitum)

A 70-year old male patient complains of a bright red-colored spot in his left eye for 2 days. He denies eye pain, visual changes, or headaches. He has a new onset of cough from a recent viral upper respiratory infection. The only medicine he is on Bayer aspirin, 1 tablet a day. Which of the following is most likely?

A. Corneal abrasion

B. Acute bacterial conjunctivitis

C. Acute uveitis

D. Subconjunctival hemorrhage - answer>>D. Subconjunctival hemorrhage. Bright red blood in a sharply defined area surrounded by normal-appearing conjunctiva indicates subconjunctival hemorrhage.

A woman is being evaluated by the nurse practitioner for complaints of dyspareunia. A microscopy slide reveals a large number of atrophic squamous epithelial cells. The vaginal pH is 4.0. There are very few leukocytes and no RBCs are seen on the wet smear. Which of the following is most likely?

A. Atrophic vaginitis

B. Bacterial Vaginosis

C. Trichomoniasis

D. This is a normal finding. - answer>>A. Atrophic vaginitis. Symptoms of atrophic vaginitis include painful intercourse, atrophic squamous epithelial cells, and a decrease in pH. Vaginal atrophy is caused by lack of or imbalance of estrogen. Normal pH of the vagina is 4.0-5.0 (acidic)

The most common type of skin malignancy is:

A. Squamous cell cancer

B. Basal skin cancer

C. Melanoma

D. Dysplastic nevi - answer>>B. Basal skin cancer. It is several times more common than squamous cell skin cancer according to the NIH.

A client vomits during a continuous nasogastric tube feeding. A nurse should stop the feeding and take which of these actions?

- a. Suction the nasogastric tube.
- b. Flush the tube with 30 mL of sterile water.
- c. Remove the nasogastric tube.
- d. Check the residual volume. - answer>>d. Check the residual volume.

Which of these actions best demonstrates cultural sensitivity by a nurse?

- a. The nurse talks in a slow-paced speech.
- b. The nurse asks clients about their beliefs and practices toward pregnancy.
- c. The nurse uses charts and diagrams when teaching pregnant clients.
- d. The nurse can speak several different languages. - answer>>b. The nurse asks clients about their beliefs and practices toward pregnancy.

Which of these manifestations should a nurse expect to observe in a 3-month-old infant who is diagnosed with dehydration?

- a. Hyperreflexia.
- b. Tachycardia.
- c. Bradypnea.
- d. Agitation. - answer>>b. Tachycardia.

When assessing a client's risk of developing nosocomial infection, a nurse plans to determine potential entry portals, which include:

- a. the urinary meatus.
- b. vomitus.
- c. contaminated water.
- d. sexual intercourse. - answer>>a. the urinary meatus.

A client who is on the inpatient psychiatric unit has a history of violence. Which of these actions should a nurse take if the client is agitated?

- a. Encourage the client to verbalize feelings.
- b. Lock the client in a secluded room.
- c. Ask the other clients to give feedback regarding the client's behavior.
- d. Ignore the client's inappropriate behavior. - answer>>a. Encourage the client to verbalize feelings.

Which of these measures should a nurse include when planning care for a school-aged child during a sickle cell crisis episode?

- a. Monitoring for signs of bleeding.
- b. Providing pain relief.
- c. Administering cool sponge baths to reduce fevers.
- d. Offering a high calorie diet. - answer>>b. Providing pain relief.

Which of these instructions should a nurse include in the plan of care for a 32-week gestation client who had an amniocentesis today?

- a. "Drink at least six glasses of fluids during the next six hours after the test."
- b. "Call the clinic if you experience any abdominal cramps."
- c. "Don't be concerned if you have some vaginal spotting in the next 12 hours."
- d. "When you get home, stay on bed-rest for the next 48 hours." - answer>>b. "Call the clinic if you experience any abdominal cramps."

An adolescent has a nursing diagnosis of fatigue related to inadequate intake of iron-rich foods. Selection of which of these lunches by the client indicates a correct understanding of foods high in iron content?

- a. Peanut butter and jam sandwich.
- b. Chicken nuggets with rice.

c. Tuna salad sandwich.

d. Beefburger with cheese. - answer>>d. Beefburger with cheese.

A client has been admitted with acute pancreatitis. Which of these laboratory test results supports this diagnosis?

a. Elevated serum potassium level.

b. Elevated serum amylase level.

c. Elevated serum sodium level.

d. Elevated serum creatinine level. - answer>>b. Elevated serum amylase level.

Which of these manifestations, if assessed in a client who is two-hours postoperative after abdominal surgery, should a nurse report immediately?

a. Vomiting and a pulse rate of 106/minute.

b. Respiratory rate of 12/minute and urine dribbling.

c. Blood pressure of 100/60 mm Hg and wound discomfort.

d. Urine output of 100 mL/hr and flushed skin. - answer>>a. Vomiting and a pulse rate of 106/minute.

Which of these observations of a student nurse's behavior while interacting with a client who is crying indicates a correct understanding of therapeutic communication?

a. The student maintains continuous eye contact with the client.

b. The student places one arm around the client's shoulder?

c. The student sits quietly next to the client.

d. The student leaves the room to provide privacy for the client. - answer>>c. The student sits quietly next to the client.

Which of these actions should a nurse take initially if a client who is diagnosed with diabetes mellitus develops tremors and ataxia?

a. Measure the client's blood sugar level.

b. Administer a concentrated form glucose to the client.

c. Administer a prn dose of insulin.

d. Measure the client's urine for ketones. - answer>>a. Measure the client's blood sugar level.

An elderly client is at increased risk of developing drug toxicity to prescribed medications due to declining hepatic and renal functioning. Which of these strategies should a nurse plan to decrease this risk?

a. Increasing the time interval between medication doses.

b. Limiting the client's oral fluid intake.

c. Administering the medications with meals.

d. Encouraging the client to void every three to four hours. - answer>>a. Increasing the time interval between medication doses.

A client has persistent paranoid delusions that the food on the unit is poisoned. Which of these measures should a nurse include in the client's care plan?

a. Explaining that staff does not poison clients.

b. Focusing on how the hospital staff helps clients.

c. Allowing the client to eat food from sealed containers.

d. Telling the client that not eating the food that is served will result in privilege restrictions. - answer>>c. Allowing the client to eat food from sealed containers.

Thrombophlebitis is a complication that may result due to surgery. Which of these actions should a nurse take in the operating room to prevent this complication from occurring?

a. Gatch the knee of the bed.

b. Administer anticoagulants preoperatively.

c. Apply sequential compression devices.

d. Maintain the legs in a dependent position. - answer>>c. Apply sequential compression devices.